

**VIDA FAMILY PRACTICE, PC.**  
**PATIENTS' RIGHTS AND RESPONSIBILITIES / CONSENT TO TREATMENT**

VIDA Family Practice, PC., is dedicated to providing you with the best in health care. Along with technical expertise, we want to provide you a considerate and respectful care with positive patient experience. We respect your rights as a patient and want you to understand your responsibility as a partner in your care.

**CONSENT TO TREATMENT**

☐ I voluntarily authorize the rendering of such care, including diagnostic procedures and medical treatment, by authorized agents and employees of the VIDA Family Practice, PC., its medical staff and their designees, as may in their professional judgment be deemed necessary or beneficial. I acknowledge that no guarantees have been made as to the effect of such examination or treatment on my condition or the condition of the person for whom I am duly authorized to sign. I understand that I have the right to make decisions concerning my health care or the health care of the person for whom I am duly authorized to make such decisions, including the right to refuse medical and surgical procedures.

This consent to treatment may be revoked in writing at any time by the patient or duly authorized agent.

**PATIENTS' RIGHTS**

- You have the right to participate in the development and implementation of your plan of care.
- You will not be denied access to care due to race, creed, color, national origin, sex, age, sexual orientation, disability.
- You have the right to information about your diagnosis, condition and treatment, in terms that you can understand.
- You have the right to refuse treatment to the extent permitted by law and to be informed of the possible consequences.
- You have the right to make or have a representative of your choice make informed decisions about your care.
- You have the right to formulate advance directives and have them followed.
- You have the right to appropriate assessment and management of pain.
- You are entitled to information about rules and regulations affecting your care or conduct.
- You have the right to know the names and professional titles of your physicians and caregivers.
- You have the right to personal privacy and to receive care in a safe environment.
- You have the right to a prompt and reasonable response to any request for services within the capacity of our clinic.
- You have the right to express concerns or grievances regarding your care to the office.
- The confidentiality of your clinical and personal records will be maintained.
- You have the right to see your medical record within the limits of the law.
- You have the right to an explanation of all items on your bill.

**PATIENTS' RESPONSIBILITIES**

- It is your responsibility to provide accurate and complete information about all matters pertaining to your health.
- You are responsible for following the instructions and advice of your health care team.
- If you refuse treatment or do not follow the instructions or advice, you must accept the consequences of your actions.
- It is your responsibility to notify us if you do not understand information about your care and treatment.
- You are responsible for reporting changes in your condition or symptoms, to a member of the healthcare team.
- It is your responsibility to act in a considerate and cooperative manner and to respect the rights and property of others.
- You are responsible for following the rules and regulations of the health care facility.
- You are expected to keep your scheduled appointments or to cancel them in advance if at all possible.
- It is your responsibility to pay your bills or make some arrangement with the facility to meet your financial obligations.

I certify that I have read and understood the authorization to treatment given above, as well as the patients' rights and responsibilities specified in this agreement, and I accept its terms.

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Date

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Signature of Patient or Designee and Relationship to Patient