



Clackamas & Oregon Pediatrics

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We believe every patient deserves the opportunity to be healthy and happy. Our providers strive to work as a team with you to achieve the best health outcomes for our patients. There are also certain responsibilities you must assume as our patient.

Each patient/family has the right to the following:

- Be treated with compassion, dignity, and respect by all providers and staff.
- Receive necessary care, regardless of race, age, sex, country of origin, religion, or disability. We will make every attempt to be sensitive to cultural and spiritual beliefs as it relates to medical care.
- Have your privacy protected and medical records kept confidential in accordance with current Oregon State Law and HIPAA.
- Participate actively in decisions regarding the care and treatment of the patient as well as to refuse/request treatment that is medically necessary and/or appropriate.
- Share comments, suggestions, concerns, and complaints with us at any time. All feedback will be taken seriously and not compromise future care.
- Receive information concerning diagnosis, treatment, risks involved, and prognosis of any illness or health related condition in easy-to-understand terminology.
- Look at medical records of their child and request a copy in writing at any time. Notification will be provided prior to the release should any release incur a fee.
- Have a thorough explanation of medical bills, regardless of source of payment.
- Be notified of discharge from Oregon Pediatrics if continuation of care is deemed ineffective due to patient/family behavior that causes physical or mental harm to patients and/or staff. An explanation of discharge will be provided in writing with continued urgent care availability for 30 days following such notification.
- Have access to an interpreter, when necessary, to prevent language barriers.
- Accessible information regarding the scope and availability of services we offer.
- Reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.
- A prompt and reasonable response to questions and requests.

Patient/Family Responsibilities are as follows:

- Show respect and refrain from behavior that causes physical or mental harm to providers, staff and/or other patients.
- Provide complete and accurate information regarding medical history, including past illnesses, hospitalizations, allergies, medications, and side effects.
- Provide information regarding medical treatment or care provided by providers or medical facilities outside of Oregon Pediatrics to ensure coordination of care.
- Follow the plan of care agreed upon with providers and ask questions so that the instruction or information provided is understandable and can be followed.
- Inform the provider if your child's condition worsens, changes, or has an unexpected reaction from a medicine.
- Accept responsibility of actions should you refuse treatment or do not follow provider/staff instructions.
- Update financial and insurance information on a regular basis and notify Oregon Pediatrics staff of any phone number, address, or legal guardianship changes.
- Make payments at the time of services rendered including co-payments, deductibles, and deposits for services not covered by insurance. Pay outstanding balances within a timely manner.
- Keep appointments as scheduled. If cancellation/rescheduling is necessary, notify Oregon Pediatrics as soon as possible. Understand that failure to show up to an appointment without prior cancellation may result in a No-Show fee. Excessive No-Shows may result in termination of care.
- Be aware of any child(ren) in your care to always ensure their safety and the safety of others.
- Accompany your child(ren) to appointments or authorize a delegate to do so when you cannot.