

The health and well-being of patients depends on a mutually respected working relationship between the physician and the patient. Patients contribute to this alliance by fulfilling their responsibilities.

YOU HAVE THE RIGHT TO:

- Be fully informed in advance about services/care to be provided, including the company representatives that provide care/services, and the frequency of visits as well as any modifications to the service/care plan.
- Ask questions about your health status or recommended treatment when you do not fully understand what has been described to you and to have those questions answered.
- Be treated, and have your property treated, with dignity, courtesy and respect, recognizing that each person is a unique individual.
- Be informed both orally and in writing, in advance of care being provided of the charges, including payment for care/services expected from third parties and any charges for which the patient will be responsible.
- Receive information about the scope of services that the organization 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 of refusing care or treatment are fully presented
- Be able to identify visiting personnel members through proper identification (name badge, signs, etc.)
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
- Voice grievances/complaints regarding treatment of care, lack of respect of property, or recommend changes in policy, personnel, or services without restraint, interference, coercion, discrimination, or reprisal. Have complaints regarding treatment or care, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the patient record and of protected health information
- To obtain copies or summaries of your medical record.
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Choose a health care provider or to obtain a second opinion.
- Receive appropriate care without discrimination in accordance with physician orders
- Be informed of any financial benefits when referred to an organization.
- To be advised of any conflicts of interest your physician may have in respect to your care.
- To continuity of care. You should expect that your physician will cooperate in coordinating medically indicated care with other health care professionals, and that the

physician will not discontinue treating them when further treatment is medically indicated without giving them sufficient notice and reasonable assistance in making alternative arrangements for care.

PATIENT RESPONSIBILITIES:

- Adhere to the plan of treatment or service established by your physician.
- Adhere to the company's policies and procedures.
- To submit any forms that is necessary to participate in the program, to the extent required by law.
- Participate in the development of an effective plan of care/treatment/services.
- Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
- Provide any necessary forms and documentation needed to participate in patient management programs, to the extent required by law.
- Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by company representatives.
- Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
- Be available at the time deliveries are made.
- Notify the company if you are going to be unavailable.
- Treat company personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
- Provide a safe environment for Willamette Urology P.C. representatives to provide services.
- Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose it was prescribed and only for/on the individual for whom it was prescribed.
- Communicate any concerns about your/caregiver's/family member's ability to follow instructions or use the equipment provided.
- The company should be notified of any changes in your physical condition, physician's prescription, or insurance coverage. Notify the company immediately of any address or telephone changes whether temporary or permanent.
- Refrain from being disruptive in the clinical setting.
- Not knowingly initiate or participate in medical fraud.
- Report illegal or unethical behavior by physicians or other health care professionals to the appropriate medical societies, licensing boards, or law enforcement authorities.

I confirm that I have read, understand, and agree with the Willamette Urology Pharmacy Patient Rights and Responsibilities. I confirm that I have been offered a copy of Willamette Urology Pharmacy's dispensing informational handout. Verbal confirmation can be provided over the telephone when Rights and responsibilities are read over the telephone and the patient is offered a copy to be mailed to their residence.

Print Name: _____ Signature: _____ Date: _____