

Patient Rights and Responsibilities

Riverside Prosthetics, Inc. strives to inform and educate patients to increase their knowledge of services offered and to facilitate informed choices regarding health care needs. The following outlines patient rights and responsibilities as they related to **Riverside Prosthetics'** services.

As a patient of **Riverside Prosthetics**, you have certain rights and responsibilities:

- You have the **right** to receive written documentation regarding rules and regulations of your health care benefits including services, practitioners and providers, and patients' rights and responsibilities.
- You have the **right** to be treated respectfully and with consideration.
- You have the **right** to receive all the benefits to which you are entitled as outlined in your Summary Plan Description.
- You have the **right** to obtain from your physician(s) complete information regarding your diagnosis, treatment, and prognosis in terms you can reasonably understand.
- You have the **right** to receive quality health care by your physician(s) in a timely manner and in a medically appropriate setting.
- You have the **right** to refuse treatment by your physician(s) and be informed of the medical consequences.
- You have the **right** to receive wellness information to help you maintain a healthy lifestyle.
- You have the **right** to express to **Riverside Prosthetics** and the claims administrator, concerns and complaints about the care and services furnished by providers and to have such complaints investigated and appropriate action taken.
- You have the **right** to file a complaint or appeal a decision to your Plan, claims administrator, and/or to the respective state insurance department, without fear of reprisal.
- You have the right to confidentiality and privacy.

AND

- You have the **responsibility** to select from the *Participating Provider Directory* a Primary Care Physician who will supply or coordinate your total health care needs, and to maintain an ongoing patient-physician relationship with that physician. This selection is a **REQUIREMENT** for all members in a Primary Care Access program and recommended for all other members.
- You have the **responsibility** to provide complete and accurate information about your health care status.
- You have the **responsibility** to follow the treatment plan recommended by your Primary Care Physician or the provider responsible for your care.
- You have the **responsibility** to understand how to access care in routine, urgent and emergency situations, and to know your health care benefits as they relate to out-of-area coverage, deductibles, copayments, ect.
- You have the **responsibility** to notify **Riverside Prosthetics, Inc.** about any concerns you have regarding the services or medical care you receive.
- You have the **responsibility** to be considerate of the rights of other patients, providers and Riverside Prosthetics staff.
- You have the **responsibility** to read and understand your Healthcare Plan Description.
- You have the **responsibility** to provide accurate and complete information to **Riverside Prosthetics** and your Health Plan, about other health care coverage and/or insurance benefits you may carry.