

**Walter W. Tom, M.D., F.A.C.S.**

*Surgeon & Medical Director*

**AESTHETIC LASER & VEIN CENTER OF THE NORTH BAY**

**PATIENT'S RIGHTS AND RESPONSIBILITIES**

**PATIENT'S RIGHTS:**

- Exercise these rights without regard to sex, cultural, economic, educational, or religious background.
- Patients are given equitable, unbiased, considerate, and respectful care.
- Patients are provided appropriate privacy regarding medical records and during interviews, examinations, treatment, and consultation. Medical information will not be released without patient's written consent.
- Patients are given the opportunity to participate in decisions involving their care.
- Patients are in receipt of sufficient information in advance, if feasible, to allow a patient to give informed consent or to refuse any proposed treatment or procedure.
- Patients are 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 or to a legally authorized person.
- Patient should have knowledge of the name of the physician primarily responsible for care, and the names and roles of any other physicians/nurses involved in their care.
- Patients, prior to treatment, are informed of their financial responsibility and are provided with a receipt and explanation of their bill, regardless of source of payment.
- Patients have ability to have their complaints addressed, and to receive an appropriate response.
- Facility should provide information to patients and staff concerning:
  1. Services available at the facility
  2. Provision for after-hour and emergency care
  3. Fees for services and payment policies
  4. Methods for expressing grievances and suggestions to the facility

**PATIENT'S RESPONSIBILITIES:**

- Participate in, and follow agreed-upon plan of care.
- Fully participate in decisions involving their own treatment.
- Cooperate with physician and ask questions if not understanding instructions or information.
- Provide physician with a complete and accurate history about illnesses, hospitalizations, medications, and other matters related to your health.
- Notify facility if there is any problem or dissatisfaction with care or services.
- Treat personnel with respect, consideration, and dignity.
- Give timely notice when cancelling an appointment.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_