

Sunshine Walk-In Clinic

PATIENTS RIGHTS & RESPONSIBILITIES

Patient's Name: _____ **DOB:** _____
Today's Date: _____

As a patient of Sunshine Walk-In Clinics, I have both rights and responsibilities.

My RIGHTS are:

1. I have the right to be respected and supported.
2. I have the right to be informed about and involved in all aspects of my health care.
3. I have the right to complete confidentiality regarding my medical records.
4. I have the right to care that is considerate and respectful of my personal beliefs and values.

My RESPONSIBILITIES are:

1. I have the responsibility to report all of my significant health-related conditions that may be relevant to the ability of *Sunshine Walk-In Clinics* providers to provide effective patient care.
2. I have the responsibility to accurately report to *Sunshine Walk-In Clinics* my insurance information and any future changes.
3. I have the responsibility to attend all scheduled appointments and comply with all treatments, referrals, and follow-up recommendations of my health care providers.
4. I have the responsibility to behave appropriately towards all staff members. Inappropriate behavior includes, but is not limited to, 1) arriving for your appointment under the influence of alcohol or drugs and, 2) being verbally abusive to staff or others in the facility.
5. I have the responsibility to notify my healthcare providers of any changes in my condition that may necessitate a change in my treatment plan.

I have read and fully understand all of my rights and responsibilities and agree to comply with the requirements of Sunshine Walk-In Clinics.

Signature of patient/parent/guardian

Date