



RIGHTS AND RESPONSIBILITIES OF PATIENTS

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. The provider-patient relationship requires a mutual understanding of courtesy and respect. If you have questions or concerns, please discuss these with your treatment team or the practice administrator.

We encourage patients to ask questions regarding treatment recommendations associated with their infectious disease diagnosis. If 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.

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, a safe environment, and 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.
- To be provided, to the degree known, complete information concerning their diagnosis, treatment and prognosis.
- 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 provide consent to treatment and medical alternatives as the patient has the right to such information and the consequences of not complying with therapy.
- To be provided with methods of effective communication: phone, e-mail, text, portal.
- To review his/her medical record and to have the information explained or interpreted as necessary, except when restricted by 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.
- Patients are entitled to a choice of health care providers and the ability to change providers if dissatisfied with their care. Patients may also seek an outside second opinion according to their own health insurance benefits and their own financial responsibility.

Patient Responsibilities

- To demonstrate behavior that shows respect and consideration for other patients, family, visitors, all health care personnel and property of IDP.
- To provide accurate and complete information about your health history, demographics, insurance information, and their primary care physician and other specialists for care coordination purposes.
- To ask questions and seek clarification until you fully understand.

- Help your doctor, nurse and support team in their efforts to care for you by following their instructions and treatment plan.
- Adhere to your treatment plan and follow up visits.
- To assure their financial obligations for health care rendered are paid.
- To notify IDP of any changes in your medical condition, health history, demographics, and insurance information.
- To be responsible for your valuables that you bring to IDP.
- Report safety concerns immediately to your doctor, nurse or support team.
- To provide positive and negative feedback in a constructive and appropriate manner about the care you have received at IDP.

You may provide feedback to the practice in writing through the following means (please specify if you request a call-back or follow up regarding your input):

Infectious Disease Physicians, Inc.
 Attention: Chief Operating Officer
 3289 Woodburn Road, Suite 200
 Annandale, VA 22003
 Fax: 703-560-8408
 Email: info@idphysicians.net

Patient's Understanding of IDP Operations

1. I understand that it is my responsibility to contact and secure from my insurance plan (or primary care physician) any referrals or authorizations prior to receiving medical services from Infectious Diseases Physicians (IDP). If a referral is required by my insurance, I acknowledge it is my responsibility to obtain one, or I may be financially responsible for office-based services, or the appointment may be rescheduled.
2. The practice will file for primary insurance benefits (and secondary if indicated) and accept payments per contractual agreements with participating insurance companies.
3. I understand that I will be billed by IDP for any co-payments, co-insurance, or deductible; and I agree to uphold my financial responsibility in timely payments for balances due.
4. I understand that there will be a charge for medical records or any medical forms, which I request or a third party requests 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. IDP charge for administrative retrieval shall not exceed \$15.00 plus per page price of 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.
5. I understand that IDP charges \$50 for missed appointments not cancelled twenty-four hours prior to the scheduled appointment.
6. If any remaining balance on my account that are my responsibility are not paid or if I default on agreed upon payment /payment plan, 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.
7. I will contact the billing office if my circumstances require a payment plan to pay down my balance owed. The billing office phone number is 703-641-4616.
8. I certify that the information I have reported and/or verified on my demographic sheet, (patient is responsible to update at each visit) with regards to my insurance coverage, and my personal information.

3289 Woodburn Road, Suite 200
 Annandale, VA 22003
 Ph: 703-560-7900

6300 Stevenson Ave, Suite D
 Alexandria, VA 22304
 Ph: 703-212-8750

9. Prescription refill requests are addressed within 1 - 2 business days during normal office hours Monday thru Friday. However, medications requiring pre-authorization can take three business days if your insurance requires a clinical review on the justification. There is variation depending on the insurance and medication.
10. It is my responsibility to schedule office follow up appointments to ensure timely laboratory studies and treatment effectiveness with my provider.
11. I will complete IDP required forms through the patient portal or upon arrival to my appointment through paper records.
12. Per Virginia code (18VAC85-20-26) IDP may destroy medical records six years after the last patient encounter.

Print Name: _____

Patient Signature: _____ Date: ____/____/____