

PATIENT RIGHTS AND RESPONSIBILITIES STATEMENT

Heart of Ohio Family Health Centers (HOFHC) encourages patients and their families to report concerns related to care, treatment, service, and patient safety issues to any HOFHC personnel. Heart of Ohio Family Health also ensures that the following rights and responsibilities are preserved for all patients.

PATIENT RIGHTS:

1. Understand and make use of your rights
2. If an interpreter is needed, the office will attempt to provide the assistance
3. Respectful and equal treatment, care and accommodations are available regardless of race, creed, sex or sources of payment
4. Privacy within the law

PATIENT RESPONSIBILITIES:

1. Smoking is prohibited on HOFHC property
2. You must bring the appropriate insurance card and a photo ID with you to each appointment
3. A minimum payment is expected at the time of service
4. Due to the size of the exam and waiting rooms, please limit the number of people accompanying you for your appointment.
5. If it is necessary of you to bring small children, please bring another adult to supervise them.
6. Please bring a list of ALL medication with you to every appointment. This includes prescriptions, over-the counter medications and herbal medication
7. Provide HOFHC providers with full medical disclosures
8. Please allow at least 30 days for completion of insurance forms, disability forms, transfer of care records requests, etc.
9. It is the patient's responsibility to carry out the recommended treatment plan
10. If your child is scheduled for a physical or immunizations a current immunization record MUST be brought with you
11. All refills on medications will be directed to your pharmacy at our earliest opportunity within 48 business hours
12. All Calls (i.e. appointments, cancellations, refills, medical, etc.) should be made to the appropriate phone number: 614-235-5555. Weekends, holidays and after-hours, all calls will be transferred automatically to our answering service. In cases of emergency, when the office is closed, please call 911 or proceed to the nearest emergency facility
13. An established patient is someone seen in one of our offices, by one of our providers
14. If you have not been seen by one of our providers in three (3) years, you will be considered a new patient
15. Please give a 24 hour notice when canceling or rescheduling appointments
16. An established patient who is a "No Show" for 4 appointments within a 12-month period, without notice, will be limited to Same-Day Appointments Only. Refer to the No Show Policy for reinstatement guidelines.
17. An established patient who arrives more than 15 minutes late for his/her appointment is considered to be a "No Show."

I, as a patient of Heart of Ohio Family Health Centers, agree to the above patient rights and responsibilities.

Patient Name (please print)

Date

Signature of Patient or Guardian (if patient a minor)

Date