



FRONTIER

PSYCHIATRY

Patient Rights and Responsibilities

NOTICE TO PATIENT/REPRESENTATIVE: By signing at the bottom of this form, you acknowledge that you have read and understood all of the information contained in the following document and agree to be bound by the terms and conditions described herein.

PATIENT RIGHTS

- You have the right to be treated without regard to age, race, ethnicity, national origin, religion, culture, language, physical or mental disability, sexual orientation, gender identity expression, socioeconomic status, or any other protected status.
- You have the right to receive safe, considerate, and respectful care by competent staff.
- You have the right to have a support person, representative, and/or family member notified of treatment at Frontier.
- You have the right to include or exclude a support person or family member from participating in care decisions.
- You have the right to make an informed decision whether or not to participate in research, investigation, or clinical trials.
- You have the right to be treated with dignity and respect and as an individual who has personal needs, feelings, preferences, and requirements.
- You have the right to have cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- You have the right to privacy in your treatment, care, and in the fulfillment of your personal needs.
- You have the right to be fully informed of all services available to you at Frontier and of any charges for those services.
- You have the right to receive information and communications in a manner that you understand.
- You have the right to be fully informed of your rights as a patient and of all rules and regulations governing your conduct as a patient at Frontier.
- You have the right to participate in the development of your treatment plan.
- You have the right to receive information necessary to give informed consent prior to the start of any procedure and/or treatment.

- You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of this right.
- As long as you adhere to the behavioral expectations outlined in the Patient Responsibilities section, you have the right to continuity of care. Should discharge from Frontier become necessary, you will be given reasonable advance notice, unless an emergency situation exists.
- You have the right to voice opinions, recommendations, and grievances in relation to policies and services offered by the facility without fear of restraint, interference, coercion, discrimination, or reprisal.
- You have the right to be free from all forms of abuse, neglect, harassment, and/or exploitation.
- You have the right to access protective and advocacy services or have these services accessed for you on your behalf.
- You have the right to know the name of the clinician who has primary responsibility for your care, as well as those practitioners/counselors who will provide treatment and services.
- You have the right to participate in decisions about your care, treatment, and services.
- You have the right to seek a second opinion regarding the diagnostic and treatment recommendations made by Frontier.
- You have the right to end the treatment relationship with Frontier at any time.
- The right to be informed about Medical and Psychiatric Advance Directives as applicable by law.

PATIENT RESPONSIBILITIES

- To provide to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medication, and other matters relating to your health.
- To report unexpected changes in your condition to the responsible clinician or their designee promptly.
- To make it known whether you clearly comprehend a contemplated course of action and know what is expected of you.
- To cooperate with staff caring for you and to ask questions when you do not understand instructions given to you.
- To inform Frontier of any concerns regarding services in order to improve our process.
- To ask questions about your condition, treatments, care, and/or test results.

- To follow the treatment plan recommended by the clinician primarily responsible for care, including following instructions of health professionals as they carry out the coordinated plan of care and enforce Frontier rules and regulations.
- To keep appointments, arrive on time, and to notify Frontier in advance when you are unable to do so.
- To accept responsibility for your own actions if you refuse treatment and/or do not follow the clinician's instructions.
- To ensure that financial and other obligations to Frontier are fulfilled as promptly as possible.
- To follow Frontier rules and regulations affecting patient care and conduct.
- To be considerate of the rights of other persons and program staff.
- To control your own behavior.
- To treat Frontier and its staff with respect and to refrain from engaging in any abusive behavior.
- To be respectful of the property of other persons and of Frontier.

ACKNOWLEDGEMENT OF RECEIPT AND AGREEMENT:

I have read and understand my Rights and Responsibilities as a patient of Frontier Psychiatry. I agree to be bound by the terms and conditions described in this document.

Signature of Patient/Representative: _____

Date: _____

If signed by a person other than the patient, print name and state relationship and authority to do so.

Print Name of Representative: _____

Relationship to Patient: _____

Patient is: Minor Incompetent/Incapacitated

Legal Authority: Legal Guardian Parent of Minor Health Care Agent Other: