

DALE L. KRESGE, M.D.
RANDALL W. ROWAND, M.D.
ROCCO R. ARCIERI II, M.D.
MINDY A. NOLL, M.D.
MARK B. ROWAND, M.D.
JEFFREY P. ROWAND, M.D.
REBECCA ROBBINS, PA-C

DALLASTOWN MEDICAL ASSOCIATES, LLP

1010 BLYMIRE ROAD
DALLASTOWN, PENNSYLVANIA 17313
Telephone: (717) 244-4531
Fax: (717) 246-8573

Dallastown Medical Associates Patient's Rights and Responsibilities

While you are a patient of Dallastown Medical Associates your rights include the following:

- Considerate and respectful care.
- Effective communication that provides information in a manner you understand, in your preferred language with provisions of interpreting or translating services at no cost, and in a manner that meets your needs. In the event of vision, speech, hearing or cognitive impairments, information should be provided in easy to understand terms that allow you to formulate informed consent.
- To know the names and roles of those who are treating you.
- To be well informed about your illness, possible treatments and likely outcome and to discuss this information with your provider.
- Personal privacy, privacy of your health information and to receive a notice of the facility's privacy practices.
- Care or services provided without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- Have a surrogate decision-maker participate in care, treatment and services decisions when you are unavailable to make your own decisions.
- Receive information about your current health, care, outcomes, recovery, ongoing healthcare needs, and future health status in terms that you understand.
- Be informed about proposed care options including risks, benefits, other care options, what could happen without care, and outcome(s) of any medical care provided, including any outcomes that were not expected.
- Be informed in all aspects of your care and to take part in decisions about your care.
- Review, obtain, request, and receive a detailed explanation of your office charges.
- Tell the office manager about your concerns or complaints regarding your care. Contact the Dallastown Medical Associate's office manager at 717-244-4531 x147.
- Expect a timely response to your concern or complaint.

While you are a patient of Dallastown Medical Associates your responsibilities include the following:

- To provide accurate and complete information about current health care problems, past illnesses, hospitalizations, medications, and other matters relating to your health.
- Tell your provider if you do not completely understand your plan of care.
- Report any condition that puts you at risk (such as, allergies or hearing problems).
- Report unexpected changes in your condition to your provider.
- Work with your provider to develop a plan that you will be able to follow, then follow that plan.
- Provide a copy of your Advance Directive, Living Will, Durable Power of Attorney for health care, and any organ/tissue donation permissions to the healthcare professional caring for you.
- Follow all of Dallastown Medical Associates policy and procedures while being considerate of the rights of other patients, office employees and office property.