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540.552.1904

Blacksburg • 830 Davis St, Ste 2
540.315.9859

Salem • 1802 Braeburn Dr
540.772.2669

PATIENT'S RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS:

- You should be treated with dignity, with compassion, with respect and reasonable protection from harm, and with appropriate privacy.
- You will receive, to the extent you are eligible, prompt and appropriate treatment for physical or emotional disorders or disabilities, in the least restrictive environment necessary for that treatment, free from unnecessary or excessive medication.
- You will not be denied your legal rights or be subjected to discrimination or reprisal while being treated (except where State law provides otherwise).
- Your medical record and all other information about you will be kept confidential unless disclosure is required or permitted by law or you consent to its release.
- You have the right to know all necessary medical information to make medical decisions.
- You have the right to discuss treatment you receive at The Hearing Clinic Inc. You may express concerns or grievances to your physician, the Quality Management Department, or Medical Director.
- You have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of your actions.
- You have the right to refuse to participate in experimental research.
- You have the right to examine and receive an explanation of your bill, regardless of the source of payment.
- You have the right to be fully informed of risks, benefits, expected outcomes, and alternative treatments for scheduled procedures.

PATIENT RESPONSIBILITIES:

- You are responsible for providing their medical provider with information needed to deliver quality care.
- You are responsible for being considerate and respectful of all Clinic personnel and of other patients.
- You are responsible for informing their provider when/if their treatment plan is no longer effective.

- You are responsible for cooperating with your treatment plan. If you have questions or disagree with your treatment plan, you are responsible for discussing it with your physician and/or healthcare provider.
- You are responsible for bringing concerns about your care to your healthcare provider.
- You are responsible for assuring the financial obligations of your health care are fulfilled as promptly as possible.
- You are responsible for preventing any injury to you, other patients and staff members by your own actions. All weapons are prohibited on Clinic property. Abusive behavior will not be tolerated.
- You are responsible for keeping your appointments, arriving on time and notifying the office of any cancellations at least 24 hours prior to appointment.
- You are responsible for notifying your provider of any concerns regarding payment or insurance coverage.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE RECEIVED THIS INFORMATION, READ AND UNDERSTAND ITS CONTENTS.

PATIENTS SIGNATURE

DATE