



Patient Rights, Responsibility and Privacy

Dickson Medical Associates, PC physicians are dedicated to collaborating with our patients to provide the highest quality care. We believe our patients have specific rights concerning their care.

Patients' Rights

- Patients have the right to information about Your Rights and Responsibilities and about our organization, our services, our practitioners and providers.
- Patients have the right to be treated with respect and recognition of dignity and right to privacy.
- Patients have the right to participate in decision-making regarding their health care.
- Patients have the right to a candid and unrestricted discussion of appropriate or medically necessary treatment options for their health, regardless of cost or benefit coverage.
- Patients have the right to voice complaints or appeals about DMA or care provided.
- Patients have the right to services in a culturally competent and non-discriminating manner including limited English language proficiency, reading skills, and/or diverse cultural or ethnic background.

Patient Responsibilities

In order to ensure that our patients receive the best possible care, DMA believes that our patients have certain responsibilities. As a DMA patient, you have the responsibility to:

- Provide information, to the extent possible, to DMA, and its practitioners and providers needed in order to provide care.
- Follow plans and instructions for care that have been agreed upon with your practitioner/provider.
- Understand your health problems and participate in developing mutually agreed upon goals to the degree possible with your provider.
- Be aware that you are responsible for knowledge of your own health benefits and services and how to correctly obtain them.

Patient Privacy

Dickson Medical Associates, PC (DMA) has adopted policies and procedures to protect your personal health information. Our [**Notice of Privacy Practices**](#) lists your rights and describes how we protect, use, and disclose your confidential health information. You may authorize us to release your medical information to others by sending us an [**Authorization to Release Medical Information**](#).