

## Patient Responsibilities

*As a partner in your healthcare, you have the following responsibilities:*

1. Please provide *accurate and complete* information concerning your present complaints, past medical history, and other matters relating to your health.
2. Please be sure that you *clearly comprehend* the course of your medical treatment and your responsibilities as a patient.
3. It will be *beneficial* to you to *follow the treatment plan* established by your physician. This includes instructions from nurses and other health care professionals as they attempt to carry out the physicians orders.
4. Please ensure that the *financial obligations* of your care are fulfilled in a timely manner.
5. If you need information or are inquiring about *Advance Directives (Durable Power of Attorney for Health Care, Natural Death Act Declaration or Living Will)*, please call the Member Services Department of your Health Plan or the Patient Relations Department at Hoag Hospital.
6. We ask that you *treat all providers, office personnel and other patients* respectfully and courteously.
7. You need to *communicate openly* with your physician so that you can develop a personal patient-physician relationship.
8. You need to *seek and obtain* services on a consistent basis from your primary care physician. Remember that you should notify your physician immediately if your condition worsens.
9. You need to *take charge* of your health and make positive lifestyle decisions. For instance, watching what you eat, not smoking and getting regular exercise.
10. You need to consider the *possible consequences* if you refuse to follow the physician's orders or comply with the recommended treatment. In some cases, this could mean the transfer or disenrollment from the group.
11. Please keep your scheduled *appointments* or give adequate notice for delay or cancellation.
12. You need to *read* all Plan and education materials carefully so that you are aware of your benefits and their limitations. If you are unsure, please contact the Member Services Department of your Health Plan immediately.
13. You need to *help* your physician *maintain* accurate and current medical records by being open and honest when you provide information.
14. Please *constructively express* your opinions, concerns and complaints to the appropriate personnel within your Health Plan.
15. You need to notify your pharmacy when you change primary care physicians.
16. If you have *lab tests, x-rays or pathology results pending*, please wait for a *reasonable period of time* before contacting the physicians office. In most cases, the physicians office will contact you directly.

I have been informed of my responsibilities and I understand them fully.

\_\_\_\_\_  
*Patient's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*