



# PATIENT RESPONSIBILITIES

*The care a patient receives depends partially on the patient himself. Therefore, in addition to rights, a patient has certain responsibilities. These responsibilities are presented to you, the patient, in the spirit of mutual trust and respect.*

## **As a patient of Family Factor, you have a responsibility to...**

1. Remain under a physician's care when receiving services.
2. Provide Family Factor with a complete and accurate health history.
3. Accept the consequences for any refusal of treatment or other choice to not comply with medical directives.
4. Sign the required consents and releases for insurance billing, and ask questions about documents and forms which are not understood.
5. Provide Family Factor all requested insurance and financial records.
6. Participate in your plan of care and report any change in your health status.
7. Treat Family Factor's employees with respect and consideration.
8. Advise your medical provider of any problems or dissatisfaction with the facility's care, without fear of being subjected to reprisal or discrimination.
9. Give Family Factor a minimum notice of twenty-four hours if you will be unable to keep an appointment.
10. Provide Family Factor with any Advance Directives you may have formulated.
11. Call Family Factor to report any emergencies, admissions to hospitals, or treatments/admissions to other facilities.
12. Pay any invoices as agreed upon and notify Family Factor should you need financial assistance.

By signing, I am stating that I have read, understand and received a copy of this document. I also understand that I may call Family Factor at any time for further explanation of these responsibilities.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature / Relationship to Patient

\_\_\_\_\_  
Date