Statement of Patient Rights and Responsibilities

Lakewood OMFS's goal is to make your experience with us the best it can be. We desire to offer only the highest quality care and want you to know that we acknowledge and respect your patient rights as listed below.

A. You have the right to be treated with consideration, dignity, and respect.

B. You have the right to privacy regarding your consultation, treatment plan, and finances.

C. You have the right to confidentiality of your records and disclosures, and except when required by law, you are given the opportunity to approve or refuse their release and request restrictions on their use and disclosure.

D. You have the right to complete information concerning your diagnosis, evaluation, treatment plan and prognosis. (If medically inadvisable to release this information, it will be provided to a parent or guardian, power of attorney, or responsible adult.)

E. You have the right to participate in decisions involving your care.

F. You have the right of access and copies of your private health information (with exceptions) upon written request and to request amendments of your private health information.

G. You have the right to an accounting of disclosures of your personal health information.

H. You have the right to change doctor if you so choose.

I. You have the right to information concerning your patient rights. The following information will be included in your New Patient Orientation packet during your consultation visit or upon request.

1. Your responsibility as a patient
2. Other services available to you through this office
3. Provisions for after-hour emergency care
4. Information concerning fees for services
5. Information concerning payment policies available through this office
6. The right to be informed to participate or to refuse participation in any research
7. The right to express grievances or offer suggestions. (*Patient Satisfaction Survey* is sent to random patients and available upon request).