



PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

We, MCR HEALTH, are pleased to be your provider of health care and related services. As our patient, you have many "RIGHTS," as well as having certain "RESPONSIBILITIES" which will help us serve you more promptly and efficiently. This is a mutual partnership established between you, our patient (parent or custodian of our patient) and us, your professional staff of MCR Health. This agreement is called the PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES. It is an acknowledgement of our mutual agreement. Thank you for the opportunity to serve you.

As a patient of MCR Health you have the RIGHT to:

1. Be treated with courtesy, respect, consideration, dignity and with privacy and confidentiality by all who provide health care and other services to you at MCR Health.
2. Be given information concerning available services of MCR Health including after-hours, emergency services, and any patient support services which we have available.
3. Prompt and reasonable response to your questions and requests.
4. Choose your health care providers and know who is responsible for your care by being given proper identification by name and title of everyone who provides health care or other related services to you.
5. Be given information of MCR Health policies and charges for services including your eligibility for third party reimbursement, the Centers acceptance of assignment for Medicaid and Medicare, and any other financial assistance known to us.
6. Be given complete and current information by MCR Health concerning your diagnosis, treatment, alternatives, risks and prognosis as required by your physician's legal duty to disclose in terms and language you can reasonably be expected to understand.
7. Refuse treatment within the confines of the law.
8. Refuse to participate in experimental research.
9. Voice grievance with and/or suggest change in health care services without being threatened, restrained, or discriminated against.
10. Be given appropriate and professional quality health care and other services without discrimination against your race, creed, color, religion, sex, national origin, sexual preference, handicap or age.
11. A health care regime, developed to meet your personal health care needs, with periodic assessments/updates that will be reviewed with you.
12. Participate in the development of your health care regime.
13. Receive a timely appointment from MCR Health regarding your request for health care and/or other services.
14. Be given complete and current information by MCR Health so you will be able to give informed consent for your treatment prior to the start of any treatment.
15. Review your clinical record at your request within the policies of MCR Health.
16. Be given information regarding anticipated transfer of your health care to another health care facility and/or termination of health care services to you.
17. Be given information by MCR Health concerning the consequences of refusing treatment or not complying with therapy.
18. Receive an itemized bill and explanation of charges.
19. Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
20. Know rules that apply to your conduct.
21. Obtain care from other clinicians of your choice within the practice.
22. Seek a second opinion from a clinician of your choosing.
23. Seek specialty care of your choosing.

As a patient of MCR Health you are RESPONSIBLE for:

1. Giving accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies, and other pertinent facts such as your past providers.
2. Reporting any unexpected change in condition.
3. Participating in the development and updates of your personal health care regime (or that of your child/dependent) and requesting further information concerning anything you do not understand.
4. Following your developed/updated health care regime.
5. Your actions if you refuse treatment or do not follow recommendations of MCR Health for your health care.
6. Keeping appointments for any scheduled service at the Center including clinical and financial referrals and if you are unable to keep the scheduled appointment for any reason, please notify the Center.
7. Providing MCR Health with accurate and complete financial information and paying any amounts that are required for your financial classification.
8. Assisting in maintaining a safe and clean environment and following the Center's rules for patient care and conduct.

The Joint Commission on Accreditation of Healthcare Organizations is an independent non-profit, national body that oversees the safety and quality of healthcare and other services provided in accredited organizations. Information about accredited organizations may be provided directly to the Joint Commission at 1-800-994-6610 or complaint@jointcomission.org

Patrick Carnegie, Chief Executive Officer

PATIENT / GUARANTOR SIGNATURE _____

Date _____