



The Patient's Bill of Rights & Responsibilities

Rights

As a patient you have the right:

DIGNITY AND RESPECT

-to be treated with dignity and courtesy; to be given considerate and respectful care at all times and in all circumstances;
-to treatment for any emergent or urgent medical condition that is likely to deteriorate if such treatment is not given;
-to impartial medical care regardless of race, creed, sex, national origin, religion/cultural beliefs, or financial status;
-to have any restrictions on communication discussed with you;
-to be free from restraints that are not medically necessary;

CONFIDENTIALITY OF INFORMATION

-to privacy and to confidential handling of all communications and records regarding your healthcare;
-to have disclosure of your presence at this facility withheld (to the extent permitted by law) in the event your safety is in jeopardy by outside persons;

INFORMED DECISIONS

-to a full explanation of diagnosis, proposed treatment, and procedures in terms that are easily understood and that include benefits, risks involved, significant complications, the outcome and alternative treatments available;
-to review, with your physician, records pertinent to your health care;
-to have medical information explained or interpreted as necessary;
-to know at all times the identity and professional status of all individuals providing any type of service and to know what physician is primarily in charge of your care;
-to be informed and to give or withhold consent if our facility proposes to engage in or perform research associated with your care or treatment;
-to expect reasonable continuity of care when appropriate and to be informed of available and realistic patient care options when care at The Dermatology Clinic is no longer appropriate;
-to request and receive an itemized explanation of the total bill for health services rendered;
-to be involved in decisions about your medical care;
-to make decisions about the plan of care prior to and during the course of treatment (to the extent permitted by law) and to be informed of the likely medical consequences of those decisions;
-to refuse treatment;
-to exclude any or all family members from participating in your care decisions;
-to express any concerns or grievances orally or in writing without fear of reprisal;

Responsibilities

As a patient, you or your designees are responsible:

-for providing accurate information about your present illness and past medical history;
-for seeking clarification when necessary to fully understand your health problems and proposed plan of action;
-for following through on the agreed plan of care;
-for following the rules and regulations of the health-care facility, including those pertaining to patient safety;
-for being considerate of the rights of others;
-for providing information for insurance claims and for working with our business office to make payment arrangements when necessary;

To express concerns with regard to our policies or the service you are receiving, you may speak to your physician, your nurse, or a patient representative. If you wish to submit a written grievance, you may do so at the following address:

THE DERMATOLOGY CLINIC
3633 Central Avenue, Suite N
Hot Springs, AR 71913
(501) 623-6100

Mission Statement

The Dermatology Clinic strives to provide our patients with the highest quality of dermatological care available. By pooling our resources and knowledge, we offer the best opportunity to promote and maintain the highest level of medical proficiency. We are dedicated to providing compassionate care to our patients. We also strive to maintain ongoing and educational activities for all personnel. We realize that these qualities strongly influence our role in patient's care as well as their desire to return for future care. It is the mission of this organization to provide a system of health care which is highly valuable to the community.

