

## **Performance Chiropractic**

### **PATIENT RIGHTS**

1. Receive clear and complete information about your care and participate in the decisions concerning your treatment. If you have concerns about the front desk, insurance or billing, please contact us.
2. Be treated with respect and courtesy by all those involved in providing care and information.
3. Ensured privacy during interviews and examinations. All information about a patient's care and records will be treated in a confidential manner.
4. Voice concerns about your care, or about the manner in which you were treated by the doctor, intern or staff. If you have concerns, please contact us right away.

### **PATIENT RESPONSIBILITIES**

1. Be as accurate and complete as possible when providing information about your medical history or condition.
2. Cooperate in following instructions given to you by those providing your health care.
3. Read and cooperate with the instructions provided by your doctor.
4. Make payments on time. Read and sign the attached Financial Policy.
5. Ask for clarification about any aspect of your health care benefits that you do not fully understand.
6. Keep scheduled appointments or give adequate notice of delay or cancellation.
7. Treat those caring for you with respect and courtesy.

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Signature

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Date