

YOU (OR YOUR HEALTH CARE DECISION MAKER) HAVE THE RIGHT TO:

- Receive courteous, compassionate and respectful care at all times regardless of age, gender, race, national origin, religion, sexual orientation, gender identity, gender expression, disabilities, or sources of payment.
- Receive access to medical treatment or accommodations regardless of age, gender, race, national origin, religion, sexual orientation, gender identity, gender expression, disabilities, or sources of payment.
- Receive care in a secure environment free from abuse, neglect, or exploitation from anyone including staff, students, volunteers, other patients, visitors, or family members. You have the right to access protective and advocacy services to help keep you free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- Access information about the organization (including programs and services provided on behalf of AbsoluteCARE), staff qualifications, and contractual relationships
- Know the names of doctors, nurses, care/case managers, social workers, and other health care team members involved in your care, as well as their professional status such as students or trainees.
- Obtain from your primary care provider current, detailed and understandable information about your condition, the benefits and risks of treatment, medications, and side effects, the expected and unexpected outcomes of treatment, and the likelihood of your recovery. To keep you well informed, this information can be provided to you in both verbal and written communication consistent with your preferences, in terms you can understand.
- Expect prompt and reasonable responses to your requests, concerns or questions regarding your care, treatment, and available services.
- Expect that your reports about your conditions and/or symptoms will be accepted, respected, and acted on by your AbsoluteCARE primary care provider and other health care team members.
- Know if medical treatment prescribed for you is for research or experimental purposes and that you must give your written consent to participate. Refusal to participate in research studies or other experimentation will not limit or compromise your access to the most effective care that AbsoluteCARE can otherwise provide.
- Participate and be supported by AbsoluteCARE through the collaborative decision-making process related to your care and treatment.
- Be informed about other medical services and options regarding your care, treatment and services provided and have access to those services provided by AbsoluteCARE.
- Ask and be informed of business relationships between AbsoluteCARE, educational institutions, other health care providers, or payers that may influence your treatment and care.
- Decline care, services and/or treatment to the extent allowed by law and to be informed of the medical consequences of your decision. If you decline care and/or treatment, AbsoluteCARE will not be responsible for any medical consequences.
- Disenroll from care at AbsoluteCARE at any time.
- Make an advance directive which may include a living will or the appointment of someone to make health care decisions for you if you are not able, such as a health care proxy or power of attorney.
- Expect privacy in treatment and have personally identifiable data and medical information kept confidential, know what entities have access to their information; know procedures used by the organization to ensure security, privacy, and confidentiality. Case discussions, consultations, examinations, and treatment will be conducted in a manner consistent with all Federal, state, and local laws. You can be provided additional copies of AbsoluteCARE's Notice of Privacy Practices upon request.

- Review or get a copy of your medical records and to have this information explained or interpreted as needed, except when the release of medical information is restricted by law.
- Receive detailed information about any provider or treatment charges.
- Voice your concerns about AbsoluteCARE, receive instructions on how to use the complaint process, including the organization's standards of timeliness for responding to and resolving complaints and issues related to quality of services. If you have a problem, complaint, or want additional information on this process, please complete a feedback form or talk with our practice manager at 404-994-4219.

YOU (OR YOUR HEALTH CARE DECISION MAKER) ARE RESPONSIBLE FOR:

- Providing information about past illnesses, hospitalizations, medications, over the counter products such as vitamins or herbal therapies and other matters related to your health status.
- Asking for additional information or explanation about your health status or treatment when you do not understand the information and instructions given to you by your treatment team.
- Reporting changes in your condition or health status to your treatment team. This also includes hospitalizations, emergency room visits, as well as evaluations or tests performed by other healthcare providers.
- Providing AbsoluteCARE with a copy of your advance directive if you have one.
- Following the treatment plan recommended by your treatment team and communicating the effectiveness of the treatment.
- Advising your treatment team if you believe you can't or if you choose not to follow your treatment plan.
- Knowing the consequences and understanding that you are responsible for outcomes if you do not follow the recommendations, treatment, and treatment plan provided to you.
- Keeping all scheduled appointments and calling AbsoluteCARE when you are not able to attend an appointment.
- Rescheduling missed appointments with your treatment team and specialists as soon as possible.
- Treating AbsoluteCARE staff, patients and other visitors with courtesy and respect; abide by AbsoluteCARE rules and safety measures regarding care and conduct; and be mindful of noise levels and privacy.
- Providing complete and accurate information about your health insurance coverage and pay your bills in a timely manner.