

Park West Women's Associates, PLLC

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Patient's Rights and Responsibilities

Each patient has the following rights:

- ✓ *To be treated with respect and dignity.*
- ✓ *To be informed of his/her care needs in order to make appropriate decisions.*
- ✓ *To establish a surrogate decision maker as permitted by law.*
- ✓ *To expect a reasonably safe environment.*
- ✓ *To help plan his/her care and make changes to it.*
- ✓ *To expect that teaching materials and aids will be written or presented in a manner that he/she can understand.*
- ✓ *To be informed of the billing process.*
- ✓ *To have access to their medical records.*
- ✓ *To have his/her records kept confidential except when express consent has been given.*
- ✓ *To expect that services be provided in a timely manner, including prompt attention to acute problems.*
- ✓ *To have visual and informational privacy.*
- ✓ *To know the professional status of their caregiver.*
- ✓ *To have another agency contacted if needed services are not available.*
- ✓ *To refuse services.*
- ✓ *To receive care without discrimination because of race, religion, age, sex, disability or ethnic origin.*
- ✓ *To expect the staff to be qualified and competent in all respects to perform the services that are provided.*
- ✓ *To be given information on advance directives and assistance in making these decisions as requested.*
- ✓ *To be assured that acceptance, as a patient, will not be based on whether or not an advance directive has been given.*

Each Patient has the following responsibilities:

- ✓ *To arrive on time for scheduled appointments and cancel, when necessary, with a telephone call.*
- ✓ *To participate in planning his/her care.*
- ✓ *To provide timely payment for any service requested and delivered which is not covered by insurance.*
- ✓ *To be under the supervision of a physician.*
- ✓ *To notify the staff of any changes in his/her health status.*
- ✓ *To inform the staff of any pertinent changes in insurance, employment changes, demographic information or relationships with other care/service providers.*
- ✓ *To inform the staff, at the time an appointment is made, of any physical or mental impairment requiring special accommodation.*
- ✓ *To follow the recommended treatment plan.*
- ✓ *To accept responsibility if treatment is refused.*
- ✓ *To ask questions if directions and procedures are not understood.*

Signature _____

Date ___/___/___