



Patient Bill of Rights

Albuquerque Center for Rheumatology (ACR) strives to provide comprehensive, quality healthcare in a spirit of personal care, safety, and concern. To accomplish this goal, we believe that you, as our patient, and/or your significant other or guardian have the responsibility to make decisions regarding your healthcare and have the right to:

You have the right to:

- Receive impartial access to treatment. Treatment will be provided to our patients without regard to sex, cultural, economic, educational or religious backgrounds, or source of payment and have cultural and personal values, beliefs and preferences respected.
- Be treated by medical and non-medical staff with consideration, dignity, and respect, in a safe environment that is free from all forms of abuse, neglect, harassment and/or exploitation.
- Examine and receive an explanation of your bill regardless of source of payment.
- Receive treatment which is appropriate and complies with the standard of care in the community.
- Receive reasonable continuity of care.
- Be informed of continuing healthcare treatments and requirements.
- Have knowledge of the name of the physician who has the primary responsibility for coordinating your care and the names of other physicians and nonphysician staff who are involved in your treatment.
- Receive information from your physician about your illness, course of treatment, outcomes of care (including unanticipated outcomes), and your treatment plan in terms that you can understand to allow for effective communication.
- Participate in the development and implementation of your plan of care and actively participate in decisions regarding your medical care. To the extent permitted by law, this includes your right to request or refuse treatment.
- Obtain from your physician information concerning current diagnosis, treatment plan (including risks and benefits), alternate plans and prognoses to give informed consent or refuse treatment. If you choose to refuse treatment, you have the right to be informed of the medical consequences of that decision. Upon refusal of prescribed treatment, a negative consent form will be provided for your signature.
- Formulate advance directives regarding your healthcare and have office staff and practitioners who provide care in the office comply with these directives (to the extent provided by state laws and regulations).



- Be informed that all information concerning your medical care and records will be treated in a confidential manner. Written permission will be obtained from you, or the person who has legal responsibility to make decisions for you before medical records are released to anyone not directly related and/or involved in your care.

- Access information contained in your medical record within a reasonable time frame, including access to disclosures of protected health information in accordance with law and regulations.

- Have all your patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.

- Be aware that ACR is committed to high standards of care and safety for patients and their families.

You have the responsibility to:

- Keep appointments and notify clinic personnel 24 hours prior, if unable to keep scheduled appointment.

- Be involved and follow the plan of care agreed upon with your doctor.

- Provide a complete medical history, medications and other matters relating to your health.

- Inform the provider of any changes in your health condition and any hospitalizations that concern your treatment.

- Provide a copy of your Medical Advance Directive and/or Medical Power of Attorney (if applicable and in effect).

- Ask questions about specific problems and request information when not understanding your illness or treatment.

- Accept results or consequences if you refuse treatment, do not follow the provider's recommendations, leave the clinic against medical advice, or treat the providers and/or staff in a manner not becoming a healthcare setting.

Complaints about HIPAA violations should be directed to the US Department of Health and Human Services Office of Civil Rights:

Region VI-New Mexico Office of Civil Rights

Office of Civil Rights- US Dept. of Health & Human Services

1301 Young Street- Suite 1169

Dallas, Texas 75202

(214) 767-4056; TDD (214) 767-8940

Fax- (214) 767-0432



ALBUQUERQUE
CENTER FOR
RHEUMATOLOGY