

**Delaware Family Care Associates**  
**Patient Rights and Responsibilities**  
**Office Policies**

1. The patient will not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, or sexual preference.
2. The patient is entitled to receive adequate and appropriate medical care.
3. The patient has the responsibility to provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations. The patient has the responsibility to report unexpected changes to their condition to their doctor. The patient is responsible for reporting whether they clearly comprehend a contemplated course of action and what is expected of them.
4. The patient has the right to make informed decisions and to receive information about his or her medical condition, proposed course of treatment, prospects for recovery, and available choices for treatment. These are to be presented in terms the patient can understand and noted by the patient's physician in the medical records. A patient is entitled to know who is responsible for providing his or her direct care.
5. The patient is entitled to refuse treatment and to be informed of the consequences of that refusal. However, when a refusal of treatment prevents Delaware Family Care or the physician from providing appropriate care according to ethical and professional standards, Delaware Family Care or the physician, may terminate the relationship with the patient.
6. The patient is entitled to receive information concerning his or her continuing health needs and alternatives for meeting those needs. The patient has the right to participate in the development and implementation of his or her plan of care.
7. When setting up an appointment, please inform the staff about reason for appointment (i.e. , physicals, medication refills, blood work, etc.).
8. Most appointments can be made within a week of the requested time. Routine appointments ( ie. Medication refills, Well Child Checkups, physicals, etc.) must be scheduled in advance of the day it is needed. We will do everything to accommodate all urgent situations as soon as possible.
9. Treatment plans and medication are rarely adjusted at a time other than an appointment. We are most likely to maintain an accurate plan when we discuss and review medical issues in person.
10. Lab and test results can be obtained by phone but a review of that information with the physician and adjustment to the treatment plan will be completed at the time of a visit.
11. Patients who arrive late for their scheduled appointment time, will be rescheduled to avoid disruption to the provider's patient flow.
12. The patient is responsible for canceling an appointment 24 hours before their scheduled time. If the patient does not show up for their scheduled appointment or cancels without 24 hours' notice to the office, a \$25.00 service charge will be assessed.
13. A current copy of the patient's insurance card must be presented at the time of their appointment or the appointment will be rescheduled. The patient must provide all information

necessary for billing and insurance processing.

14. The patient is responsible to be familiar with their individual insurance coverage. The patient's insurance policy is between the patient and their insurance company not with insurance company and their doctor.
15. If the patient has new information (i.e. new address, phone number.) the patient may be asked to fill out new paper work.
16. Prescription refill request may take up to 48 hours to be processed.
17. Controlled medications (i.e. narcotics, pain medications, sleep aids, attention deficit, etc.) will **NOT** be replaced if lost, stolen or misplaced. **NO EXCEPTIONS!**
18. Responses to phone messages left for the doctors may take up to 24-48 hours unless deemed urgent by the doctor. Staff will do everything possible to inform you if there will be a longer delay.
19. There is a \$25.00 fee for paperwork left for the Doctor to complete (i.e. FMLA forms, etc.)
20. All payments must be rendered at the time of the service, (Payment methods: Cash, Check, Credit Card)
21. The patient is responsible for all fees not covered by their insurance company. The patient is responsible for knowing what their copay amount is and it will be collected at time of appointment. If the patient does not have insurance the patient is responsible for all fees
22. Payments made by check will have a \$25.00 service fee if returned due to insufficient funds.
23. This office has the justification to terminate medical care under the following conditions but not limited to
  - a. breach of contract (s)
  - b. three or more No Shows
  - c. inappropriate behavior toward the doctors, staff, or other patients while in the office

Signature: \_\_\_\_\_

Date: \_\_\_\_\_