PARTNERS
IN ABORTION CARE

PATIENT RIGHTS

This information will be available to patients in printed and electronic format.

The Patient has the right to access care without fear of discrimination.

The Patient has the right to considerate and respectful care.

The Patient has the right to complete information regarding his/her medical care.

The Patient has the right to complete information regarding medical care and outcome prior to giving consent for any treatment or procedure.

The Patient has the right to participate in the planning of their medical treatment.

The Patient has the right to refuse treatment to the extent permitted by the law.

The Patient has the right to privacy concerning his/her medical care. This includes the confidentiality of medical records and the right to approve or refuse release of records to anyone outside the facility, except as provided by federal or state law. A Notice of Privacy Practices is available for the Patient to review at any time, and a copy will be provided on request.

The Patient has the right to personal privacy.

The Patient has the right to examine and receive an explanation of the facility bill.

The Patient has the right to expect reasonable safety.

The Patient has the right to written and verbal communication with people outside the facility.

The Patient has the right to know the rules and regulations applicable to his/her care.

The Patient has the right to reasonable continuity of care.

The Patient has the right to expect reasonable responses to requests for service.

The Patient has the right to know the identity and professional status of the individual providing service to him/her and which physician is primarily responsible for his/her care.

The Patient has the right to consult with a specialist.

The Patient has the right to receive complete explanation of the need for transfer to another facility and the alternatives.

The Patient has the right to present complaints and receive a response that substantially addresses that complaint.

PATIENT RESPONSIBILITIES

Provide information about present and past illness, hospitalizations, medications and other matters relating to your health history.

Have members of your family authorized to review your treatment, if you are unable to communicate with your healthcare providers.

Appoint a surrogate to make healthcare decisions on your behalf, to the extent permitted by the law.

Ask questions if you do not understand directions or procedures.

Help your physician, midwife, nurse, and healthcare support staff in their efforts to care for you by following their instructions and medical orders.

Report safety concerns immediately to a physician, midwife, nurse, or any healthcare support staff.

Ask for pain relief and tell your physician, midwife, or nurse if your pain is not relieved.

Avoid drugs, alcoholic beverages or toxic substances, which have not been administered by your clinician.

Accept medical consequences if you do not follow the care, service, or treatment plan provided to you.

Help control noise and the number of visitors during your visit.

Respect the property of other people and of Partners in Abortion Care.

Be considerate of other patients.

Sign a written acknowledgement that you have received the applicable Notice of Privacy Practices.

Be responsible for payment of all services, either through arrangements with abortion funds/support organizations or by personally making payment for services.

Partners in Abortion Care has a mutual respect and anti-discrimination policy. We do not discriminate against patients or staff based on race, ethnicity, immigration status, religion, gender identity, gender expression, sexual orientation, class, body size, disability, or any other identity. In addition, we want this to be a place where all patients and staff feel welcome, supported, and respected.

As a patient, you will be treated by our staff with professionalism, courtesy, and care. We expect you, the patient, and those support persons who accompany you to treat the staff and other patients with the same courtesy and respect. Personal insults or slurs of any kind **will not be tolerated**.

If you are unable to behave in accordance with this policy, we will assist you with a referral to another health care provider.

I have received and understand the Patient Rights and Responsibilities:

Patient's Signature: _____ Date: _____

I have reviewed the Notice of Privacy Practices:

Patient's Signature: _____ Date: _____