

Patient Rights & Responsibilities

As a patient, you have a right to:

- Be fully informed in advance about the services and modification to those services we provide.
- Be informed, both verbally and in writing, in advance of care being provided.
- Be informed, both verbally and in writing, of any charges including payment for service expected from third parties and charges for which you will be responsible.
- Receive information about the scope of services that Urology Clinics of North Texas will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences are fully presented.
- Be informed of patient rights under the state law to formulate an Advanced Directive, if applicable.
- Be advised of the confidentiality and privacy of all information contained in the patient record and of protected health information.
- Be informed of Urology Clinics of North Texas's policies and procedures regarding the disclosure of clinical records.
- Be protected by additional state, local and federal laws pertaining to patient safety and care.
- Receive information about the patient management program.
- Receive administrative information regarding changes in or termination of the patient management program.
- Be informed about philosophy and characteristics of the patient management program.
- Have personal health information shared with the patient management program only in accordance with state and federal law.
- Know the name of the staff member and his/her title when communicating with Urology Clinics of North Texas.
- Speak with a supervisor of the staff member if you request it.
- Decline participation, revoke consent or disenroll at any point in time.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable.

As a patient, you have the responsibility to:

- Inform UROPharmacy if there are any issues with the product.
- Inform UROPharmacy if the product is lost or stolen.
- Inform UROPharmacy if the directions for taking the medication have changed or if you are no longer taking the medication.
- Inform UROPharmacy of any changes to your insurance or provider.
- Pay the applicable copays or coinsurance.
- Submit any forms that are necessary to participate in the program, to the extent required by law.
- Language Support Services.
- Please inform Urology Clinics of North Texas of your needs for language assistance. We will arrange for a translator to be available during your appointment.