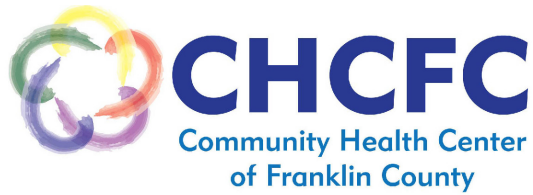


NOTICE OF PATIENT RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

- You have the right to receive respectful, compassionate care in a safe and non-threatening environment regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities.
- You have a right to know the identity and professional status of all health care team members providing your care.
- You have the right to be informed about your diagnosis and prognosis, if it is known, and to be informed about the risks and benefits of all treatment options offered to you. You have the right to written informed consent prior to any non-emergency medical procedure.
- You have the right to choose a primary care provider (PCP) and to transfer your care to another PCP within the health center or to another practice.
- You have the right to confidentiality and can expect that communications and records of your care are confidential, unless disclosure is permitted or required by law.
- You have the right to inspect your medical/dental record upon request and to receive a copy of your medical/dental record. The fee will be determined by the copying expenses. You have the right to receive a list of people to whom your records have been disclosed.
- You have the right to privacy during medical treatment within the capacity of the facility.
- You have the right to request the presence of an escort during any type of examination.
- You and any family or friends you designate have the right to participate fully in decisions about your care, including the right to refuse treatment.
- You have the right to communication that you can understand, including provision of language interpretation services, if needed, at no cost to you.
- You have the right upon request, to receive information regarding opportunities for financial assistance and free health care services.
- You have the right to refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing your access to medical care.
- You have the right to refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
- You have the right to life-saving treatment in an emergency without discrimination related to economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment, unless such delay can be imposed without material risk to your health.
- You have the right to examine and receive an explanation of your itemized bill, including 3rd party reimbursement, regardless of the source of payment.
- You have the right to voice your concerns about the care you receive. If your concern is not resolved to your satisfaction, please contact:

*Medical Practice Manager
102 Main Street
Greenfield, MA 01301
or call (413) 325-8500*



YOUR RESPONSIBILITIES

- You are expected to provide complete and accurate information regarding your name, date of birth, address, telephone number, and insurance carrier, when requested.
- You are expected to provide complete and accurate information about your health and medical history.
- You are expected to keep scheduled appointments, be on time, and call ahead if you cannot keep an appointment.
- You are expected to ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for informing your provider. You are responsible for the outcome if you do not follow the plan of care recommended by your provider.
- You are expected to treat all staff and other patients with respect and not to behave in a disruptive, disrespectful, or threatening manner.
- You are expected to provide information necessary for claim processing and to be prompt in payment of your bills.