



## Patient Rights and Responsibilities

### Patient Rights

1. You have the right to dignified and respectful care.
2. You have the right to know about and understand your physical condition. Please ask the nurse if you have any questions that were not answered.
3. You have the right to obtain any information requested by you to give informed consent before any treatment and/or procedure.
4. You have the right, at your own expense, to consult with another physician or specialist.
5. You have the right to refuse treatment and to be informed of the consequences of your refusal.
6. You have the right to be treated in a safe environment that is free of physical and psychological threats.
7. You have the right to privacy regarding mail, and/or telephone conversations.
8. You have the right to expect that all communications and records regarding your care will be held confidential.
9. You have the right to communicate verbally or in writing with anyone outside the practice and to expect that an interpreter will be provided if language is a barrier.
10. You have the right to know the identity, professional status, and institutional affiliation of anyone treating you.
11. You have the right to request an itemized statement of all services provided to you through this practice.
12. You have the right to be informed of all practice rules and regulations governing your conduct as a patient and to understand the procedure for registering a complaint.
13. You have the right to treatment or accommodations required by your medical condition regardless of race, creed, sex, or national origin.

### Patient Responsibilities

1. You are responsible for providing complete information about your health and for reporting the effects of your treatment.
2. You will be responsible for participating in the development of your plan of care.
3. You will be responsible for attending scheduled therapy and participating in activities prescribed by your treatment plan.
4. You will be responsible for considering the rights of other patients during your treatment in this practice.
5. You are responsible for following practice rules and regulations.
6. You are responsible for the manner in which you treat our staff and providers at Family Physicians of Spartanburg. Disrespectful staff members are not kept at Family Physicians but disrespectful patients are also not able to continue as patients.

### Concern/Complaint Procedure

We want to hear from you if you have any concerns, complaints, or compliments regarding your stay treatment and care in our practice. Please inform any staff member.

I have been made aware of my rights and responsibilities and the concern/complaint procedure.

Date: \_\_\_\_\_ Patient: \_\_\_\_\_

Caregiver and relationship: \_\_\_\_\_

Witness: \_\_\_\_\_