

PATIENT RIGHTS

- We will treat you with considerate and respectful care. We will plan your treatment in a collaborative manner.
- We will provide you the name of the provider responsible for coordinating your care.
- We will provide you the name of the provider or other person responsible for conducting any specific medical procedure during your visit.
- You have the right to refuse any treatment we suggest to the extent permitted by law.
- We will respect your right to privacy while providing an adequate and efficient visit. All information regarding your medical history and current examinations will be discreet and only available to appropriate personnel.
- Patient medical records are kept private unless the law allows sharing of the medical record. We will respect your right to privacy and confidentiality in all your Thundermist medical records except as otherwise provided by law.
- We will respond in a timely manner to your request for health care services that are normally available from Thundermist.
- Upon request, you will be given the names of other health care providers and educational institutions that Thundermist has authorized to participate in your treatment. We will also explain to you the nature of Thundermist's relationship with those individuals.
- If an opportunity to participate in an experimental project comes up, we will thoroughly explain the experiment to you and your participation will be completely voluntary.
- Upon request, you can examine your bill for services rendered. If you have any questions, we will provide you with an explanation regarding the breakdown of services offered.
- Upon request, you are permitted to examine any health care facility rules and regulations important to your treatment.
- We will offer you treatment without discrimination based on race or color, religion, country of ancestral origin, disability, age, sex, sexual orientation, gender identity, or expression.
- Upon written request, you have the right to access and amend your protected health information that we maintain.
- Upon request, we may communicate with you by alternate means or locations about your protected health information.
- Upon request, you have the right to receive an account of all disclosures to your medical records in the past six years.
- Upon request, you have the right to request restrictions of the use and disclosure of your medical records.

PATIENT RESPONSIBILITIES

- Treat all staff politely and with respect.
- Ask your provider if you have questions or concerns about your condition or treatment.
- Keep appointments and be on time, or call to cancel and reschedule 24 hours before your appointment.
- Make every effort to follow the treatment decisions that you and your provider have agreed to, or talk to your provider about difficulties you may have in doing so.
- Respect Thundermist's smoke-free policy by not smoking on any Thundermist property.
- Respect the privacy of other patients.
- Pay all fees on a timely basis or make other arrangements with a Thundermist financial counselor.
- Provide Thundermist staff with the most accurate and complete information possible regarding your health concerns, past illnesses, hospitalizations, medications/supplements, and unexpected changes in your health.
- Report any changes in your address, telephone number, advanced directives, and financial or insurance status.
- Obtain copies of previous records when requested.
- Do not carry weapons of any kind on Thundermist property.

We hope you are completely satisfied with your experience at Thundermist Health Center. If you have comments, concerns or questions,
Please call the We Care Line at 401-235-6826.