



DERMATOLOGY ASSOCIATES

OF ROCHESTER

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Patient Bill of Rights

As a patient of Dermatology Associates of Rochester, you have the following rights, subject to and consistent with law:

- The right to high quality care delivered in a safe, timely, efficient, and cost effective manner and the right to be assured that the expected results can be reasonably anticipated.
- The right to dignity, respect, and consideration of legitimate concerns.
- The right to privacy and confidentiality with regard to all information and records relating to your care.
- Patients are involved in all aspects of care. You have the right to receive all the information that you need to give informed consent for any proposed procedure or treatment, including the possible risks and benefits of the procedure or treatment, and the alternatives to that treatment.
- The right to information about current diagnosis, treatment and prognosis. If it is not advisable or possible, in our discretion, to give such information to the patient for health reasons, this information may be made available to a person designated by the patient or another legally authorized person with the authority to receive such information on the patient's behalf (e.g., a health care proxy).
- The right to be advised of all reasonable options/alternatives for care and treatment and the potential advantages/disadvantages of each, including the advantages/disadvantages and alternatives to having your procedure (if applicable) performed in the Dermatology Associates of Rochester office.
- The right to refuse any procedure or treatment, and be advised of the likely medical consequences of such refusal.
- The right to education to address your needs. The educational process considers your values, abilities, readiness to learn, and your family's responsibilities in the care process.
- The right to know who will be delivering the care and the qualifications of such individuals. In the care of student personnel (including residents/fellows, if applicable), you have the right to know the extent to which the student personnel will be involved.
- The right to request to change the health care provider if other qualified providers are available.
- The right to inspect and obtain a copy of your medical records (for a fee as permitted by the Public Health Law). In addition, you have the right to expect a reasonable and timely transfer of information from one practitioner to another when required.

- The right to request and receive information about alternative sources of appropriate care.
- You have the right to know about the expectations of the office-based practice with regard to his or her behavior and the consequence of failure to comply with these expectations.

To ensure Dermatology Associates of Rochester can provide you with the best treatment and care, it is your responsibility to:

- Provide accurate and complete information about your present symptoms, past illnesses, hospitalizations, medications, and other matters relating to your health.
- Report any changes in your health condition to your practitioner.
- Inform your practitioner if you do not clearly understand the proposed treatment and what is expected of you.
- Follow the treatment plan that you and your treatment team have developed.
- Keep appointments. When you are unable to do so for any reason, notify the office in advance.
- Provide accurate and current insurance information and promptly pay balances not covered by your insurance.
- Treat other patients and staff with consideration and respect.