



### Patients' Rights and Responsibilities

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The following list of rights and responsibilities does not presume to be all-inclusive but is intended to show our concern for our patients and emphasize the need for observance to these rights and responsibilities.

#### As a patient, you have the right to:

- Considerate and respectful care provided in a safe environment, free from all forms of abuse, harassment or discrimination.
- Participate in the development and implementation of your plan of care and actively participate in decisions regarding your medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Not to undergo any procedure unless you or your legally authorized representative gives voluntary, competent and understanding consent.
- Be well informed about your illness, possible treatments and likely outcomes of care (including unanticipated outcomes) and to discuss this information with your doctor. You have the right to designate someone to receive this information on your behalf.
- Have a designated representative present for any updates provided regarding your routine course of care. In an emergency, when you lack decision-making capacity and the need for treatment is urgent, the information is made available to another person on your behalf. We will communicate to your designated representative any significant changes in your status, including transfer to a higher level of care.
- Confidentiality of your treatment records, unless you have given permission to release information or if reporting is permitted or required by law.
- Access to interpreter services free of charge.
- The privacy of your medical information. Disclosures regarding you, your rights and our obligations regarding the use and disclosure of your medical information are made in accordance with our Notice of Privacy Practices.

#### As a patient, you are responsible for:

- Providing complete and accurate information about your health, including past illnesses, use of medications and other matters relating to your health.
- Asking questions when you do not understand what you have been told about your care or what you are expected to do.
- Following the care, service or treatment plan developed for you.
- Understanding that patients may not photograph, videotape, record or film any person or aspect of the practice without permission from Kaufman Allergy Asthma and Immunology, PLLC. This applies to your visitors as well.



# KAUFMAN ALLERGY

## ASTHMA AND IMMUNOLOGY CENTER

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- Telling your doctor if you believe that you cannot follow through with your treatment plan and understanding the possible results if you decide not to follow the recommended treatment plan.
- Providing the facility with accurate contact and billing information.
- Having detailed knowledge of your health insurance coverage including deductibles, copayments and network coverage.
- Being respectful to staff. This applies to your visitors as well.
- Being respectful of other patients and facility property and following facility rules and regulations. This applies to your visitors as well.
- Recognizing that the facility cannot responsibility for any personal property.

### Notice of Deemed Consent for Infectious Disease Testing:

Virginia Code Section 32.1-45.1 provides that when either a person providing health care or a patient is directly exposed to the bodily fluids of the other in a way that may transmit human immunodeficiency disease (HIV) or Hepatitis B or C virus, such other person is deemed to have consented to testing for those viruses and to release of the test results to the person so exposed, and actual consent is not required.

### Consent for Treatment:

- I hereby authorize medical treatment by the physician, the clinical staff and technical employees assigned to my care or the care of my minor child or the patient named below.
- I authorize my treating providers to order any ancillary services, such as laboratory or radiology tests, or any other services or treatments deemed necessary for my care and safety. Laboratory tests may include testing for HIV and I understand that I have the right to decline testing for HIV.
- I understand that Kaufman Allergy Asthma and Immunology, PLLC utilizes an electronic medical record system.
- I authorize the release of my prescription history to Kaufman Allergy Asthma and Immunology, PLLC from any pharmacy or drug monitoring agency.
- By signing below, I acknowledge the patient rights and responsibilities outlined above and consent to treatment.

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Patient's name

Date of Birth

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Signature of Responsible Party (guarantor)

Relationship to Patient