



200 Nash Medical Arts Mall • Rocky Mount, North Carolina 27804

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Revised 9/26/2022

- I have received the Notice of Privacy Practices.
- In accordance with Telephone Consumer Act, I provide my consent to receive automated phone calls or text messages related to appointment reminders
- I understand that SureScripts, a system that allows prescriptions and related information to be exchanged between my providers and the pharmacy, is used. The information sent between these systems may include detail of any and all prescription drugs that I am currently taking and/or have taken in the past.
- I understand that the exchange of health information through the CommonWell network is permitted under the HIPAA Privacy Rule as it is exchanged for permissible treatment purposes.
- I will present my current insurance information at each visit and I will make every effort to understand the benefits of my insurance plan, even to the extent of calling the benefits coordinator at my place of employment/carrier. I will notify the practice of any changes in my insurance plan while receiving maternity services. Failure to do so may result in denial of payment that makes me responsible.
- I understand that I shall be afforded impartial access to treatment that is available and medically indicated, regardless of race, creed, sex, national origin, religion, sexual orientation, disability or source of payment. I understand that Nash OB/GYN does not discriminate against patients based upon economic status or the source of payment for care, such as Medicare/Medicaid. Free translation services are available.
- I understand that I have the right to considerate and respectful care, and to be made comfortable. I have the right to respect for my cultural, psychosocial, spiritual and personal values, beliefs and preferences. I am responsible for being considerate of the rights of other patients and clinic staff. This includes controlling noise and visitors. I have the responsibility to honor Nash OB/GYN's right to restrict the number of visitors for procedures and to comply with the practice's policies prohibiting the use of tobacco, illicit drugs or alcohol on the premises. I am responsible for using the telephone and lights courteously so that I do not disturb others. Just as I want privacy, a quiet atmosphere and courteous treatment, so do other patients. I am responsible for being respectful of the property of others and of the clinic. I understand that I am expected to dress in a manner that is not discriminatory nor disturbing to other patients and families. I understand that any abusive or disrespectful behavior may cause the practice to exercise its patient termination policy.
- I agree to take prescribed medications only as directed. If I do not understand the directions, I will call the office for clarification.
- I am expected to follow the treatment plan recommended by the providers. This may include following the instructions of nurses and office staff as they assist in my care and implement the providers orders.
- I have the right to refuse treatment to the extent permitted by law. I have the right to reasonable responses to any requests made for service.
- I am responsible for keeping appointments and for notifying the office when I am unable to do so. To cancel or reschedule an appointment, call (252) 443-5941. If I am unable to keep an appointment, I am expected to notify the office 24 hours in advance. If I do not give 24 hours notice, my missed appointment will be documented as a "no show". The practice may exercise its patient termination policy after 2 "no show" appointments by an established patient. New patients who "no show" their first appointment will not be rescheduled.
- I will cooperate with this practice to assure prompt payment for services I received, including non-covered service. I also agree and understand that I am ultimately responsible for payment of services I receive, including non-covered service. I agree and understand that payment is due at the time services are rendered. If I fail to pay my bill in a satisfactory manner the account may be assigned to collections. Any additional fees (late payment, finance charges), including reasonable attorney fees, will be my responsibility. I agree to pay any applicable charge for a check that is returned by my bank for any reason. I understand that if I have two returned checks my privilege to pay by check will be revoked. I authorize payment of medical benefits to Nash OB-GYN Associates, P.A. for services received.
- I agree to notify the Practice of any concerns or complaints that I may have about care and services received and will not make any untruthful, inaccurate or misleading statements to third parties about the Practice, its doctors or staff.
- I agree that this office can only bill a diagnosis documented in my medical record. Thus to ask to change a diagnosis for the purpose of securing payment from my insurance carrier may result in the act of fraud.
- I understand that I will not use my cell phone/smart phone during my appointment time when the provider and/or staff is with me. I understand that I will not make video or audio recordings of Nash OB/GYN employees or staff without their explicit consent.

Signature of Patient or Responsible party

Date