



Patient Rights & Responsibilities

PATIENT RIGHTS

At Rittenhouse Hematology Oncology, we believe that the protection and support of the basic human rights of freedom of expression, decision and action are important to the healing and well-being of our patients. Therefore, we strive to treat patients with respect and with full recognition of human dignity. Decisions regarding health care treatment will not be based on race, creed, sex, national origin, age, disability, or sources of payment. As a patient of Rittenhouse Hematology Oncology, you have the right to:

1. Be fully informed in advance about care/services to be provided to you, including the scope of planned care/services and any specific limitations, the expected frequency of visits.
2. Be fully informed of the rules and regulations governing patient conduct in the facility.
3. Be informed of your financial responsibility for any care/services.
4. Receive an itemized bill and explanation of charges upon request.
5. Participate in decisions regarding your healthcare, including the right to refuse treatment except as otherwise provided by law.
6. Receive complete information, diagnosis, treatment plan, alternatives, risks, and prognosis in terms you understand.
7. Refuse care, services or treatment after being fully presented with the consequences of refusing care, services or treatment.
8. Receive information about the creation of Advanced Directives upon request.

9. Be treated with respect, consideration, and recognition of your dignity and individuality.
10. Know the name and professional status of individuals providing care and who is responsible for treatment.
11. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse.
12. Voice grievances/complaints regarding treatment or care or lack of respect to your property, or recommend changes in policy, personnel, or care/service without discrimination, or reprisal.
13. Have your records and communications treated as confidential. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
14. Know what patient support services are available and to request and/or be provided with language assistance i.e., interpreter services, if you have a language barrier or hearing impairment. This will be provided at no cost to you to help you actively participate in your care.
15. Be fully informed of your responsibilities.

PATIENT RESPONSIBILITIES

Your contribution to your health care is vital, and you can be involved in the health care process by fulfilling

certain responsibilities. As a patient, you, or your designated representative (if you have one) have a responsibility to:

1. Submit forms, insurance cards or other documents that are necessary to receive services or care from Practice.
2. Keep appointments scheduled with your healthcare provider. If you need to cancel an appointment, you should do so promptly with at least 24 hours before your appointment time when possible.
3. Provide accurate medical, pharmacy and contact information and any changes to such information:

- Provide, to the best of your ability, accurate and complete information about your present condition, past illnesses, hospitalizations, medications, and other matters related to your health, including information about home and work that may impact your ability to follow the proposed treatment.

- Tell your care team if you have an Advanced Directive and the intent it contains.

- Notify your care team of any potential side effects and/or complications that you experience.

- Tell your caregivers about any changes in your health.

4. Maintain any equipment provided to you by [Insert Practice Name], if applicable.

5. Notify [Insert Practice Name] staff of any concerns about the care or services provided.

- Ask questions so that you may understand your health problems and what to reasonably expect during your treatment.

- Ask questions if you do not understand or need more information.

6. Make Informed Decisions

- If you are unable to make decisions about your care, your legally appointed decision-maker has a responsibility to make healthcare decisions that are consistent with your values and life goals.

7. Participate in your care and follow the instructions for taking medication as directed.

8. Follow the mutually agreed treatment plan developed with your provider.

- Express any concerns about your ability to understand or comply with a proposed course of treatment.

- You are responsible for the outcomes if you refuse treatment or do not follow your care provider's

instructions.

- Remain adherent to your treatment plan, and work with your [Insert Practice Name] care team to

address any obstacles that may prevent you from following your care plan.

9. Accept Financial Responsibilities

- Provide information necessary for claims processing and maintain personal and financial integrity with respect to healthcare services provided on your behalf.
- You are responsible for meeting your financial responsibility for any amounts required by your insurance carrier, or any care or services not covered by your insurance.

10. Support Rittenhouse Hematology Oncology policies that apply to patient care and conduct:

- Treat all Rittenhouse Hematology Oncology staff, other patients, and visitors with courtesy and respect. Follow all Rittenhouse Hematology Oncology rules and safety regulations, and be mindful of noise levels, privacy, and the number of visitors.
- Respect the privacy and confidentiality of other patients.
- Refrain from using a smart device to record your experience in audio, video, or photography format in the practice without the consent of everyone involved including Rittenhouse Hematology Oncology physicians, nurses, and other staff.
- Express any needs you may have, so we can provide reasonable accommodation.
- Inform the healthcare team when you have issues or concerns related to your safety.