

## **NORTH ALABAMA ENT ASSOCIATES, PC PATIENT RIGHTS AND RESPONSIBILITIES**

At North Alabama ENT Associates, PC, we believe in healthcare excellence. We have written these Patient Rights and Responsibilities with that in mind. By observing these rights and responsibilities, we can provide more effective care for our patients and greater satisfaction to our patients, physicians and nursing staff. We will provide these rights to all patients without regard to age, race, sex, national origin, culture, physical handicap, personal values or belief systems.

### **Patient Rights**

At North Alabama ENT Associates, PC we recognize that our patients are first individuals with specific rights and needs. By being committed to your rights, we are better able to ensure that you receive outstanding healthcare and that your experience at North Alabama ENT Associates, PC is comfortable as well. Your specific rights are:

TO BE treated with respect, dignity and consideration at all times.

TO HAVE your personal information treated as confidential information North Alabama ENT Associates, PC follows the Health Insurance Portability and Accountability Act of 1996, more commonly known as [HIPAA](#), which governs the protection of privacy information and services provided. In the event the law requires us to give information about your treatment or condition, we will give you the opportunity to approve or refuse the release of any and all information.

TO KNOW the rules and regulations that apply to your conduct and responsibilities as a patient.

TO KNOW what services are available at North Alabama ENT Associates, PC

TO KNOW the people who are responsible for coordinating your care.

TO BE informed about any people, other than routine personnel, who will be observing or participating in your treatment.

TO KNOW the qualifications of your doctor and any other physicians who are participating in your procedure.

TO CHANGE providers if other qualified providers are available.

TO PARTICIPATE in decisions involving your healthcare, except when such participation would not be in your best interest for medical reasons.

TO RECEIVE from your physician or medical team complete information about your diagnosis, treatment and prognosis, to the degree that such information is known.

TO RECEIVE an electronic copy of your medical record in the form or format you request if the provider is capable of producing the copy in the requested format.

TO UNDERSTAND the procedure(s) or treatment(s) you are going to receive. You should ask questions of your physician until you are comfortable with what is going to happen because you will be required to sign an "informed consent" form upon your arrival at North Alabama ENT Associates, PC.

TO REFUSE treatment and be told what the consequences of refusing treatment will be to the degree that such information is known.

TO EXPECT the care provided and services rendered to be consistent with national standards of care.

TO EXPRESS your grievances and suggestions to North Alabama ENT Associates, PC according to the policies and procedures. You are encouraged to ask questions about any of these rights that you do not understand. If you would like to express concerns regarding the quality of care you received at North Alabama ENT Associates, PC, please contact the Office Manager at 256-536-9300. If you have concerns regarding your insurance or financial responsibility, please contact the Office Manager 256-536-9300. You will receive a personal response. In the event you are not satisfied with the results internally, the following facilities may be contacted:

- Alabama Department of Public Health  
201 Monroe Street  
Montgomery, AL 36104  
800-356-9597

## **NORTH ALABAMA ENT ASSOCIATES, PC PATIENT RIGHTS AND RESPONSIBILITIES**

- Regional IV Office of Civil Rights  
U.S. Department of Health and Human Services  
Sam Nunn Atlanta Federal Center  
Suite 16T70  
61 Forsyth Street SW  
Atlanta, GA 30303-8909  
800-368-1019  
404-562-7886
- [Medicare Beneficiary Ombudsman](#)
- Medicare Ombudsman for Alabama  
State Health Insurance Assistance Program  
800-243-5463
- Medicare Claim Fraud  
800-633-4227
- Identity Theft Hotline
- Federal Trade Commission  
877-438-4338

TO KNOW if any research will be done during your treatment and be given the opportunity to refuse to participate in research.

TO EXAMINE and understand your statement of charges from North Alabama ENT Associates, PC, regardless of the source of payment.

TO KNOW in advance of your procedure the estimated amount of your charges.

TO REQUEST that a health plan not be notified of treatment that you have paid in full.

TO UNDERSTAND what provisions are available for after-hour and emergency care.

TO HAVE confidence that any advertising or marketing related to North Alabama ENT Associates, PC is in compliance with FDA requirements and is not misleading.

TO OPT OUT of communications.

## **Patient Responsibilities**

Once you and your physician have agreed to have your procedure or treatment conducted at North Alabama ENT Associates, PC you have specific obligations. By doing your part to meet your responsibilities, you can help to ensure your quality of care. The following is a list of your specific responsibilities:

YOU SHOULD read and understand all permits, forms and consents. If you do not understand them, it is your responsibility to ask your nurse or physician for clarification.

YOU MUST answer all medical questions truthfully and to the best of your knowledge.

YOU SHOULD be respectful of all the healthcare professionals and staff, as well as other patients.

YOU MUST contact your physician(s) if you have any problems after your any office procedure/treatment.

YOU MUST keep your appointments, if unable, notify the office 24 hours prior to your appointment.

YOU WILL be required to pay for services rendered on a timely basis and accept the ultimate responsibility for payment, regardless of your insurance coverage.

YOU SHOULD notify the Office Manager of North Alabama ENT Associates, PC if you feel that any of your rights have been violated or if you have a significant complaint or suggestion that may improve services or quality of care provided. North Alabama ENT Associates, PC offers a patient questionnaire online or we can provide you with one that can be completed and returned. You can also call to speak to the Office Manager about your concerns or suggestions.