



Patient Rights & Responsibilities

YOUR RIGHTS

If you would like more information about any of these points, please ask your provider or any OFFOR staff member.

As a health care consumer, you have the right to:

Choice of Service Providers – Choose or change your provider among the SmileMD staff of qualified health care professionals. The right to change providers if other providers are available.

Considerate and Respectful Care – Have your individual dignity respected regardless of age, gender identity, race, ethnicity, national origin, culture, sexual orientation, class, physical ability, genetic information, position in the community, lifestyle or other personal attributes.

Decision Making- You have the right to participate in your own medical decision making. The Organization respects these rights, however: It is our policy, in the event of deterioration, our personnel will always attempt to resuscitate and transfer you to the nearest hospital/higher level of care for further evaluation. At the hospital/higher level of care to decide further treatment or withdrawal of treatment measures already begun may be ordered in accordance with your wishes, Advance Directives, or Health Care Power of Attorney. Your agreement with this policy does not revoke or invalidate any current Health Care Directive or Health Care Power of Attorney.”

If you DO NOT agree to this policy, personnel will assist you to reschedule the procedure at another facility.

Health Information- Have the right to receive information regarding your diagnosis, evaluation, treatment, and prognosis.

Confidentiality and Privacy – Expect confidential treatment of all communications and records relating to you. Except as provided by law, your written permission must be obtained before information is given to anyone not directly connected with your care. Before you consent to a release of information, you may discuss what information will be released. You have the right to receive a written or electronic copy “Notice of Privacy Practices” that explains how your protected health information will be used and disclosed.

Interpreter Service – Request the services of an interpreter if needed, at no cost to you.

Know Your Fees – Be informed of fees incurred during your visit and of payment policies.

Responsive Service– Expect a timely response to any reasonable requests made for service. However, you do not have the right to insist on inappropriate or medically unnecessary treatment or services.

Records Access– Have access to information contained in the records within a reasonable time frame, except in certain circumstances specified by law.

Grievances- You have the right to voice your concerns or grievances without retaliation by calling or emailing us. You can also contact the Office for Civil Rights-Office of Justice Programs-U.S. Department of Justice, 999 N. Capitol Street, NE, Washington, DC 20531.

YOUR RESPONSIBILITIES

As a health care consumer, you have the responsibility to:

Answer questions fully- To the best of your ability, provide accurate and complete information to your healthcare provider about any matters pertaining to your health, any medications (including over the counter products and dietary supplements) and any allergies or sensitivities. If it is not clear why certain information is relevant, please ask.

Make sure you understand- Confirm your access needs and understanding of services discussed and provided. Ask your healthcare provider about anything that is not clear, such as diagnosis, treatment plan, test or policy. Diagnosis and treatment are often very individualized. Your symptoms may require the practitioner to differentiate between several diagnoses, or you may have to try more than one treatment plan to resolve your problem.

Transportation- you are responsible to provide transportation for yourself and/or patient. Safe transportation to home and remain with patient as directed by the provider or as indicated on discharge instructions.

Be Open- Discuss how you feel about your visit- anything from your treatment to your ability to pay fees.

Follow the agreed upon treatment- Advise us whether you think you can and want to follow the agreed-upon treatment plan. The most effective plan is the one which all participants agree is the best and which is carried out exactly. If you choose to refuse or not comply with the instructions given to you by your healthcare provider, you will need to accept the consequences of these decisions and actions.

Report Changes- Tell us about any changes in your health or adverse effects of your treatment, or if your symptoms don't improve.

Respect fellow patients, OFFOR Staff, and the facility- show respect for the rights and property of your fellow patients and OFFOR Staff by according them the dignity and courtesy that you expect to receive. Be considerate of the facilities and equipment. This includes responsibility for adhering to infection control policies and procedures with staff and within the facility.

Pay your Fees- Pay fees prior to service to assure your financial obligations for your care are fulfilled

Contact Us – If you have any issues, concerns, or complaints regarding your treatment or care, please contact us at our patient email address: patient-communications@smilemdsedation.com or call us at **1 (877) 789-8583**.

Thank you!