



### **Patient Bill of Rights and Responsibilities**

We want to encourage you, as a patient of Ashtabula Sleep Medicine, LLC, to communicate openly with us, participate in your treatment choices, and promote your own safety by being well informed and actively involved in your care. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities involving your Home Sleep Study.

#### **Your Rights**

You have the right to receive considerate, respectful and compassionate care regardless of your age, gender, race, national origin, religion, sexual orientation or disabilities.

You have the right to receive care in a safe environment free from all forms of abuse, neglect or harassment.

You have the right to be called by your proper name and to be told the names of the educators and others involved in your care.

You have the right to be told by your doctor about your diagnosis and possible prognosis, the benefits and risks of treatment, and expected outcome of treatment, including unanticipated outcomes. You have the right to give written informed consent before any non-emergency procedure begins.

You can expect full consideration of your privacy and confidentiality in care discussions, examinations and treatments.

You have the right to access protective and advocacy resources.

You, and family members or friends with your permission, have the right to participate in decisions about your care, treatment, and services provided, including the right to refuse treatment to the extent permitted by law. If you decide not to do the test, ASM will not be responsible for any medical consequences that may occur.

You have the right to agree or refuse to take part in medical research studies. You may at any time withdraw from a study.

You have the right to sign language or foreign language interpreter services. We will provide an interpreter as needed.

You have the right to make an advance directive, appointing someone to make health care decisions for you if you are unable.

You have the right to receive detailed information about charges.

You can expect that all communications and records about your care are confidential, unless disclosure is allowed by law. You have the right to see or get a copy of your medical records and have the information explained, if needed. You may add information to your medical record by contacting ASM. Upon request, you have the right to receive a list of who your personal health information was disclosed to.

You have the right to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with the office manager or owner at Ashtabula Sleep Medicine, LLC.

## **Your Responsibilities**

You are expected to provide complete and accurate information, including your full name, address, home telephone number, date of birth, insurance carrier and employer, when it is required.

You should provide ASM with a copy of you advance directive if you have one.

You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including safety risks.

You are expected to ask questions when you do not understand information or instructions. If you believe you can't follow through with your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care, treatment and services plan.

You are expected to actively participate in your management plan and to keep your doctors and nurses informed of the effectiveness of your treatment.

You are expected to treat all staff with courtesy and respect.

You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.

You are expected to keep appointments, be on time for appointments, or call if you cannot keep your appointments.