

Patient/Family Bill of Rights and Responsibilities

You and Your Child have the Right to:

1. Expect privacy and respect while you receive your health care.
2. Always receive polite and respectful care.
3. Receive health care that is based on American Academy of Pediatrics standards and guidelines.
4. Expect timely and reasonable answers to your questions.
5. Be seen within a reasonable time.
6. Know who is in charge of approving and administering your procedures or treatment.
7. Know what services are available to help you.
8. Be given care that is sensitive to one's developmental needs.
9. Have access to your medical records (see HIPAA policy).
10. Be told of medical choices for care or treatment.
11. Refuse treatment, except that written by law, and be told of the effects of your choice.
12. Receive access to medical treatment no matter your race, sex, creed, sexual orientation, gender identification, nationality, religion, or disability.
13. A copy of your bill and explanation of charges on request.
14. Take part in decision about the plan of your health care.

You and Your Child are Responsible for:

1. Giving true and complete information about your child's present and past health, and family history.
2. Telling your pediatrician of any change in your child's health.
3. Providing information to your pediatrician about any medical care received outside of our practice.
4. Letting us know of any concerns.
5. Telling your pediatrician if you do not understand your plan of care and what is expected of you.
6. Keeping appointments when scheduled, and notifying in advance if you cannot.
7. Following the plan of care agreed upon by you and your pediatrician.
8. Being responsible for your actions if you refuse treatment or do not follow the agreed upon plan of care between you and your pediatrician.
9. Paying your bill.
10. Being considerate of the rights of others and following office policies.