



## **Provider and Patient/Family Bill of Rights and Responsibilities**

Heartfelt Pediatrics believes children's health care is based on a partnership between the child, family, providers, and office staff. The partnership is designed to facilitate informed decision-making by the child or their designee.

### **You and your child have the right to:**

1. Expect privacy and respect while you receive your health care.
2. Always receive polite and respectful care.
3. Receive health care that is based on American Academy of Pediatrics standards and guidelines.
4. Expect timely and reasonable answers to your questions.
5. Be seen within a reasonable time.
6. Know who is in charge of approving and administering your procedures or treatment.
7. Know what services are available to help you.
8. Be given care that is sensitive to one's developmental needs.
9. Have access to your medical records based on state and federal laws.
10. Be told of medical choices for care or treatment.
11. Refuse treatment, except that required by law, and to be told of the potential effects of your choice.
12. Receive access to medical treatment no matter your race, sex, creed, sexual orientation, nationality, religion, disability, source of payment, or other class or status protected by applicable law.
13. Practice your cultural values and spiritual beliefs as long as they do not interfere with the well-being of others or are within the limits of the law.
14. Information on financial resources and plans.
15. A copy of your bill and explanation of charges upon request.
16. Participate in decisions about your child's health care (except in situations in which a child may lawfully consent to care without a parent or guardian's involvement).

### **You and your child are responsible for:**

1. Giving true and complete information about your child's present and past health, and family history.
2. Telling your provider of any change in your child's health.
3. Providing information to your provider about any care your child received outside of our practice.
4. Letting us know of any concerns.
5. Telling your provider if you do not understand your plan of care and what is expected of you.
6. Keeping appointments when scheduled and notifying us in advance if you cannot.
7. Following the plan of care agreed upon by you and your provider.
8. Being responsible for your actions if you refuse treatment or do not follow the agreed upon plan of care between you and your provider.
9. Assuming financial responsibility for care received.
10. Being considerate of the rights of others and following office policies.
11. Respectful interactions with providers and staff involved in your child's care.

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**Print Patient's Full Name**

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**Patient's Date of Birth**

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**Signature of Parent/Legal Guardian**

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**Printed Name of Parent/Legal Guardian**

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**Today's date**