



PATIENT'S RIGHTS AND RESPONSIBILITIES

As a patient I have the right to:

- Receive an explanation of my diagnosis, benefits of treatment, alternatives, recuperation, risks and an explanation of the consequences if treatment is not pursued.
- An explanation of all rules, regulations and services provided by Front Range Cancer Specialists.
- The days and hours of service.

- Provisions for possible emergency care, including telephone numbers.
- Choose my own physician/caregiver and know the name and experience of the staff.
- Participate in the development of a plan of care including Advance Directives and have my own copies.
- Refuse participation in any protocol or aspect of care including investigational studies, and freely withdraw my previously given consent for further treatment.
- Disclosure of any teaching programs, research of experimental programs in which the facility is participating.
- Full financial explanation and payment schedules prior to beginning treatment.
- Receive expert, professional care without discrimination, regardless of age, creed, color, national origin, sexual preference, gender or handicap.
- Be treated with courtesy, dignity and respect of my personal privacy by all employees of the Center.
- Be free of physical / mental abuse and of neglect by all employees of the Center.
- Complain or file a grievance without the fear of retaliation or discrimination.
- Confidential treatment of my condition, medical record and financial information.
- Access to my personal records and obtain copies upon written request.

(Over)



PATIENT RESPONSIBILITIES:

- Disclose accurate and complete information related to my physical condition, hospitalizations, medications, allergies, medical history and related items.
- Participate in developing a Plan of Care, Advance Directives and Living will.
- Assist in maintaining a safe, peaceful and efficient ambulatory environment.
- Cooperate in the planned care and treatment developed for me.
- Request more detailed explanations for any aspect of service I do not understand.
- Inform my physicians and nurses of any changes in my condition or any new problems or concerns.
- Communicate any temporary or permanent change in my address or telephone number which might hinder contact by the staff.

Filing a Grievance:

- Nurse: Colorado Board of Nursing: 303-894-2430
Physician: Colorado Board of Medical Examiners: 303-894-7690