Optimum
Internal Medicine & Pediatrics

Our Practice is committed to providing quality health care. It is our pledge to provide this care with respect and dignity. In keeping with this pledge and commitment, we present the following Patient Rights and Responsibilities:

You have the right to:
• A personal clinician who will see you or your family member on an on-going, regular basis.
• Competent, considerate and respectful health care, regardless of race, creed, age, sex or sexual orientation.
• A second medical opinion from the clinician of your choice, at your expense.
• A complete, easily understandable explanation of your family member or your condition, treatment, and chances for recovery.
• The personal review of your family member's or your own medical records by appointment and in accordance with applicable State and Federal guidelines.
• Confidential management of communication and records pertaining to your family member's and your medical care.
• Information about the medical consequences of exercising your right to refuse treatment for yourself or your family member receiving care.
• The information necessary to make an informed decision about any treatment or procedure, except as limited in an emergency situation.
• Be free from mental, physical, and sexual abuse.
• Humane treatment in the least restrictive manner appropriate for treatment needs.
• An individualized treatment plan.
• Have your family member's or your pain evaluated and managed on an appropriate basis and as per current legal and medical guidelines.
• Refuse to participate as a subject in research.
• An explanation of your family member's or your medical bill regardless of your insurance and the opportunity to personally examine your bill.
• The expectation that we will take reasonable steps to overcome cultural or other communication barriers that may exist between you and the staff.
• The opportunity to file a complaint should a dispute arise regarding care, treatment, or service or to select a different clinician.

You are responsible for:
• Knowing your family member's or your health care clinician's name and title.
• Giving your family member or your clinician correct and complete health history information, e.g. allergies, past and present illnesses, medications, and hospitalizations.
• Providing staff with correct and complete name, address, telephone and emergency contact information each time you or your family member see your clinician so we can reach you in the event of a schedule change or to give medical instructions.
• Providing staff with current and complete insurance information, including any secondary insurance, each time you or your family member see your clinician.
• Signing a "Release of Information" form when asked so your clinician can get medical records from other clinicians involved in your family member or your care.
• Telling your clinician about all prescription medication(s), alternative, i.e. herbal or other, therapies, or over-the-counter medications you or your family member take. If possible, bring the bottles to your appointment.
• Telling your clinician about any changes in your family member or your condition or reactions to medications or treatment.
• Asking your clinician questions when you do not understand your illness, treatment plan, or medication instructions for yourself or your family member.

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• Following your clinician’s advice. If you refuse treatment or refuse to follow instructions given by your health care clinician, you are responsible for any medical consequences and if you continue to be noncompliant your physician may terminate his physician patient relationship with you.
• Keeping your appointments. If you must cancel your appointment, please call the health center at least 24 hours in advance.
• Paying copayments and deductibles at the time of the visit or other bills upon receipt.
• Following the office’s rules about patient conduct; for example, there is no smoking in our office.
• Respecting the rights and property of our staff and other persons in the office.