

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Planned Parenthood of South, East and North Florida is committed to providing high-quality, compassionate reproductive health care services. We recognize that as our patients you have rights while seeking our services. In turn, we believe that there are responsibilities on your part as our patients.

Regardless of your age, race, color, national origin, religion, gender, gender identity, sexual orientation, marital status, disabilities, economic status, or source of payment...

You have a right to:

- Be treated with dignity, respect, and courtesy, including privacy and confidentiality in all aspects of our services.
- Be given complete and current information concerning your diagnosis, treatment (including alternatives, benefits, and risks), and prognosis in a language you understand.
- Obtain adequate and objective (free from bias or judgment) education and counseling.
- Be given the information necessary to give consent or refusal prior to the initiation of any procedure, test, examination, or treatment.
- Refuse treatment after being fully informed of the consequences of such action.
- Know the results and implications of all tests and examinations.
- Know who is providing your health services.
- Know the purpose of all forms you are asked to sign.
- Have access to means of assisted communication, such as interpreters, auxiliary aids, or other materials
- Participate in selecting the birth control methods that you use and know the effectiveness, possible side effects, and complications of such methods for patients seeking family planning services.
- Decide whether or not to have children, and if so, determine their timing and spacing.
- Have access to your medical records, have your medical records explained, and approve or refuse the release or disclosure of the contents of your medical record as described in the Notice of Health Information Privacy Practices.
- Participate or refuse to participate in medical research studies. Refusal to participate or withdraw from a study will not compromise future access to health services.
- Be informed of charges for services, eligibility for third party reimbursements, and the availability of free or reduced services.
- Receive a copy of your itemized account statement and explanation of charges upon request.
- Be free from neglect, exploitation, verbal, mental, physical, and sexual abuse.
- Express concerns or grievances about the care and services provided and have us investigate such information without fear of being subjected to coercion, discrimination, reprisal or unreasonable interruption of health services.
- File a complaint at our health centers.

You have a responsibility to:

- Be honest about your medical history and personal data requested by providing complete and accurate information.
- Be sure you understand all information given to you and ask questions when you do not understand medical explanations, care, or treatment plans.
- Follow health advice, medical instructions, and your plan of care or inform us if you are unwilling to do so. You are responsible for the outcomes of not following your plan of care.
- Report any changes in your health.
- Follow our policies and extend courtesy and respect to all of our staff, patients, and visitors.
- Keep your scheduled appointments or notify us of cancellations at least 24 hours in advance.
- Meet your financial obligation to us.
- Notify us of concerns or complaints. We want to be able to address all of your concerns.