
We understand that you are an individual with unique need and perspectives. The following reflects your rights and responsibilities as we work with you to provide care.

You have a right to:

- Be informed, orally and in writing (in advance of your care being provided) of the fees for all services, what payment is expected from third parties, and any charges for which you will be responsible.
- Be informed about the scope of services that we will provide and specific limitations on those services
- Ask questions and receive an understandable explanation of your diagnosis or treatment
- Participate and make informed decisions regarding your care
- Refuse any care or treatment after the consequences of refusing any care or treatment have been fully given to you
- Receive appropriate care without discrimination, in accordance with your physician orders
- Have both your property and you be treated with respect, consideration, and recognition of your dignity and individuality
- Identify personnel members through their proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of your property
- Voice grievances and complaints regarding your treatment or care, or lack of respect of your property, without restraint, interference, coercion, discrimination, or reprisal
- Recommend changes in policy, personnel, or care or service without restraint, interference, coercion, discrimination, or reprisal
- Request assistance for concerns, or filing a formal grievance
- Have an investigation of your grievances and complaints regarding your treatment or care that is (or fails to be) furnished, or lack of respect of property
- Confidentiality and privacy of all information contained in your patient record, including Protected Health Information
- Be advised on our policies and procedures regarding the disclosure of medical records.
- Read and copy your own medical record
- Choose or change your medical provider at any time.
- Be informed of any financial benefits when you are referred to a sleep lab center
- Receive treatment without discrimination as to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression, as well as source of payment for care
- Be respected for your cultural and spiritual beliefs
- Seek assistance (interpreter, wheelchair, etc.) during your visit. (Please make any special arrangements when scheduling your sleep study).
- Have a family member or representative of your choosing present during your care (unless their presence interferes with other's rights, safety, or is medically contraindicated)
- Receive a detailed explanation of any medical bill

You have a responsibility to:

- Keep your appointments, be on time, and when unable to do so, provide 48-hour notice to reschedule or cancel.
- Provide accurate information on your medical history questionnaire
- Communicate any changes in your health or condition
- Be considerate of other patients and staff, including their property
- Ask questions if you do not understand what is being told to you.
- Report any changes in your address, telephone number or financial status.
- Obtain previous medical records when requested.
- Do what you and your healthcare provider have agreed upon with regards to your care and treatment.
- Accept responsibility for refusing treatment or not following your treatment plan.
- Meet your financial obligations associated with the care you received.