



**Michael P. Zahalsky, M.D. P.A.**  
2951 N.W. 49<sup>th</sup> Avenue, Suite 308, Ft. Lauderdale, FL 33313  
Phone (954) 714-8200 Fax (954) 714-8222

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## **Your Rights and Responsibilities as a Patient**

### **COMMERCIAL INSURANCE**

#### **YOU HAVE THE RIGHT TO:**

- Be informed of your diagnosis, treatment choices including non-treatment, and prognosis in terms you can reasonably expect to understand, and to participate in decision making about your health care and treatment plan.
- Be provided with information about Insurance Plan, its services and benefits, its providers and your member rights and responsibilities.
- Be treated with courtesy and respect, with appreciation for your dignity and protection of your right to privacy.
- Discuss your medical record with your physician, and receive upon request a summary copy of that record.
- Expect reasonable access to medically necessary health services regardless of race, national origin, religion, physical abilities, or source of payment.
- Have a candid discussion with your practitioner about appropriate or medically necessary treatment options for your conditions, and regardless of cost of benefit coverage.
- Participate in wellness programs
- Privacy and confidentiality regarding your medical care and records. Records pertaining to your health care will not be released without your or you authorized representative's written permission, except as required by law.
- Receive assistance from our Customer Service Department for concerns and questions

#### **YOU ALSO HAVE THE RESPONSIBILITY TO:**

- Be considerate and cooperative in dealing with the plan providers and to respect the rights of fellow plan members.
- Be honest and open with your physician and report unexpected changes in your condition in a timely manner.
- Carry your insurance identification card with you at all times and use it only while enrolled in your plan.
- Express opinions, concerns, or complaints in a constructive manner
- Follow Health care facility rules and regulation affecting patient care and conduct.
- Follow the treatment plan agreed on with your health care provider, and to weigh the potential consequences of any refusal to observe those instructions or recommendations.
- Give your Insurance Plan and your Health Care provider complete and accurate information needed in order to care for you.
- Obtain and carefully consider all information you may need or desire in order to give informed consent for a procedure or treatment.
- Pay all co-payments and/or premiums by the date when they are due.
- Read and be aware of all materials distributed by your health plan explaining the policies and procedures regarding services, and benefits
- Schedule appointments, arrive on time for scheduled visits, and notify your healthcare provider if you must cancel or be late for a scheduled appointment.
- Tell us in writing if you move, change your address or your phone number, even if these changes are temporary.

## **MEDICARE**

### **YOU HAVE THE RIGHT TO:**

- Access medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- Access your medical records and any other information that pertains to you in a timely manner.
- Be involved in decisions regarding the medical care you receive.
- Be treated with dignity and respect and the right to privacy.
- Change to another network physician if you wish.
- Choose your physician from a list of network providers
- Disenroll from the plan
- Know if medical treatment is for purposes of experimental research and give your consent or refusal to participate in such experimental research.
- Know what member support services are available, including language translations.
- Know what rules and regulations apply to your conduct
- Participate in candid discussions of appropriate or medically necessary treatment options for your conditions, regardless of benefit or cost of coverage.
- Receive 30 days notice prior to the date of a provider leaving the network.
- Receive a treatment plan that includes direct access to a specialist if you have complex or serious medical condition.
- Receive quality health care.
- Receive treatment for any emergency medical condition.
- Refuse any treatment, except as otherwise provided by law.
- Request a copy of the plan's grievance and appeals statistic report
- Request information about Utilization Management Services
- Request information on how the plan reviews new technology for inclusion as a covered benefit.
- Take part in wellness programs
- Voice complaints about the plan or care provided through a grievance and appeals process

### **YOU ALSO HAVE THE RESPONSIBILITY TO:**

- Be honest and open with your physician.
- Be on time for your appointment.
- Carry your insurance identification card with you at all times and use it while enrolled in your plan.
- Disenroll if you permanently move out of the service area or plan to be out of the service area for more than 6 consecutive months.
- Follow health care facility rules and regulations affecting patient care and conduct.
- Meet all your financial responsibilities to Medicare, the plan and its providers.
- Provide information that may impact your care to the plan and its providers.
- Learn more about any health condition you may have.
- Report to your physician whether you understand your treatment plan and what is expected of you.
- Report unexpected changes in your condition to your physician.
- Respect the rights of fellow patients.
- Understand the results of your actions if you refuse treatment or do not follow your physicians instructions.