



## Patient Rights and Responsibilities

### 1. Purpose

The purpose of this policy is to inform patients of their rights and responsibilities while receiving care at GROW Family Health. This policy aims to ensure a respectful, safe, and collaborative environment for both patients and staff.

### 2. Patient Rights

Patients at GROW Family Health have the following rights:

#### 2.1 Right to Respect and Dignity

- To be treated with respect, dignity, and compassion at all times.
- To receive care in an environment free from discrimination, harassment, and abuse.

#### 2.2 Right to Privacy and Confidentiality

- To have their personal health information kept confidential and protected in accordance with privacy laws and regulations (e.g., HIPAA, PIPEDA).
- To access their own medical records and request amendments as necessary.

#### 2.3 Right to Informed Consent

- To receive information about their diagnosis, treatment options, and the risks and benefits of each option in a way they can understand.
- To give or withhold informed consent for any proposed treatment or procedure.

#### 2.4 Right to Access Care

- To receive appropriate medical care and treatment based on their needs.
- To receive care in a timely manner, considering the clinic's capacity and availability.

#### 2.5 Right to Participate in Care Decisions

- To participate in decisions regarding their health care and to have their preferences and values considered.
- To seek a second opinion and discuss alternative treatment options.

#### 2.6 Right to Safe and Effective Care

- To be treated with the highest standards of safety and quality.
- To receive care that is based on current medical knowledge and practices.

#### 2.7 Right to File Complaints

- To voice concerns or complaints about their care or treatment without fear of retaliation.
- To have complaints addressed and resolved in a timely and fair manner.

### 3. Patient Responsibilities

Patients at GROW Family Health have the following responsibilities:

#### 3.1 Responsibility to Provide Accurate Information

- To provide complete and accurate information about their health history, current symptoms, and any medications they are taking.
- To inform the clinic of any changes in their health status or contact information.



### 3.2 Responsibility to Follow Treatment Plans

- To follow the treatment plans developed collaboratively with their healthcare provider.
- To discuss any concerns or difficulties with following the treatment plan with their healthcare provider.

### 3.3 Responsibility to Respect Clinic Policies

- To adhere to the clinic's policies and procedures, including those related to appointment scheduling and cancellation.
- To respect the rights and privacy of other patients and staff members.

### 3.4 Responsibility to Communicate Effectively

- To ask questions and seek clarification if they do not understand information provided about their care or treatment.
- To communicate any concerns or feedback regarding their care in a **constructive manner**.

### 3.5 Responsibility to Arrive on Time

- To arrive for scheduled appointments on time and notify the clinic if they are unable to attend.
- To respect the time and schedule of healthcare providers by notifying the clinic at least 24 hours in advance if they need to cancel or reschedule an appointment.

### 3.6 Responsibility for Financial Obligations

- To understand and fulfill their financial obligations related to their care, including uninsured services, and other charges as outlined by their insurance plan and the clinic's billing policies.
- To attend to any outstanding charges in a timely manner.

\*see full list of uninsured services and other fees

## 4. Implementation and Review

This policy will be communicated to all patients upon their first visit to the clinic and will be available for review at any time. It will be reviewed annually to ensure that it remains up-to-date and in compliance with current laws and regulations.

For any questions or concerns regarding this policy, patients are encouraged to contact the clinic's administration.

- Email Address: [growhealthadmin@prismahcc.ca](mailto:growhealthadmin@prismahcc.ca)

This policy ensures that patients are well-informed about their rights and responsibilities, contributing to a positive and collaborative healthcare experience.