

**TURLOCK ORAL &  
MAXILLOFACIAL SURGERY  
PATIENT RIGHTS**

The patient has the right to considerate and respectful care.

The patient has the right to personal and informational privacy. Discussion or consultations involving his/her care will be conducted discreetly and only with those involved in his/her care or monitoring its quality. All communications and records pertaining to his/her care will be treated as confidential. The patient can expect to be interviewed, examined, and treated in surroundings conducive to visual and auditory privacy.

The patient has the right to obtain from his doctor complete and current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand.

The patient has the right to receive from his/her doctor information necessary to give informed consent prior to any procedure or treatment. Except in emergencies, such information will include but not necessarily be limited to the specific procedure or treatment, the medically significant risks involved, and probable outcome. Where medically significant alternatives exist or when the patient requests information on medical alternatives, the patient has the right to such information.

The patient has the right to know who is performing the procedures or treatment.

The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.

The patient has the right to expect reasonable continuity of care. He/She will be informed by his/her doctor, or delegate of the patient's continuing health care requirements following discharge.

The patient has the right to be advised if an experimental procedure or treatment affecting his/her care is proposed, and he/she has the right to refuse such procedure or treatment.

The patient has the right to request and receive an itemized and detailed explanation of his/her bill for services rendered.

The patient has the right to know the rules and regulations applicable to his conduct as a patient.

The patient has the right to file a grievance in the event he/she is dissatisfied with their treatment in this office. Grievance forms may be obtained from the Practice Administrator.

**PATIENT RESPONSIBILITIES**

The patient has the responsibility to provide to the best of his/her knowledge, accurate and complete information about present symptoms, past illnesses, hospitalizations, medications, and other matters regarding his/her health. He/She has the responsibility to report unexpected changes in his/her condition.

The patient is responsible for following the treatment recommended by his/her doctor and as expressed by the nurses and other office personnel as they carry out the plan of care.

The patient is responsible for promptly fulfilling the financial obligations of his/her health care. He/She is responsible for furnishing information and cooperating with the expediting of payment by a third party payer.

The patient is responsible for being considerate of other patients and office personnel.