



PATIENT RIGHTS AND RESPONSIBILITIES

As a patient at Lorain County Health & Dentistry, you have certain basic rights and assume certain responsibilities. This is an explanation of your rights and responsibilities. Please address concerns or questions with any staff member at any time.

It is our pleasure to serve you, and we look forward to doing so with compassion, respect and dignity. *Thank you for choosing Lorain County Health & Dentistry.*

PATIENT RIGHTS

As a patient of Lorain County Health & Dentistry, you have the right:

1. To receive quality medical and dental care regardless of your age, gender, religion, national origin, sexual preference, disability, health status or ability to pay;
2. To be treated with respect by all Lorain County Health & Dentistry personnel;
3. To be informed of your condition, of proposed or current services, treatment or therapies, and of the alternatives; and to be an active participant in your care; to information contained in your medical record;
4. To consent to or refuse any service or treatment upon full explanation of the expected consequences. (A parent or legal guardian may consent to or refuse any service or treatment on behalf of a minor patient);
5. To personal privacy. Any discussion, consultation, examination and/or treatment regarding your care will be done discreetly;
6. To confidentiality of your medical/dental record and other information related to your medical condition;
7. To be seen in a safe and clean environment;
8. To file a complaint about your care without fear of penalty; to have your complaint reviewed, and when possible, resolved;
9. To appoint a person to make health care decisions on your behalf in the event you lose the ability to do so.

PATIENT RESPONSIBILITIES

As a patient of Lorain County Health & Dentistry you assume the following responsibilities:

1. To provide, to the best of your ability, complete and accurate information about your health status, symptoms, medications and other matters relating to your plan of care;
2. To keep all scheduled appointments; or to telephone when you are unable to keep a scheduled appointment;
3. To bring the appropriate insurance, or medical assistance card, and photo identification card with you to each appointment;

4. To provide us with your current address and phone number at each visit;
5. To pay any co-pay or fee due at the time of each visit;
6. To follow all medically recommended physician/dentist/practitioner orders and prescriptions, and to ask questions when you do not understand explanations about your care;
7. To be courteous and considerate of Lorain County Health & Dentistry personnel and other patients.

If you think your rights have been violated you may contact the Privacy Officer at (440) 240-1655 to report your concern.

- I have read the above and understand my rights and responsibilities as a patient at Lorain County Health & Dentistry.
- I have received a copy of "Patient Rights & Responsibilities" and "Notice of Privacy Practices".

Patient Name

Date

AFTER HOURS

When Lorain County Health & Dentistry is closed and you need to reach your doctor or dentist in an emergency, call (440) 240-1655. You will be connected to our Answering Service who will assist you.

Staff Initials

INSTRUCTIONS: Please provide patient with yellow brochure entitled "Notice of Privacy Practices" and instruct patient to place a √ in the boxes above. Please give copy of signed document to patient/parent/legal guardian and place original in medical record with other consents.

1205 Broadway, Lorain, OH 44052
 3745 Grove Avenue, Lorain, OH 44055
 412 E. River Street, Elyria, OH 44035
 105 Loudon Court, Elyria, OH 44035
 260 S. Main, Oberlin, OH 44074
 6140 S. Broadway, Lorain, OH 44053
 6150 Park Square DR. Ste.B, Lorain, OH 44053
 440-240-1655