

Boise ENT PATIENT RIGHTS AND RESPONSIBILITIES POLICY

Policy Statement:

Boise ENT is committed to upholding the rights and responsibilities of every patient receiving care within our facility. This policy outlines the fundamental rights and responsibilities of patients to ensure their rights are observed, respected, and enforced by all healthcare providers, including clinical and business staff, and any other personnel providing services to patients at Boise ENT.

Patient Rights:

1. **The Right to Respect and Dignity:** Patients have the right to be treated with respect, courtesy, and dignity by all healthcare providers at Boise ENT.
2. **The Right to Privacy:** Patients have the right to privacy, which includes the confidentiality of their medical information and discussions about their care. Information will not be disclosed without their consent, except when required by law.
3. **The Right to Information:** Patients have the right to be informed about their medical condition, treatment options, potential risks, and expected outcomes in terms they can understand. This information will be provided in advance of any procedures or treatments.
4. **The Right to Informed Consent :** Patients have the right to give or withhold informed consent for all medical procedures, treatments, and medications. Informed consent will be obtained and documented accordingly.
5. **The Right to Refuse Treatment:** Patients have the right to refuse any treatment or intervention. Such refusals will be documented in the patient's medical record.
6. **The Right to Participate in Care Decisions:** Patients have the right to actively participate in the planning of their care and treatment. They can request a second opinion if desired.
7. **The Right to Access Medical Records:** Patients have the right to access their medical records, and copies will be provided upon request, following appropriate procedures and guidelines.
8. **The Right to Voice Concerns and Grievances:** Patients have the right to voice concerns, complaints, or grievances about their care without fear of reprisal. Boise ENT will provide a mechanism for addressing and resolving such concerns.
9. **The Right to Culturally Sensitive Care:** Patients have the right to receive care that respects their cultural, religious, and personal beliefs.
10. **The Right to Emergency Care:** Patients have the right to prompt emergency care in the event of a medical crisis, without discrimination or delay.

Patient Responsibilities:

1. **Providing Accurate Information:** Patients are responsible for providing accurate and complete information about their medical history, current health status, and any changes in their condition.
2. **Compliance with Treatment Plans:** Patients are responsible for following the treatment plans and instructions provided by healthcare providers at Boise ENT.
3. **Respect for Others:** Patients are expected to treat all staff and fellow patients with respect and courtesy.
4. **Timely Arrival:** Patients are responsible for arriving on time for scheduled appointments and procedures. If they cannot make a scheduled appointment, they should notify the facility in advance.
5. **Payment Obligations:** Patients are responsible for meeting their financial obligations, including payment for services, co-pays, and insurance requirement
6. **Safety Measures:** Patients are responsible for following safety measures and guidelines provided by healthcare providers and staff.
7. **Informed Decision-Making:** Patients are responsible for actively participating in decisions about their care and seeking clarification when needed.

Boise ENT is dedicated to ensuring that all patients receive the highest quality of care while respecting their rights and responsibilities. This policy serves as a foundation for our commitment to patient-centered care.

CONSENT TO MEDICAL CARE AND PATIENT SERVICES AGREEMENT

Consent to medical care. . I consent to and authorize the physicians, nurses, and other health care providers at Boise ENT, and their respective affiliated entities (individually, as applicable, and collectively, "Boise ENT" and such providers, "Providers"), acting within the scope of their licenses, to perform such tests (including, without limitation, nasal endoscopy, lab tests, and x-rays), examinations, procedures and treatments as: (i) Patient's Providers deem necessary or advisable to determine Patient's health and/or to diagnose and treat Patient's disease, injury, pain, discomfort and/ or dysfunction; and(ii) are routinely preformed with respect to an initial or follow-up visit to an outpatient clinic or an admission to an acute care hospital, including, without, limitation, responding to emergency medical conditions (collectively, "Routine Procedures"). With respect to Routine Procedures, and except in cases of emergency that prevent immediate discussion, I understand that Patient's Providers will discuss with me Patient's condition, the proposed treatment, alternative treatments and nontreatment, and the likelihood of success, risks, benefits, and side effects of the proposed treatment, alternative treatments and non-treatment (collectively, "Procedure Information"). I will immediately let Patient's Providers know if I have unanswered questions regarding the Procedure information, I no longer consent to the test, examination, procedure or treatment in question. I further understand that prior to any test, consent to the test, examination, procedure or treatment in question. I further understand that prior to any test, examination, procedure or treatment being performed on Patient that goes beyond a Routine Procedure (a "Non-Routine Procedure"), I will be presented with an additional consent form to execute and that I will have the right and opportunity to withhold my consent to such non-routine Procedure.

- Although I expect the care given Patient will meet customary standards, I understand that there are no guarantees concerning the result of Patient's care. I assume full risk and responsibility and release Boise ENT and Providers from responsibility for things that may go wrong if Patient does not receive the medical care and treatment recommended to me.

- Trainees. I understand that certain individuals at Boise ENT facilities are in training to become Providers and that such individuals may observe, and within the bounds of applicable law and Boise ENT policy, may assist in Patient's care as part of their education, and I consent to such observation and assistance.

- Filming and Observers. I consent to Boise ENT taking photographs, recording video, and preparing drawings and other graphic materials of Patient and any of Patient's treatments and procedures for scientific, educational, and training purposes; provided, Patient's identity is not revealed by such media or by any descriptive text accompanying them. I further consent to Boise ENT taking photographs, recording video, and preparing drawings and other graphic materials of Patient for diagnostic, treatment, and identifying purposes. In addition, i consent to the presence (whether actual or through closed-circuit television) of observers during Patient's treatments and/or procedures at Boise ENT, including representatives of medical equipment and device manufacturers; provided, such observers' presence is solely for scientific, educational or training purposes.

- Safety Remote Video Monitoring. I acknowledge that Boise ENT may use a remote video monitoring device to observe me when needed to ensure my safety while hospitalized. The remote video monitoring device does not record audio or video.

- Third-party service charges for such communications. I also hereby consent to each of the Boise ENT Parties: (i) leaving answering machine and voicemail messages for me (including, messages regarding amounts owed by me and other information required by law, including debt collection laws); and (ii) using the same media to communicate with me with respect to other matters, such as marketing and fundraising. I understand, however, that my consent to the immediately preceding clause (ii) is not required to receive services from Boise ENT.

- Personal Valuables. Any personal property brought with Patient and not needed for purposes of Patient's stay at the Boise ENT facility must be taken home. Boise ENT will not be liable for loss of, or damage to, any personal property of Patient.

- Telehealth Communications. Subject to any limitations set forth by separate document regarding disclosure of Patient's PHI, I agree that with respect to patient's appointments, medical care, and payment for such care, Boise ENT and its assignees and designees, including, third-party collection agents (collectively, "Boise ENT Parties"), are authorized to communicate with me, through either a live person or an automated dialing system with artificial or pre-recorded voice and through a variety of media, including, through telephone calls (both to my landline and wireless phone numbers), mail, emails, and text messaging, even when I may incur.