

JEFFERS, MANN, AND ARTMAN PEDIATIRIC
AND ADOLESCENT MEDICINE, P.A.

Mission Statement

To Provide Quality Medical Care In A Caring Environment

Patient's Bill of Rights

You Have the Right to...

RESPECT AND DIGNITY: The staff of Jeffers, Mann, and Artman Pediatrics will honor, respect and be considerate of your rights under all circumstances with recognition of your personal dignity.

QUALITY HEALTHCARE: You have the right to the highest standards of professional healthcare consistent with accepted standards and without discrimination. You shall be afforded impartial access to treatment or accommodations that are available or medically indicated, regardless of age, race, nationality, creed, sex, national origin, diagnosis/infectious disease, disability or source of payment for care.

QUALITY AVAILIBILITY: Qualified staff is available by telephone 24 hours a day, 7 days per week.

PERSONAL SAFETY: You have the right to receive considerate and respectful care in a clean and safe environment in a timely manner.

AN EXPLANATION OF CARE: Upon each visit receive complete information/explanation about your/your child's diagnosis, treatment and prognosis. When it is appropriate, we will provide information to next of kin or a person you have designated to seek treatment.

POLICIES AND PROCEDURES: You have the right to be fully informed of polices, procedures and charges for services. You have the right to be fully informed of all forms you are requested to sign.

CONFIDENTIALITY: Have all your records (except as otherwise provided for by law or third party payor contracts) and all communications, written or oral treated confidentially. At any time, you can request to set up a meeting with the HIPAA officer to discuss/review medical records at no charge.

CONSTRUCTIVE CRITICISM: If at any point you feel you have a concern that needs to be addressed, an appropriate management member will be available for a meeting to be set up for discussion, review and resolution of your constructive criticism and concern. At no time should you/your child fear of reprisals about the care and services you have or will receive.

REFUSAL OF TREATMENT: You have the right to refuse treatment to the extent permitted by law. You will be informed what effect this may have on your health. When refusal of treatment by you or your legally authorized representative prevents the provision of appropriate care in accordance with professional standards, your relationship with the doctor may be terminated upon reasonable notice. You are responsible for any outcome if treatment is refused or the practitioner's instructions are not followed.

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Patient's Responsibilities

Your Responsibilites...

PROVISIONS OF INFORMATION: You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other health related information. You have the responsibility to report unexpected changes in your condition to the responsible practitioner. You are responsible for reporting whether there is a clear comprehension of a contemplated course of action and what is expected of yourself.

RESPECT AND CONSIDERATION: You are responsible for cooperating and abiding by the rules, regulations and policies of the practice. You are to be considerate of the rights of other patients and office personnel. You are responsible for being respectful of the property of other persons and of the office.

COMPLIANCE INSTRUCTIONS: You are responsible for following the treatment plan recommended by the practitioner primarily responsible for your/your child's care. This may include following instructions of nurses as they carry out the coordinated plan of care, implemented by the responsible practitioner's order, and enforce the applicable office rules and regulations. You are responsible for keeping appointments and, when you are unable to do so for any reason, notifying the office as soon as possible, preferably 24 hours in advance. If you do not cancel or do not show up for the scheduled appointment, there will be a \$25.00 non-refundable fee applied to your account after the first occurrence.

OFFICE CHARGES: You are responsible for assuring that the financial obligations of your health care is fulfilled as promptly as possible. You are responsible to provide and update information for the billing process of all services to flow efficiently. You may seek assistance/information regarding health care expenses from a billing representative. We will bill your insurance as a courtesy for you. You are ultimately responsible for the service performed if your insurance does not cover the service at any time in a timely manner.

AUTHORIZATION: You have the responsibility to authorize those family members and other adults who will be granted permission to seek treatment, medical advice/information and/or pick up forms/prescriptions for yourself/your child.

LATE POLICY: You have the reasonability to arrive at our office at your scheduled appointment time. Jeffers, Mann and Artman Pediatric reserves the right to reschedule patients that show up 20 minutes late for there appointment.