



Patient Rights and Responsibilities

PATIENT RIGHTS

Patients have the right to be treated with consideration, respect and dignity.

Patients have the right to consideration shown to the psychosocial, spiritual, and cultural variables that influence their perception to illness.

Patients have the right to privacy during medical care and confidentiality of communications and records pertaining to their care.

Patients have the right to approve or refuse the release of information from their medical record except when release is required by law and to have access to the information contained in the record within the limits of the law.

Patients have the right to information regarding diagnosis, evaluation, treatment, costs, and prognosis to enable them to participate in decision-making regarding care, including the right to assistance in preparing an advance directive. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.

Patients have the right to request a health care provider of their choice or to change their health care provider as well as to request a second opinion or referral.

Patients have a right to appropriate assessment of pain.

PATIENT RESPONSIBILITIES

Patients have the responsibility to provide accurate and complete information about current and past illnesses, medications, and other matters pertaining to their health.

Patients have the responsibility to follow the treatment plan recommended by their practitioner or express concerns regarding their ability to comply.

Patients are responsible for their actions if they refuse treatment or do not follow the practitioner's instructions.

Patients have the responsibility to become informed of the scope of basic services offered, the costs and the necessity for medical insurance and to actively seek clarification of any aspect of services (including cost) that is not understood.

Patient understands that all outside labs performed by an independent lab, will be billed directly to the patient or patients insurance carrier. These services will not be a part of your City Doc bill.

You have the responsibility to help your health care provider assess your needs with respect to pain and to work with your health care provider to develop a pain management plan.

Patients are responsible for their actions if they refuse treatment or do not follow the practitioner's instructions.

FINANCIAL RESPONSIBILITY

I, _____ agree to assign all payments and benefits of my claim to **CityDoc Uptown Urgent Care Center**. I understand that ultimately I am financially responsible for my health care regardless of how my insurance carrier pays. I also understand that any partial payments or co-payments made by myself, covers only a portion of my total bill, and that I may receive an additional bill if my insurance fails to cover my visit.

For complaints or concerns contact Citydoc Urgent Care at 214-871-7000, 2909B McKinney Ave. Dallas TX 75204 or email at [City Doc@CityDoc.net](mailto:Doc@CityDoc.net). You may also contact the Texas State Board of Medical Examiners at 1-800-201-9353.