

## PATIENT AND FAMILY BILL OF RIGHTS

Patients receiving care from Geriatric Solutions (GS) practice have the following rights and responsibilities:

### Patient rights

- To be fully informed of my rights and receive this notice prior to initiation of care.
- To receive assistance from a family member, representative or other individual in understanding, protecting or exercising my rights.
- To be treated with consideration, respect and full recognition of my dignity and uniqueness regardless of my age, race, national origin, gender, sexual orientation, marital status, diagnosis, disability, religion or source of payment. To be free from any type of discrimination.
- To receive a copy of the agency's privacy practices.
- To have medical records and all information related to my care and treatment—including financial records—kept in confidence, the release of which requires written consent, except as otherwise permitted by law. To have all communications conducted in a confidential, private manner that I understand.
- To be free from mistreatment and/or abuse (verbal, psychological, physical, emotional, sexual or chemical); coercion, sexual assault, manipulation; seclusion; neglect or exploitation, including injuries from an unknown source and/or misappropriation of my property. To file a complaint against the agency without fear of retaliation.
- To inspect or have copies of my medical record, to amend my medical record if it is incomplete or inaccurate, to request restriction on disclosure of my medical record, to request an accounting of disclosures that have been made of my medical record beyond those made for treatment, payment or normal agency operations and to submit grievances without fear of retaliation.
- To be included in decisions regarding care, including implementation of an individualized plan of care.
- To have my pain and other symptoms taken seriously, assessed and managed to the level that I define.
- To have services provided by skilled, licensed, compassionate professionals.
- To exercise my religious beliefs.
- To have my property respected.
- To make my own health care decisions, including the right to refuse treatment; to refuse to participate in experimental research or be photographed; to be informed about health care directives and to withdraw from GS services at any time.
- To receive information about the scope of services that GS provides and specific limitations of those services.

## GERIATRIC SOLUTIONS

1510 E. Flower St. Phoenix, AZ 85014 (602) 954-0444 FAX (602) 952-7146 [geriatricsolutions.org](http://geriatricsolutions.org)

*A program of Hospice of the Valley*

## **Patient responsibilities**

- To provide to the best of my knowledge, accurate and complete health information, including past illnesses, hospitalizations, medications or other matters related to my health.
- To report unexpected changes in my condition and to report to my GS team the effectiveness of pain and symptom management.
- To provide the agency with copies of my health care directives.
- To assist agency staff in maintaining a safe environment for my care.
- To show respect and consideration for GS staff and property.
- To speak up if I have questions about the health care I am receiving.
- To participate in developing my plan of care and treatment, and to comply with that plan.
- To appoint a medical power of attorney.