

## Patient Rights and Responsibilities

You and your family should be as comfortable as possible and know that YOU are our number one concern during your visit to North Little Rock Primary Care Clinics, P.A. The following statement of your rights and responsibilities is presented as the policy of North Little Primary Care Clinics, P.A. but does not presume to be a complete representation of all mutual rights and responsibilities.

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### YOU HAVE THE RIGHT:

- To impartial access to the medical resources without regard to race, color, national origin, age, sex, handicapping or disabling condition, spiritual or ethical beliefs or source of payment.
- To receive considerate, respectful care, which recognizes your personal dignity at all times and under all circumstances?
- To participate in decisions involving your care. Except in an emergency situation, you shall not be subjected to any procedure without your voluntary, competent and understanding consent or the consent of your legally authorized representative.
- To refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal.
- To information about Advance Directives, such as Living WILL OR durable Power of Attorney for Health Care, that would allow you to make your own health care decisions for the future and to have your chosen representative exercise these rights for you if you are not able to do so.
- To instructional and educational information about your medical treatment in a language and terms that you understand.
- To the confidential treatment of and personal access to your medical records.
- To know who is responsible for providing your direct care and to receive information concerning your continuing health care needs and alternative for meeting those needs.

### YOU HAVE THE RESPONSIBILITY

- To give your doctor and staff complete and accurate information about your condition and care.
- To follow instructions of your doctor and the staff of North Little Primary Care Clinics, P.A. and to keep appointments relative to your care.
- To make it known whether you clearly understand planned actions and treatment and what is expected of you.
- To report unexpected changed to your condition to your physician or staff North Little Primary Care Clinics, P.A.
- To accept the financial obligations associated with your care.
- To advise your doctor or any office staff member of any dissatisfaction you may have regarding your care.
- To be considerate of other patients and of staff members who are caring for you.
- To bring a current copy of any information related to your condition at the time of the first visit to be placed in your medical record.

I have read and understand my rights and responsibilities as a patient of North Little Primary Care Clinics, P.A.

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Patient/Guarantor

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Date

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Witness

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Date