RIGHTS AND RESPONSIBILITIES OF PATIENTS

Patient Rights and Responsibilities through your health insurance plan or health insurance exchange:

Infectious Disease Physicians, Inc. (IDP) can provide better healthcare services when you and your family work together as partners with our staff and physicians. It is our responsibility to advise you of your rights as a patient; you also have responsibilities in your treatment and care. We urge you to ask questions, be proactive and take an active part in your care plan. If you have questions or concerns, please discuss these with any staff member or contact the practice administrator.

*Principles of Patients Rights' and Responsibilities was developed and approved by the National Health Council Board of Directors, January 1995*

1. **ALL PATIENTS HAVE THE RIGHT TO INFORMED CONSENT IN TREATMENT DECISIONS, TIMELY ACCESS TO SPECIALTY CARE, AND CONFIDENTIALITY PROTECTIONS.**

Patients should be treated courteously with dignity and respect. Before consenting to specific care choices, they should receive complete and easily understood information about their condition and treatment options. Patients should be entitled to: coverage for qualified second opinions (refer to your benefits under your health insurance plan); timely referral and access to needed specialty care and other services; confidentiality of their medical records and communications with providers; and, respect for their legal advanced directives or living wills.

2. **ALL PATIENTS HAVE THE RIGHT TO CONCISE AND EASILY UNDERSTOOD INFORMATION ABOUT THEIR COVERAGE.** If you do not understand your benefits, contact member services on your health insurance policy.

This information should include the range of covered benefits, required authorizations, and service restrictions or limitations (such as on the use of certain health care providers, prescription drugs, and "experimental" treatments). Plans should also be encouraged to provide information assistance through patient advocacy about coverage provisions and processes.
3. **ALL PATIENTS HAVE THE RIGHT TO KNOW HOW COVERAGE PAYMENT DECISIONS ARE MADE AND HOW THEY CAN BE FAIRLY AND OPENLY APPEALED.**

Patients are entitled to information about how coverage decisions are made, i.e., how "medically necessary" treatment is determined, and how quality assurance is conducted. Patients and their family caregivers should have access to an open, simple, and timely process to appeal negative coverage decisions on tests and treatments they believe to be necessary.

4. **ALL PATIENTS HAVE THE RIGHT TO COMPLETE AND EASILY UNDERSTOOD INFORMATION ABOUT THE COSTS OF THEIR COVERAGE AND CARE.**

This information should include the premium costs for their benefits package, the amount of any patient out-of-pocket cost obligations (e.g., deductibles, copayments, and additional premiums), and any catastrophic cost limits. Upon request, patients should be informed of the costs of services they've been rendered and treatment options proposed.

5. **ALL PATIENTS HAVE THE RIGHT TO A REASONABLE CHOICE OF PROVIDERS AND USEFUL INFORMATION ABOUT PROVIDER OPTIONS.**

Patients are entitled to a reasonable choice of health care providers and the ability to change providers if dissatisfied with their care. Information should be available on provider credentials and facility accreditation reports, provider expertise relative to specific diseases and disorders, and the criteria used by provider networks to select and retain providers. The latter should include information about whether and how a patient can remain with a provider who leaves or is not part of a plan network.

6. **ALL PATIENTS HAVE THE RIGHT TO KNOW WHAT PROVIDER INCENTIVES OR RESTRICTIONS MIGHT INFLUENCE PRACTICE PATTERNS.**

Patients also have the right to know the basis for provider payments, any potential conflicts of interest that may exist, and any financial incentives and clinical rules (e.g., quality assurance procedures, treatment protocols or practice guidelines, and utilization review requirements) which could affect provider practice patterns.
ALL PATIENTS, TO THE EXTENT CAPABLE, HAVE THE RESPONSIBILITY TO:

(It is recognized that patients may suffer significant physical and/or mental conditions which may limit their ability to fulfill these responsibilities. If you have questions regarding your expectations from your health insurance contact your physician.)

1. PURSUE HEALTHY LIFESTYLES.

Patients should pursue lifestyles known to promote positive health results, such as proper diet and nutrition, adequate rest, and regular exercise. Simultaneously, they should avoid behaviors known to be detrimental to one's health, such as smoking, excessive alcohol consumption, and drug abuse.

2. BECOME KNOWLEDGEABLE ABOUT THEIR HEALTH PLANS.

Patients should read and become familiar with the terms, coverage provisions, rules, and restrictions of their health plans. They should not be hesitant to inquire with appropriate sources when additional information or clarification is needed about these matters.

3. ACTIVELY PARTICIPATE IN DECISIONS ABOUT THEIR HEALTH CARE.

Patients should seek, when recommended for their age group, an annual medical examination and be present at all other scheduled health care appointments. They should provide accurate information to providers regarding their medical and personal histories, along with current symptoms and conditions. They should ask questions of providers to determine the potential risks, benefits, and costs of treatment alternatives. Where appropriate, this should include information about the availability and accessibility of experimental treatments and clinical trials. Additionally, patients should also seek and read literature about their conditions and weigh all pertinent factors in making informed decisions about their care.

4. CO-OPERATE ON MUTUALLY ACCEPTED COURSES OF TREATMENT.

Patients should co-operate fully with providers in complying with mutually accepted treatment regimens and regularly reporting on treatment progress. If serious side effects, complications, or worsening of the condition occur, they should notify their providers promptly. They should also inform providers of other medications and treatments they are pursuing simultaneously.
5. Summary

Patient Rights

- To receive services without regard to race, color, age, gender, sexual orientation, religion, marital status, handicap, national origin or sponsor.

- To be provided reasonable physical access.

- To be provided a safe environment.

- To be provided with appropriate privacy.

- To be treated with respect, consideration and dignity.

- To expect that all disclosures, communications, and records are treated confidentially, except when required by law, and to be given the opportunity to approve or refuse their release.

- To be provided, to the degree known, complete information concerning their diagnosis, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient to be a legally authorized person.

- To be given the opportunity to participate in decisions involving their health care, except when participation is contraindicated for medical reasons.

- To receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment, except in emergencies. Such information for informed consent should include the specific procedure and/or treatment, significant medical risks involved, and the probable duration of incapacitation. Where significant alternatives for medical care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information and the consequences of not complying with therapy.

- To know the names and professional status of individuals providing service to you and to know the physician primarily responsible for your care.

- To have appropriate assessment and to be informed of unanticipated outcomes during his or her care.

- To be informed, when appropriate, of the treatment policy for minors not accompanied by an adult.
• To refuse treatment and be informed of consequences of refusing treatment or not complying with therapy.

• To be informed as to:
  o Expected conduct and responsibilities as a patient
  o Services available from the facility
  o Provisions for after hours and emergency care
  o Fees for services
  o Payment policies
  o Right to refuse participation in investigational studies or clinical trials
  o Methods for expressing grievance and suggestions to the facility without threat of discrimination or reprisal
  o Disclosure of ownership

• To be informed of their rights to change primary or specialty physicians if other qualified physicians are available.

• To be provided with methods of effective communication.

• To review his/her medical record and to have the information explained or interpreted as necessary, except when restricted by law. (This will be completed in compliance to facility policy)

• A patient has the right to access, request amendment to, and receive an accounting of disclosures regarding his or her own protected health information as permitted under applicable law.

• A patient has the right, without recrimination, to voice complaints regarding his or her care, to have those complaints reviewed, and, when possible, resolved.

• A patient has the right to appropriate assessment and management of pain.

• A patient has the right to prompt resolution of complaints and/or grievances from either the patient or his or her family.
• A patient has the right to formulate advance directives and, if transferred to a hospital, to request that the hospital staff and practitioners who provide care in the hospital comply with these directives in accord with federal regulation.

• The patient has the right to examine and receive a detailed explanation of his bill.

Patient Responsibilities

• To demonstrate behavior that shows respect and consideration for other patients, family, visitors, and all health care personnel and property of Infectious Diseases Physicians, Inc.

• To provide accurate and complete information about your health history, demographics and insurance information.

• To provide information about present and past illnesses, hospitalizations, medication and other matters relating to your health history.

• To ask questions and seek clarification until you fully understand.

• To help your doctor, nurse and support team in their efforts to care for you by following their instructions and medical orders.

• To accept the consequences of your actions if you should refuse a treatment or procedure, or if you do not follow the plan of care given to you by the physician or other health care providers.

• To keep or to cancel appointments (when necessary) and to notify Infectious Diseases Physicians, Inc. during the appropriate time period.

• To assure that the financial obligations for health care rendered are paid.

• To notify Infectious Diseases Physicians, Inc. of any changes in your medical condition, health history, demographics, and insurance information.

• To be responsible for your valuables that you bring to Infectious Diseases Physicians, Inc.

• To report safety concerns immediately to you doctor, nurse or support team.

• To provide positive and negative feedback in a constructive and appropriate manner about the care you have received at Infectious Diseases Physicians, Inc.
Please let us know whether you have questions or concerns. I have read Patient Bill of Rights and Responsibilities. By signing the Acknowledgment Sheet I understand and agree.

Signature Page for RIGHTS AND RESPONSIBILITIES OF PATIENTS

I have read The Rights and Responsibilities of patients provided for me by Infectious Disease Physicians, Inc. (IDP). This document was created using the Principles of Patients Rights’ and Responsibilities developed and approved by the National Health Council Board of Directors, January 1995.

I know that I have the right to request a copy of the Rights and Responsibilities of Patients from Infectious Diseases Physicians, Inc. or I may go to the website: http://www.idphysicians.net/ to read the full version of Rights and Responsibilities of Patients.

You may also request a copy of Rights and Responsibilities of Patients be mailed to you by sending a written request with a self-addressed envelope to:

Infectious Disease Physicians, Inc. (IDP)
Attention: Practice Administrator
3289 Woodburn Road
Suite 200
Annandale, VA  22003

This notice details The Rights and Responsibilities as they pertain to you: (See Notice for complete details)

I understand that IDP recognizes that each patient has unique health care needs and IDP encourages a partnership between the patient and the health care team. We encourage patients or their legally designated representative to participate in discussions and decisions about their treatments, options, alternatives, risks and benefits.
Please place your initials in each statement in the area provided:

All statements must be initialed stating you have read that responsibility.

1. I ____________ understand that it is my responsibility to contact and secure from my insurance plan any referrals, pre-certifications or authorizations prior to receiving any non-emergency medical services from Infectious Diseases Physicians, Inc. (IDP). If no referral is obtained, the appointment will be rescheduled. Our office will assist you with the authorization of a procedure, however, it is your ultimate responsibility to ensure that your insurance will cover the procedure and provide us with an authorization number.

2. The practice will file for primary insurance benefits and accept payments per contractual agreements with participating insurance companies. Any questions or disputes concerning insurance coverage of payment of benefits is a matter between the insurance subscriber/policyholder and the insurance company. The practice will file secondary insurance one time as a courtesy to our patients. We definitely want to assist our valued patients. Any assistance granted by Infectious Diseases Physicians, Inc. (IDP) is given strictly as a courtesy and based on staff availability. _______

3. I __________ understand that I will be billed separately for “non-covered” or “incidental” services related to patient care, including but not limited to: telephone and or email visits, emergency prescription refills, or other convenience oriented care rendered.

4. I __________ understand that there will be a charge for medical records or any medical forms, that either I request or a third party request on my behalf that require completion. VA Code Section 8.01-413 (2003) A reasonable charge may be made for the service of maintaining, retrieving, reviewing and preparing such copies. The IDP charge for administrative retrieval shall not exceed $15.00, plus per page price. Except for copies of X-ray photographs, however, such charges shall not exceed:
   - Fifty cents per page for up to fifty pages
   - Twenty-five cents a page thereafter for copies from paper or other hard copy generated from computerized or other electronic storage, or other photographic, mechanical, electronic, imaging or chemical storage process
   - One dollar per page for copies from microfilm or other micrographic process plus all postage and shipping costs and a search and handling fee not to exceed ten dollars.
   - Copies of hospital, nursing facility, physicians, or other health care provider's records or papers shall be furnished within fifteen days of such request.
5. I ______ understand that Infectious Diseases Physicians, Inc. (IDP) charges for missed appointments not cancelled twenty-four hours prior to the scheduled appointment, procedures require a forty-eight hour notice of cancellation and I agree to reimburse for these charges.

6. Should any balances arise due to insurance co-payments, co-insurance, deductibles, insurance denials, termination of coverage, non-addition of a dependent to insurance plan, denial due to experimental, non-payment at time of service and/or any other reason. I ______ agree to pay all charges within ninety days of services.

7. I _____ agree that if for any reason a check is returned on my account, I will be responsible for the returned check fee in addition to the original fees for services. This fee will include a $50.00 charge for returned check fee.

8. I ______ understand that Infectious Diseases Physicians, Inc. (IDP) charges for completion of all forms and letter requests and I agree to reimburse for these charges.

9. If the balance is not paid or if you default on agreed upon payment/budget arrangements, Infectious Diseases Physicians, Inc. (IDP) will retain the services of an attorney and/or collection agency to assist with the collection of any outstanding balance and to notify the credit bureau of my delinquencies. ______________

10. I _____ certify that the information I have reported on my demographic sheet, (patient is responsible to verify each visit) with regards to my insurance coverage and my personal information has been verified.

11. I _____ agree to inform Infectious Diseases Physicians, Inc. (IDP) immediately of any changes in insurance coverage, benefits, or personal information such as address and contact numbers.

12. All prescription requests and routine pre-authorization for medications will be handled within three business days of receipt. Please call your pharmacy to verify that the physician completed the requested prescription. Note: Our office will attempt to refill prescriptions in same day requested, however, medications requiring pre-authorization will take three business days. If you call your pharmacy and they state they have not received the order please call our office immediately to find out the status. ______________.

13. Your routine follow-up appointment should be made while checking out. Please Note: Your physician may request you follow up with the Nurse Practitioner.

14. Test results will be discussed at the next appointment. Therefore it is your responsibility to ensure that you have scheduled your follow up visit after your scheduled test to receive your results. Note: If physician deems it necessary they will call for treatment plan based on test results prior to your next scheduled visit. ______________
15. Prescription requests which need to be written or are denied by the pharmacist will not be processed by telephone. You will need to make an appointment with the Nurse Practitioner to receive a new written prescription.

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16. In an effort to see patients on time, we request **new patients arrive thirty minutes prior to your scheduled appointment. Please bring your completed paperwork to your scheduled appointment.** We request that follow up patients arrive fifteen minutes prior to scheduled appointment time. If your information has changed please complete the necessary forms on line and bring to your appointment. Patient’s arriving late will/may be rescheduled. ______

Patient Signature: ________________________________ Date: ____________________

Print Name: ____________________________ Date of Birth: ________________