

# **PATIENT RIGHTS AND RESPONSIBILITIES**

As a patient at Pediatric Group LLC, we want you to be open and honest with our healthcare team. We want to work with you in your care and want you to be an active participant in your healthcare including with your treatment choices and want to help you achieve safety in your care by making well informed choices. In the spirit of partnership, we want you to know your rights and responsibilities as a patient or caregiver while you are receiving care from Pediatric Group LLC. We encourage active participation of patient and family in your healthcare.

## **Your Rights:**

You/Your Child have the right to:

- \* Receive considerate, respectful, and compassionate care in a safe setting regardless of age, gender, race, national origin, religion, sexual orientation, gender identity, or disability.
- \* Receive care in a safe environment free from abuse, neglect, or mistreatment.
- \* To know the names of your doctors, nurses, and all other members of the team providing you care.
- \*To be informed of your diagnosis, treatments, risks and benefits of treatment, and potential outcomes. You have the right to written consent before any non-emergency procedure begins.
- \*You have the right to privacy and confidentiality in discussions about your care, exam, and treatments.
- \*Participate in decisions about your care, treatment, and refuse treatment as permitted by law. If you leave the office without treatment or against the advice of the provider, our facility will not be responsible for any medical consequences that may occur.
- \*To communication that you can understand. We will provide this to the best of our ability.
- \* To obtain your medical records (with consent form signed) and any information concerning charges and fees that have occurred.
- \* Expect that all records remain confidential unless the disclosure of those records is permitted by law.
- \* To withdraw consent for procedures or care unless it is prohibited by law.
- \* To ethical treatment.
- \* To express concerns about the care you receive.

## Your Responsibilities:

You/Your Child have the Responsibility to:

- \* Provide complete accurate information to our office staff including demographic information (name, address, DOB, phone number, etc).
- \* Provide accurate insurance and billing information
- \* Provide accurate information concerning medical history including present condition, past illnesses, medication usage (including OTC and Herbal medication), and any other pertinent medical information.
- \* Ask questions if you do not understand or are unclear on any aspect of your care here at Pediatric Group LLC.
- \* You are responsible for the outcomes of your care should you not follow the treatment plan as prescribed. If you feel that you are unable to follow the treatment plan given, it is your responsibility to inform the provider.
- \* Actively participate in your care and management of illness, disease or well child/physical examination.
- \* Treat all staff members at Pediatric Group LLC with courtesy and respect at all times and respect other patients privacy.
- \* Provide complete, accurate insurance information concerning your healthcare coverage as well as pay bills in a timely manner.
- \* Keep your appointments, arrive on time, and call the office if you cannot make your appointment.

Concerns? Questions? Please contact our Office Manager:

**Rhonda L. Fisher**  
**Office Manager, Pediatric Group LLC**  
3412 Office Park Dr.  
Marion, IL 62959  
Phone: (618) 993-0404  
Fax: (618) 993-1717

Please visit our website at [www.pediatricgroupllc.com](http://www.pediatricgroupllc.com) for a list of providers, locations, and services provided.

THANK YOU!

Employee: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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