

Fredericksburg Christian Health Center

Providing Affordable Quality Health Care
To the Fredericksburg Community

PATIENT'S RIGHTS AND RESPONSIBILITIES

As a patient you have certain rights and responsibilities. We recognize that a respectful relationship between the healthcare provider and the patient is the foundation of proper medical care. Copies of this statement are posted in our patient care waiting areas and available to you upon request.

Patients have the right to:

- Receive humane care and treatment with respect and consideration
- Confidentiality of your health records
- Be informed of and to exercise the option to refuse to participate in any research aspect of your care without compromising access to medical care and treatment
- Receive accurate information concerning diagnosis, treatment, risks involved, and prognosis of an illness or health related condition
- Ask for reasonable alternatives to care
- A second professional opinion regarding one's health care and treatment
- Participate actively in decisions regarding one's health care and treatment
- Accessible information regarding the scope and availability of services
- Be informed about any legal reporting requirements regarding any aspect of screening or care
- To file complaints and appeals with impunity
- To encourage family involvement of care

Patients have the responsibility to:

- Provide complete information about one's illness/problem, to enable proper evaluation and treatment
- Ask questions so that an understanding of the condition or problem is ensured
- Show respect to health personnel and other patients
- Reschedule or cancel an appointment within 24 hours so that another person may be given that time slot

If you do not keep or cancel your appointment on the same day, you will be charged \$25.00 each time.

- Pay bills or file health claims in a timely manner
- Use prescription or medical devices for oneself only
- Inform the practitioner(s) if one's condition worsens or an unexpected reaction occurs from a medication
- Participate in your care. This means that you will follow directions from the doctors, nurses and volunteers; and make follow up appointments as necessary
- Call FCHC for ***routine medication refills***, whether it is samples or medications to be called in to a pharmacy, at least 24-48 hours notice. All pharmacies are now requiring 24 hours notice to refill medication. Please call your pharmacy and ask that your medication be refilled. They will fax a request to our office. Also, the on-call physician will not fill routine refills, controlled substances, or antibiotics after regular business hours or on weekends. ***It is the patient's responsibility to remember to call during regular business hours to have their medication refilled.***
- Call FCHC for ***follow up and well check visits*** requested by the doctor, approximately 2-3 weeks in advance, but most preferably at the end of your visit.

Thank you for your cooperation.

If you have any questions please speak with the receptionist.

Printed Patient Name _____ Date _____

Patient Signature/Guarantor _____