



PHYSICAL MEDICINE & REHABILITATION PATIENT RIGHTS & RESPONSIBILITIES

South Bend Clinic Main Campus
211 North Eddy Street, South Bend IN 46617
www.southbendclinic.com
574-204-6440

Kathryn Park, MD Paul Desmarais, MD Rachael Harris Sprunger, DO Sara Hake, FNP-BC, PhD

Please read the following information that outlines your patient rights and responsibilities.

1. **Phone calls:** A message will be taken at the time of your call and sent to the medical assistant to allow time for the provider and medical assistant to review your medical chart. We will attempt to return your call the same day, however priority is based on scheduled patients and order of medical importance.
2. **Report Results:** If you do not hear from us within a week of having your x-ray, laboratory, or advanced-imaging studies completed, call us for your test results, it takes time for us to get the reports.
3. **Routine non-opioid Medication Refills:** Should be called in before 3:00 pm on Monday-Thursday and before noon on Friday. Otherwise, it will not be handled until the next business day.
4. **Emergencies:** A provider is on call after hours, holidays and weekends to handle non-routine issues. Medication refills, test results, treatment plan and appointment times are all considered routine issues and will be handled during business hours. If you have a true emergency such as loss of bladder or bowel control or a severe complication from a medication, then you need to go to the nearest emergency room. The evaluating physician will contact your provider if appropriate.
5. **Appointments:** Keep all scheduled appointments, canceling or rescheduling appointments must be done 24 hour in advance. If proper notice is not received and you miss your scheduled appointment more than 2 times, you will not be reschedule, unless your referring physician requests an appointment. If you are more than 15 minutes late for any appointment, we have the right to reschedule your appointment.
6. **Drop ins:** Drop ins are strongly discouraged and may not be seen.
7. **Payment Policy:** If your reason for visit is due to a motor vehicle accident or workman's compensation we ask that you contact the office prior to your appointment. We do not see patients that are in the process of litigation (lawsuit). If an attorney becomes involved in your medical care, we require notification. All payment arrangements must be made prior to services being rendered. We reserve the right to cancel or reschedule appointments until satisfactory payment arrangements are made, in addition we reserve the right to review your care to determine if we can assist you or not.
8. **Insurance/disability-forms:** A fee maybe charged for completing each set of 'disability' insurance forms.
9. **Bad weather:** Please call the South Bend Clinic prior to arriving to your appointment to ensure we are not closed.

I have received, read, understand and will comply with the above Patient Care Policies.

Patient Signature: _____

Date: _____

Copy given to patient: _____