



THE ORTHOPEDIC PARTNERS
AN RCM CLINIC
PARK CITY • HEBER CITY • SALT LAKE CITY

The Orthopedic Partners: Patient Rights and Responsibilities

Patients' Rights and Responsibilities

The Orthopedic Partners is committed to providing excellent orthopedic care in an environment that is safe, respectful, and collaborative. We believe that healthcare is most effective when patients, families, and providers work together. The following outlines your rights and responsibilities as a patient in our care.

Patient Rights: As a patient of The Orthopedic Partners, you have the right to:

Respect and Dignity

- Be treated with courtesy, respect, and dignity at all times.
- Receive care, free from discrimination based on race, color, ethnicity, national origin, religion, sex, gender identity or expression, sexual orientation, disability or age.
- Expect care that honors your personal values, beliefs, and cultural background.

Confidentiality and Privacy

- Have your medical records, health information, and conversations kept confidential in accordance with HIPAA laws.
- Expect privacy during medical care, examinations, and treatments.
- Be informed if there are limits to confidentiality, such as cases of suspected security issues or public health reporting requirements.

Information and Communication

- Receive clear, understandable explanations about your condition, treatment options, risks, benefits, and alternatives.
- Know the name and professional role of your care team providers.
- Request interpreter services or other communication aids at no cost to you.
- Review your medical records and request amendments when appropriate.

Participation in Care

- Take an active part in decisions about your care and treatment plan.
- Accept or refuse recommended treatment, to the extent permitted by law, and be informed of the consequences of your choices.
- Seek a second opinion or request transfer of care when appropriate.
- Designate a person to participate in your care decisions, as allowed by law.

Safety and Quality of Care

- Receive care in a safe environment free from abuse, neglect, or harassment.
- Expect reasonable continuity and coordination of care.
- Be informed if your care involves research or education and choose whether to participate without penalty.
- Voice concerns, complaints, or compliments without fear of retaliation, and receive a timely response.

Financial Transparency

- Receive an explanation of fees, charges, and available payment options.

- Ask questions about your financial obligations and insurance coverage.

Patient Responsibilities: As a partner in your healthcare, you are responsible for:

Active Participation

- Provide accurate, complete information about your health, past illnesses, medications, hospitalizations, allergies, and insurance.
- Ask questions when you do not understand your diagnosis, treatment, or instructions.
- Follow the agreed-upon treatment plan and notify your provider of changes in your condition.

Appointments and Scheduling

- Keep scheduled appointments and arrive on time.
- Notify the office at least 24 hours in advance if you are unable to attend your appointment. Failure to provide proper notice will result in a “No Show” fee of \$50 for office visits and \$100 for procedures or surgeries. Repeated no-shows or late cancellations may also result in dismissal from the practice..

Financial Obligations

- Provide current insurance and billing information.
- Promptly meet financial responsibilities and request assistance if needed.
- Actively check with your insurance company to ensure we are part of your network.

Respect for Others

- Treat staff, providers, and other patients with courtesy and respect.
- Ensure that family members and guests conduct themselves appropriately in the clinic.
- Follow clinic policies, including those for safety, infection prevention, and privacy.

The Orthopedic Partners is dedicated to creating a respectful, safe, and collaborative environment for every patient. By understanding your rights and embracing your responsibilities, you help us provide the highest quality of orthopedic care.

By signing this agreement, you agree to abide by the above stated Patient Rights and Responsibilities.

Signature: _____

Print Name: _____

Date: _____