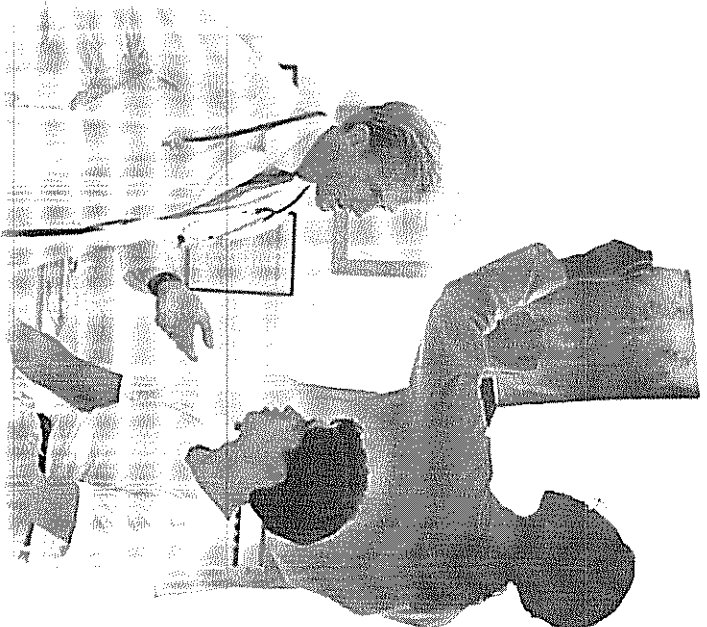


***It is important for
you to know what
you can expect
from our
relationship.***



***We want you to be satisfied
with the treatment you receive.
Please notify your physician
or another member of our staff
if there is any way
we can serve you better.***

The Center for Pain Management

11921 Rockville Pike Suite 505
Rockville, MD 20852-2737
301-881-7246 · 301-881-2449 (Fax)
www.forpainmgmt.com

3901 Greenspring Ave. Suite 304
Baltimore, MD 21211-1353
410-383-7443

1150 Professional Ct. Suite P
Hagerstown, MD 21740-5852
301-665-9696

**Quality Treatment
You Can Expect:
Your Rights
as**

Our Patient



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Montgomery County Medical Society
(March 2003)

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A Patient's Rights

As a patient being treated in our office you have a right to:

- Respectful care given by competent personnel.
- Consideration of your privacy concerning your own medical care.
- The name of all physicians and/or staff directly assisting in your care.
- Have medical records pertaining to your medical care treated as confidential (except as required by law or third party contractual agreement).
- Know what rules and regulations in our practice apply to your conduct as a patient.
- Expect emergency procedures to be implemented without delay; if there is a need to transfer you to another facility the responsible person and the facility will be notified of your condition prior to your arrival.
- Good quality care and high professional standards that are continually maintained and reviewed.
- Full information in layman's terms concerning diagnosis, treatment, prognosis, and possible complications.
- Give an informed consent to the physician prior to the start of the procedure.
- Be advised of participation in a medical care research program or donor program. (You will be asked to give your informed consent prior to participation in such a program and you may refuse to continue in a program that you have previously given informed consent to participate in.)
- Refuse drugs or procedures and have a physician explain the medical consequences of your refusal.
- Medical and nursing services without discrimination based upon age, race, color, religion, national origin, handicap, disability or source of payment.
- Have access to an interpreter whenever possible.
- Access to all information contained in your medical record unless access is specifically restricted by your attending physician for medical reasons or is prohibited by law.
- Expect good management techniques to be implemented that consider effective use of your time and to avoid unnecessary discomfort.
- Examine and receive a detailed evaluation of your bill.
- Be informed at your request of your provider's credentials.

We recognize that you have a choice for healthcare services, and we are grateful that you have chosen us as your provider.

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions or would like additional information, please contact the HIPAA Policy Officer for this practice. If you believe your privacy rights have been violated, you may file a written complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.