

The logo for Children's Primary Care Medical Group features a stylized graphic of four teal triangles pointing towards each other in a square pattern, with a larger teal triangle above them. To the right of this graphic, the text "Children's Primary Care" is written in a large, blue, serif font, and "Medical Group" is written below it in a smaller, blue, sans-serif font. Below the main title, the text "Patient Bill of Rights and Responsibilities" is written in a teal, sans-serif font.

Children's Primary Care Medical Group

Patient Bill of Rights and Responsibilities

The physicians and staff of Children's Primary Care Medical Group and Rady Children's Physician Management Services are committed to partnering with you in maintaining good health for your child.

For optimal care of your child, you have the *Right to*:

- Receive appropriate, considerate and respectful care regardless of race, gender, disability, sexual orientation, cultural, economic or religious background.
- Select your physician and location as your child's Medical Home and understand the specific rights as a member of the Medical Home Team.
- Know the name and job title of your child's caregivers, as well as the care they will provide for your child.
- Receive language translation assistance, when necessary, if you speak a language other than English.
- Communicate with caregivers about your child's illness, treatment and prospects for recovery in a way that facilitates your understanding.
- Receive as much information as you may need in order to give or refuse consent for any proposed treatment. Except in emergencies, this includes alternate course of treatments or non-treatments, and risks involved with each.
- Participate actively in any decisions regarding your child's medical care. To the extent permitted by law, this includes the right to refuse treatment and to request a second opinion.
- Discuss the cost of your child's care, examine your child's medical bills and receive an explanation of charges.
- Discuss your child's medical record with a health care provider; request to access, inspect, copy or amend your child's medical record.
- Expect privacy concerning the medical care given your child, including case discussion, consultation, examination, and treatment. The reason for the presence of any individual will be made known to you.
- Receive a Notice of Privacy Practices that describes our privacy policies, an accounting of to whom we disclose your child's information, and restrictions regarding how we communicate disclosure of information.
- Reasonable continuity of care and advance notice of the time and location of appointments, as well as the identity of persons providing the care.
- Be advised of and refuse to participate in any research project involving your child.
- Have all the Patient Bill of Rights and Responsibilities apply to the person who may have legal authority to make decisions regarding medical care on behalf of your child.
- Voice questions or concerns about care or service by communicating with the appropriate provider or administrative staff. You may also place a quality of care concern by contacting our Patient Advocate Department at (858) 502-1197, the AAHC at (847) 853-6060, or the Medical Board of California at (800) 633-2322.
- Change your provider by advising your physician's office or by contacting the Patient Advocate Department listed above or your insurance plan.
- Be informed of any plan to discontinue your child's care.
- Know that all physicians and staff will observe these patient rights.

We also believe that you and your child have the responsibility to:

- Coordinate the majority of your child's health care through the Medical Home.
- Provide accurate and complete information about your child's health.
- Participate actively in decisions about health care for your child.
- Know your child's health care requirements following a visit with your child's physician.
- Express questions or concerns about care or service by communicating with the appropriate staff.
- Provide accurate and complete information about your family's health insurance.
- Be familiar with your health care benefits. Accept the financial responsibility (i.e., co-payments, co-insurance and deductibles) associated with services rendered.
- Be considerate of the other patients, families and staff. Respect Children's Primary Care Medical Group and Rady Children's Physician Management Services property and staff.
 - Please know that we have a zero-tolerance policy with regards to threatening behavior, abuse (physical, verbal, or written) or derogatory language with regards to a person's race, gender, disability, religion, culture, sexual orientation or economic background.