



Patient Rights and Responsibilities

Federal and state laws provide for specific patient rights. At Healthier Body Institute, we recognize our responsibility to respect these rights as well as to inform you of them. We are committed to maintaining the rights, dignity, and well-being of our patients. We do not discriminate against any individual regardless of:

- Age
- Diagnosis
- Disability
- Ethnicity
- Genetic information
- Language
- Marital or relationship status
- National origin, citizenship, or immigration status
- Payment source or insurance status
- Race
- Religion
- Sex, sexual orientation, gender, gender identity, or gender expression
- Socioeconomic status
- Vaccination status
- Veteran or active military status
- Any other protected status

Patient Rights

To the extent provided by law, as the patient, you have the right to:

- **Access and/or receive treatment** based on your specific medical needs when available based on our clinics resources. Receive disability related accommodations to facilitate and support treatment. Receive prompt life-saving treatment in an emergency. Access interpreter services and have information explained in your preferred language. This includes being provided with information about your rights in a language you can understand.
- **Be treated with consideration, respect, and dignity.**
- **Know the identity and role of individuals treating you** and know the relationship between your provider and the healthcare facility.



Patient Rights and Responsibilities

- **Refuse to participate in research.**
- **Refuse to have students be part of your care team.**
- **Participate in your care.** Have a family member or support person and your physician of choice notified of admission to the hospital. Participate in the creation and implementation of your care plan. Know treatment options and accept or refuse treatment. Be provided with information in a clear, concise, and accessible manner to enable you to make appropriate treatment decisions.
- **Be informed about your care.** Participate in informed consent. Be informed about the risks and benefits of treatment and alternative treatments which are medically possible.
- **Obtain a copy of any rules or regulations which apply to patient conduct.**
- **Have your pain assessed and managed.**
- **Have your privacy maintained** during treatment and personal care to the extent reasonably possible. Have privacy and confidentiality of all records pertaining to your care within the capacity of the facility.
- **Access, review, and obtain a copy of your medical record** within a reasonable time frame and an accessible format.
- **Receive care in a safe setting** free from all forms of discrimination, abuse, and harassment. Have restraint or seclusion used only to ensure your safety, or the safety of our staff or others. Restraints or seclusion must be implemented by trained staff.
- **Request a cost estimate** for health care services including an itemized explanation of your bill. This will reflect all charges and information regarding financial assistance.
- **Receive prompt and adequate response** to all reasonable questions and requests within the capacity of the facility.
- **Appoint a health care proxy and complete an advance care directive** so we can know what kind of care you wish to have should you become unable to tell us.
- **Be able to communicate with people outside of the clinic.**



Patient Rights and Responsibilities

- **File a complaint or grievance** with the facility or with the appropriate organizations.
- **Have all rights as outlined under the Americans with Disabilities Act observed.**

Patient Responsibilities

We ask you to take an active role in your health care to help meet your needs.

As a patient, we ask you to the best of your ability that you:

- Provide information to facilitate care; including medical history, allergies, unexpected changes in condition, and other relevant information as necessary.
- Tell caregivers if you do not understand the information we provide about your condition or treatment.
- Partner with us on your treatment plan.
- Keep scheduled appointments or let us know if you are unable to keep them.
- Provide us all information needed about payment for your medical care. If you have concerns regarding paying medical bills, let us know as we may have resources to assist you.
- Follow our rules and regulations for safe behavior.
- Respect the rights of other patients, and staff.
- Take care of your personal belongings.

YOUR RIGHT TO SHARE A CONCERN OR FILE A COMPLAINT/GRIEVANCE

If you have a concern, complaint, or grievance that cannot be resolved with a member of your care team (physician, provider, nurse, etc.),

please contact our Medical Staff Office at (508) 236-7910. It is important to know that your care will not be affected in any way if you share a concern, complaint or grievance.



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If you choose not to speak with our office, you have the right to file a quality of care complaint/grievance with the following organizations.

The Massachusetts Department of Public Health
Division of Health Care Facility Licensure and Certification
Complaint Intake Unit 67 Forest Street Marlborough, MA 01752
Phone number: 800-462-5540 or 617-753-8150 Fax number: 617-753-8165
On-line: [File a complaint regarding a hospital | Mass.gov](#)

[Or, if patient has Medicare]

KEPRO

Phone number: 888-319-8452 Fax number: 844-878-7921 Email:
beneficiary.complaints@kepro.com