Harmony Community Clinic
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Patient Rights and Responsibilities

Summary based on the Florida Patient's Bill of Rights and Responsibilities (Section 381.026, Florida Statutes). The full text is available at the front desk.

Patient name (print) _____ Date of birth _____ Date _____

As a patient, you have the right to:

- Be treated with courtesy and respect, with appreciation of your dignity, and with protection of your need for privacy.
- Receive a prompt and reasonable response to questions and requests.
- Know who is providing your care and their professional credentials.
- Know what patient support services are available, including whether an interpreter is available if you do not speak English.
- Receive information about your diagnosis, planned treatment, alternatives, risks, and expected outcome, in terms you can understand.
- Refuse any treatment, except as otherwise provided by law.
- Receive, upon request, full information and counseling about financial resources for your care, and a reasonable estimate of charges before treatment.
- Receive a copy of an understandable, itemized bill and, upon request, have the charges explained.
- Receive impartial access to medical treatment, regardless of race, national origin, religion, disability, or source of payment.
- Know if your treatment is for purposes of experimental research, and give or refuse consent to take part.
- Have your medical records and health information kept confidential, and obtain copies of your records as allowed by law.
- Express complaints about any violation of your rights without fear of retaliation.

As a patient, you are responsible for:

- Giving accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, and other health matters.
- Reporting unexpected changes in your condition.
- Telling us whether you understand your planned treatment and what is expected of you.
- Following the treatment plan recommended by your provider, or telling us if you choose not to.
- Keeping appointments and notifying us when you cannot keep them.
- Accepting responsibility for your actions if you refuse treatment or do not follow instructions.
- Making sure the financial obligations of your care are met as promptly as possible.
- Following clinic rules and treating staff and other patients with respect.

Questions and complaints

Please first share any concern with our staff or by email at harmonycommunityclinic@gmail.com. You may also file a complaint with the Florida Department of Health, Consumer Services Unit, 4052 Bald Cypress Way, Bin C-75, Tallahassee, FL 32399-3275; phone (850) 245-4339; online at www.flhealthsource.gov.

I received and understand this summary of my rights and responsibilities. _____ Initials

Signatures

By signing below, I confirm that I have read this form (or had it read to me) in a language I understand, that I had the opportunity to ask questions and all of my questions were answered, and that I agree to its terms voluntarily.

Patient name (print)	Patient signature	Date

Parent / guardian / legal representative (print, if applicable)	Relationship to patient	Representative signature	Date

Provider name and credentials	Provider signature	Date

Tell us about your visit

Your opinion helps other families find quality care. After your visit, scan this code with your phone camera to leave Harmony Community Clinic a review on Google.

Thank you for trusting us with your health.