



# OCEAN RENAL ASSOCIATES, P.A.

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## PATIENT RIGHTS AND RESPONSIBILITIES

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### AS A PATIENT, YOU HAVE THE RIGHT TO:

- Considerate, respectful care at all times, and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy, within the law.
- Information concerning your diagnosis, treatment and prognosis to the degree known.
- Confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
- The opportunity to participate in decisions involving your health care, unless contraindicated by concerns for your health. Make decisions about medical care, including the right to accept or refuse medical or surgical treatment and the right to initiate advance directives such as a living will or a durable power of attorney. If you already have a living will or advance directive, please speak to the nurse.
- Information concerning the implementation of any advance care directive.
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability.
- Receive an itemized bill for all services.
- Know the identity and profession status of individuals providing services to you.
- Reports any comments concerning the quality of services provided to you at *Ocean Renal Associates* and receive fair follow-up on your comments.

### AS A PATIENT, YOU ARE RESPONSIBLE FOR:

- Providing, to the best of your knowledge, accurate and complete information about your present health status and post medical history and reporting any unexpected changes to the appropriate practitioner.
- Following the treatment plan recommended by the primary practitioner involved in your case.
- Providing an adult to transport you home after your procedure and to be responsible for you at home for the first 24 hours after your procedure.
- Indicating whether you clearly understand the contemplated course of action and what is expected of you.
- Your actions, if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your care.
- Assuring that the financial obligations of your health care are fulfilled as expediently as possible.
- Providing information about and/or copies of any living will, power of attorney, or together directive that you desire us to know about.

If you have any questions regarding your rights and responsibilities, please discuss your concerns with us. I have received a copy of the above information.

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Patient Signature

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Date