



Patient's Rights & Responsibilities

1. I have the right to be seen in a timely manner. I will be informed of any delay and have the right to reschedule if the delay is too lengthy.
2. I agree to provide, to the best of my ability, accurate and complete information needed to assure my proper evaluation and treatment.
3. I will be informed of any abnormal test results in a timely manner.
4. I will make every effort to understand the benefits of my insurance plan, even to the extent of calling the benefits coordinator at my place of employment/carrier.
5. I agree to take prescribed medications only as directed. If I don't understand the directions, I will call the office for clarification. I agree to contact my primary care physician if I am given a prescription for controlled medications (including benzodiazepines, stimulants, and pain medication) from any other physician.
6. I agree that this office can only bill a diagnosis documented in my medical record. Thus to ask us to change a diagnosis for the purpose of securing a payment from my insurance carrier may result in an act of fraud.
7. I agree to pay for any ancillary services provided upon completion. I will be notified of the charge before completion of service, and agree to pay for such services in a timely manner.
8. I will have all prescriptions filled at my appointment.
9. I have the right to be treated with respect, dignity, and consideration.
10. I have the right to receive the best care available for my problem.
11. I have the right to know the identity and professional status of individuals providing my care.
12. I have the right to obtain from the provider, to the degree known, information concerning my diagnosis, treatment, and prognosis.
13. I agree to follow treatment plans recommended by my provider and will ask questions or discuss concerns with my provider when I do not understand or agree with the plan of treatment.
14. I have the right to be informed (along with my family when appropriate) about the outcomes of care, including unanticipated outcomes.
15. I have the right to participate in decisions involving my health care and in resolving conflicts about care decisions.
16. I have the right to refuse care, treatment, or services in accordance with law and regulation and to be informed of the medical consequences of such action.
17. I have the right to confidential treatment of disclosures and records, and to approve or refuse the release of such information according to HIPAA Law.
18. I agree to be respectful and considerate of other patients as well as the staff members of LFM.
19. I agree to keep appointments reliably and promptly and will contact LFM if I am unable to do so.

I agree that repeated failure to comply with any of the above responsibilities may subject to my dismissal from this practice.

Patient (or responsible party)

Date