**Patient Rights and Responsibilities**

**As on of our patients, you have certain rights and responsibilities**.

**You have the right:**

* To quality health care
* To be treated with dignity, consideration, and respect in a manner that does not discriminate against age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation or veteran’s status
* To know the names and professional/malpractice status of people serving you
* To privacy to the best of our ability
* To confidentiality of your records
* To receive accurate information to the extent known about your health-related concerns
* To know the effectiveness, possible side effects, and problems of all forms of treatment
* To participate in choosing a form of treatment and decisions regarding your treatment
* To receive education and counseling
* To select and/or change your health care provider and request a second opinion or referral to a provider/place of your choice
* To choose the pharmacy provider where your prescriptions are filled
* To receive education about your medications
* To choose who your medical information is shared with
* To review your medical records with a clinician
* To receive information about services and any related costs
* To develop an advanced directive

**You have the responsibility:**

* To be respectful of all health care providers, staff and other patients
* To inform your provider about any living will or advance directive
* To accept financial responsibility for charges not covered by insurance
* To seek medical attention promptly
* To be honest about your medical history, prescriptions (including over the counter), and allergies
* To follow health advice and medical instructions or accept responsibility for the outcome
* To provide a responsible adult to transport you home from this facility and remain with you for 24 hours if required by your provider
* To report any significant changes in symptoms or failure to improve
* To respect clinic policies
* To keep appointments or cancel in advance
* To seek nonemergency care during regular office hours
* To inform a staff member if you do not want any part of your visit filed on insurance
* To provide suggestions or grievances about Gulf Park Health Center

If you have suggestions, concerns, questions, or to report a grievance, please contact the HIPAA Privacy Officer, 601-266-5390.