

**Dermatology and Cosmetic Surgery Center, PC**  
**Patient Rights and Responsibilities**

***PATIENT RIGHTS:***

Dermatology and Cosmetic Surgery Center, PC and medical staff have adopted the following list of patient's rights. This list shall include, but not limited to, the patient's right to:

Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care.

Considerate and respectful care.

Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and non-physicians who will see him/her.

Receive information from his/her physician about his/her illness, course of treatment and prospects for recovery in terms that he/she can understand.

Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risk involved in each, and to know the name of the person who will carry out the procedure or treatment.

Participate actively in decisions regarding his/her medical care, to the extent permitted by law. This included the right to refuse treatment.

Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and the treatment are confidential and shall be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual.

Confidential treatment of all communications and records pertaining to his/her care and stay in the Dermatology and Cosmetic Surgery Center. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.

Reasonable responses to any reasonable request he/she may make for service.

Leave the Dermatology and Cosmetic Surgery Center even against the advise of his/her physician.

Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.

Be advised if the facility or personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects without compromising access to care.

Be informed by his/her physician, or a delegate of his/her physician, of the continuing health care requirements following his/her discharge from Dermatology and Cosmetic Surgery Center.

Receive information regarding fees and payment schedule.

Examine and receive an explanation of his/her bill regardless of source of payment.

Know which Dermatology and Cosmetic Surgery Center rules and policies apply to his/her conduct while a patient.

Have all patients rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

All personnel shall observe these patient rights. Patients have the right to change their provider if other qualified providers are available.

Patients will be advised if ever absence of malpractice insurance coverage at the time of registration.

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***PATIENT RESPONSIBILITIES:***

The care the patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities shall be presented to the patient in the spirit of mutual trust and respect.

The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past medical history, and other matters relating to his/her health.

The patient is responsible for making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.

The patient is responsible for the treatment plan established by his/her physician, including the instructions of nurses and other expected of him/her.

The patient is responsible for the treatment plan established by his/her physician, including the instructions of nurses and other health professionals, as they carry out the physician's orders.

The patient is responsible for keeping appointments and for notifying the Dermatology and Cosmetic Surgery Center or physician's orders.

Provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider.

The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.

The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.

The patient is responsible for following facility policies and procedures.

The patient is responsible for being considerate of the rights of other patients and facility personnel.

The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.

The patient has ability to report any suggestions or complaints to the Medical Director at 412-429-2570 ext # 108.

The patient has ability to report any safety issues to Patient Safety Office at 412-429-2570 ext # 116.

The patient has ability to report any complaints or grievances to PA Department of Health at 412-565-5176 or to Medicare at [HHS.gov/ombudsman/resources/ASP](http://HHS.gov/ombudsman/resources/ASP)