

# Patients' Bill of Rights

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## You Have the Right to...

- *Participate in all treatment services regardless of race, color, creed, sex, sexual orientation, national origin, disability, diagnosis, religion, age or socioeconomic status.*
- *Considerate and respectful care.*
- *Know by name and position the staff members responsible for your care.*
- *Reasonable consideration of your privacy.*
- *Expect a reasonable response to your requests.*
- *Be free from all forms of abuse, harassment, neglect, or exploitation.*
- *Be reasonably informed at the time of check out of medical and/or ancillary service charges.*
- *Be afforded the opportunity to participate in planning and implementing your treatment program.*
- *You have the right to refuse care at Pain Centers of Iowa and promptly seek pain management care elsewhere.*
- *Confidentiality of your clinical record.*
- *Access information contained within your medical record.*
- *Be properly educated on your personalized pain relief program.*

## You Have the Responsibility to...

- *Be honest about matters that relate to you as a patient.*
- *Provide staff with accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters pertaining to your health.*
- *Report any perceived risks in your care.*
- *Report any unexpected changes in your condition to those responsible for your care and welfare.*
- *Follow the care, service or treatment plan developed.*
- *Ask any questions when you do not understand or have concerns about your plan of care.*
- *Understand the treatment alternatives available and the consequences of not following the treatment plan.*
- *Know the staff who are caring for you.*
- *Be considerate and respectful of the rights of both fellow patients and staff.*
- *Honor the confidentiality and privacy of other patients.*
- *Be considerate of the property of Pain Centers of Iowa, P.C.*

- *Assure the financial obligations of your healthcare are fulfilled as promptly as possible.*
- *Ask all questions related to your visit during the time spent with your provider.*
- *Provide us with any changes in your contact information: address, telephone and insurance coverage.*

I have read and understood the Patients' Bill of Rights of Pain Centers of Iowa, P.C.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **How to File a Complaint:**

Verbal complaints may be made by calling 563-344-1050. Written correspondence addressed to the Practice Administrator will be handled in the same manner. All complaints will be handled in a timely manner. In the event that a complaint is not resolved to your satisfaction, you may also contact the Clinic Director: Dr. John Dooley at [jdooley@pcipain.com](mailto:jdooley@pcipain.com).