



Code of Mutual Trust: General Information Concerning Your Rights

As a Patient, You have a right to:

Receive a Copy of TEAM's Notice of Privacy Practices and the patient rights included in that document.

Know the Name of the Provider who has primary responsibility for coordinating your care and the names and professional relationships of other healthcare providers who will see you.

Access Information contained in your medical record within a reasonable time frame-often within 48 hours of request.

Know which Health System rules and policies apply to your conduct while being a patient.

Have All Patient's Rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.

Be advised of the Health System grievance process, should you wish to communicate a concern regarding the quality of care you receive or in the manner in which you were treated or your personal information handled. Notification of the process includes: whom to contact, how to complete the filing process, the steps taken on your behalf to investigate the grievance, the completion of the process and the results thereof.

Informed Consent

We encourage a partnership between you as the patient and your healthcare team at TEAM Clinics.

As a partner in Your Care, You Have a Right to:

Become Informed of Your Rights as a patient in advance of treatment, or when discontinuing the provision of care. You may appoint a representative to receive this information should you desire.

Receive Information from your provider about your illness, course of treatment, outcomes of care (including unanticipated outcomes), and your prospects to recover in terms that you can understand.

Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment. And the risks involved in each. You also have the right to know the name of each person who will carry out the procedure or treatment.

Exercise these Rights without regard to gender, cultural, economic, educational, or religious background or the source of the payment of care.

Safety

TEAM Clinics is also committed to ensuring that your care is provided in the safest manner possible by incorporating patient safety into our clinic culture, making safety a

priority for patients, staff, ancillary employees, volunteers and contract personnel.

You have a right to:

Considerate and Respectful Care, provided in a safe environment, free from all forms of abuse and harassment.

Remain Free from Seclusion or restraints of any form that are not medically necessary or are used as a means of coercion discipline, convenience, or retaliation.

Know that Environmental and Institutional safety are continually addressed by the Administrative staff and all issues are addressed in an appropriate and timely manner. If you experience or observe violation of the above, or are concerned about the potential thereof, you have the right to communicate with the Administrative staff to seek correction or resolution.

Treatment Options

Your healthcare team will describe your proposed treatment to you and your satisfaction.

As a Partner in the Treatment Plan, You have a Right to:

Participate in the Development and implementation of your plan of care and actively participate in decisions regarding that care. To the extent permitted by law, this includes the right to request and/or refuse treatment(s).

Request consultation with management and/or the designated provider partner concerning ethical implications of your care.

Reasonable Continuity of Care, should you need a service not provided by TEAM Clinics, you have the right to be assisted in transferring to another healthcare facility that can provide said service.

Leave the clinic even if it is against the advice of your health care provider.

Be Informed by your Provider or a designated delegate of needed continuum of healthcare requirements following your discharge from the clinic.

End-of-Life Decisions

In order to make appropriate decisions, patients nearing the end of life and their families need to know and understand their choices. As a start in making those decisions, we recommend reading a brochure titled "Your Information Guide to Advance Directive". It is available online at: <https://www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/>. You may also request a copy from one of our staff members. The medical staff at TEAM Clinics is willing to assist with the explanation of the choices available in making these end-of-life decisions.



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As a Patient You Have a Right to:

Complete Advance Directives regarding your healthcare and to have TEAM Clinic medical staff acknowledge and comply with these directives to the extent provided by state and federal laws and regulations.

Complete Do Not Resuscitate Directive and have our medical staff acknowledge and comply with these directives to the extent provided by state and federal laws and regulations. These documents allow you to give directions about your future medical care or to legally designate another person or persons to make medical decisions for you if you are temporarily or permanently incapable of doing so.

Confidentiality

The TEAM Clinics staff strives to respect your privacy and confidentiality at all times and under all circumstances. Access to your information confers an obligation on us to protect your privacy and personal interests.

As a Patient You have the Right to:

Full Consideration of Privacy concerning your medical care program and your personal health information. Case discussion, consultation, examination, and treatment are confidential and should be secure, private, and conducted with the utmost discretion. You have the right to be advised as to the reason for the presence of any individual involved in your healthcare and to their involvement in your continuum of care.

Confidential Treatment of all TEAM communications and records pertaining to your care and the reason for sharing any and/or all of the information. Your written permission will be obtained before any part of your medical records and/or information can or will be made available to anyone not directly concerned with your care or that you have otherwise designated and approved in writing.

Financial

As a Patient You Have a Right to:

Examine and receive an explanation of all charges, regardless of the source of payment.

Your Responsibilities as a Patient of TEAM Clinics

Your healthcare and the medical care and treatment that you receive depends in part on YOU. Therefore in addition to these rights, you, and at times your family/caregiver(s) have certain responsibilities as well. The following responsibilities (and this list is not all inclusive) is presented to you in good faith and in the spirit of mutual trust and respect. Together as partners in your health needs, it is our Code of Mutual Trust.

You as a patient of TEAM Clinics have the following responsibilities to:

Provide Accurate and Complete information concerning your present condition and complaint(s), past illnesses, hospitalizations, medications and any/all other information and matters that relate to your health.

Report Perceived Risks in your care, to include activity and medications, any unexpected changes in your condition to TEAM "and" the responsible provider.

Ask Questions when you do not understand explanations about care or medications and/or what to expect from both.

Follow the Treatment Plan established by your provider including all instructions from he/she, nurses and/or other health professionals involved in your care, as this team carries out the providers directives.

Know that you are responsible for your actions should you refuse treatment or fail (by choice or incidentally) to follow "treatment plans" directed by TEAM providers as addressed above. You are also responsible for actions are outside the purview of your healthcare that effect or affect your care. The signing of the Authorization to Treat form affirms your understanding of the above point and asserts your agreement that you, or any/all others responsible for making decisions with regard to your healthcare, will not hold TEAM liable for said actions.

Assure that the Financial Obligations concerning any and all charges relating to your TEAM care and fulfilled promptly.

Follow the "patient related" Policies and Procedures of TEAM Clinics.

Be Considerate of the rights of other patients as well as the TEAM staff.

Be respectful of your personal property and that of other patients and TEAM staff and other individuals.

Thank you for choosing TEAM Clinics

Check us out online at www.TEAMClinics.com.