The company of Maria D. Sabio, MD, PC recognizes the importance of our patients’ trust. Maintaining our patients’ personal information as confidential is a priority for all employees of Maria D. Sabio, MD, PC. This notice, which is required by state and federal law, outlines our privacy policy.

PATIENT BILL OF RIGHTS

As a patient of our practice, you have the rights which include, but are not limited to the following:

1. Be given information about your rights for receiving healthcare services
2. Receive a timely response from our office regarding your request for healthcare
3. Be given information about our office policies, procedures, and charges for services
4. Choose your healthcare provider
5. Be given appropriate and professional quality healthcare services without discrimination against your race, color, creed, religion, sex, national origin, sexual preference, handicap, or age
6. Be treated with courtesy and respect by all who provide services to you
7. Be free from physical and mental abuse and/or neglect
8. Be given the necessary information regarding treatment and choices concerning options for your healthcare so you will be able to give informed consent for your service prior to the start of any service
9. Be given complete and current information concerning your diagnosis, treatment, alternatives, risks, and prognosis in terms and language you can reasonably be expected to understand
10. A plan of service that will be developed to meet your unique service needs
11. Participate in the development of your plan of care/services
12. Be given an assessment and update of your developed plan of care/services
13. Be given data privacy and confidentiality
14. Review your clinical record at your request
15. Voice grievance with and/or suggest change in services without being threatened, restrained, and discriminated against
16. Refuse treatment within the confines of the law
17. Be given information concerning the consequences of refusing treatment
18. Have an advance directive for medical care, such as a living will or the designation of a surrogate decision maker, respected to the extent provided by the law
19. Participate in the consideration of ethical issues that arise in your care
Our office may use and disclose our patient’s protected health information for the purposes of relaying pertinent findings to the patient’s primary care physician or referral source, billing and collection activities, and health care clearinghouses in connection with such billing and collection activities. We will use our good faith efforts to protect all information obtained in our office as well as limit the collection and use of patient information to that which we require to deliver excellent health care and administer our business. It is our policy that only authorized employees of Maria D. Sabio, MD, PC and our business associates who need to know your personal information will access and use it. Employees of Maria D. Sabio, MD, PC who violate our Privacy Policy are subject to the disciplinary process as outlined in our office policy.

PATIENT RESPONSIBILITIES

Our office and its personnel have the right to expect from you, our patient, your relatives and friends, reasonable behavior which takes into consideration the nature of your illness. These responsibilities include, but are not limited to the following:

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies, and other pertinent items
2. Assist in developing and maintaining a safe environment
3. Inform our office when you will not be able to keep an appointment
4. Participate in the development and update of your service/treatment
5. Adhere to your developed plan of service/treatment
6. Request further information concerning anything that you do not understand
7. Contact your doctor whenever you notice a change in your condition
8. Contact our office whenever your insurance coverage or plan changes with adequate information for us to submit your claims
9. Contact our office whenever you are hospitalized
10. Give information regarding concerns and problems you have to our office manager
11. Contact our office whenever your demographic information changes (i.e. Change of address, phone number, employment)
12. Notify our office if you acquire an infectious disease during the time you are receiving services/care from our office, except where exempted by law

____________________________________                                            ______________
Patient signature or parent if child under     Date
the age of 18