



PATIENT RIGHTS and RESPONSIBILITIES

AS A PATIENT OF THIS OFFICE YOU HAVE THE RIGHT TO:

- Be treated with dignity and respect.
- To receive fair treatment regardless of race, ethnicity, creed, religious belief, sexual orientation, gender, age, health status, or source of payment for care.
- Confidential treatment of all communications and records pertaining to your care.
- Education about your illness, tests, treatment choices, support groups, and other available services.
- A candid discussion about all treatment choices, regardless of cost or coverage by your benefit plan.
- Be informed about and to understand the risks, side effects or discomforts that might arise because of your treatment.
- Assistance in understanding the cost of your treatment, patient assistance programs, and the insurance and billing process.
- Access care easily and in a timely fashion through caring, polite, attentive, and responsive staff interested in your well-being.
- Share in developing your plan of care.
- Highly competent health professionals who will pay attention to your unique needs and circumstances, and care that is coordinated and developed by cCARE providers in a culturally competent manner.
- Assistance in obtaining other professional opinions if you desire, or if we believe it to be in your best interest.
- Information about the organization, its providers, services, and role in the treatment process.
- Freely file a complaint, grievance, or appeal, if you have a problem with your health plan, provider, or health care facility, or if you feel you were wrongly denied care. You may contact our Patient Services Manager at 1-800-456-5860 to assist you with complaints regarding our services, or for more information about patient rights and additional grievances, you may also contact: State of California, Office of the Patient Advocate at <https://opa.ca.gov>

AS A PATIENT OF THIS OFFICE YOU ARE RESPONSIBLE TO:

- Treat those giving you care with dignity and respect.
- Provide all completed forms and documents necessary to receive treatment from us.
- Ask questions about your care and be as candid as possible with us about what you need and expect. This is especially important if you do not understand information or instructions.
- Help develop and follow the agreed-upon treatment plans for your care, including the agreed-upon medication plan.
- Inform us about all forms of therapy in which you are involved. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of all medicines and herbal/dietary supplements.
- Inform your provider of any medication changes, including medications given to you by others.
- Keep your appointments. Patients should call their providers as soon as possible if they need to cancel a visit.
- Inform your provider about your insurance coverage, and any changes to it.
- Inform your provider of any changes to your contact information (name, address, phone, etc.)
- Let your provider know about problems with paying fees.
- Not take actions that could harm others.
- Report fraud and abuse
- Openly report concerns about quality of care



PATIENT RIGHTS and RESPONSIBILITIES ACKNOWLEDGMENT

I hereby acknowledge that I have read and understand my rights and responsibilities as a patient of California Cancer Associates for Research and Excellence. I understand that I will receive a copy of this document and I may request an additional copy at any time, and that this document will be available on CCARE's website.

Patient Signature

Date

Print Name