



PATIENT AND CENTER RIGHTS AND RESPONSIBILITIES

Name: _____ Date of Birth: ____/____/____ MR#: _____

Welcome to Waco Family Medicine

Our goal is to provide quality health care to people in this community. As a patient, you have rights and responsibilities. The Center also has rights and responsibilities. We want you to understand these rights and responsibilities so you can help us provide better health care for you. Please read and sign this statement and ask us any questions you might have.

These rights and responsibilities address:

- Human Rights
- Payment for Services
- Privacy
- Health Care
- Center Medical Home Responsibilities
- Patient Responsibilities
- Complaints
- Termination
- Appeals

I have read, understand, and accept Waco Family Medicine Patient and Center Rights and Responsibilities. A copy of this policy is available to me upon my request.

Signature: _____ /____/____

Name: _____ Date

[Print Your Name]

If signing for a minor, _____

[Print Minor's Name]