

Shifa Pediatric Clinic, PLLC

1001 W William St, Suite 102, Apex, NC. 27502

Ph: (919) 300-SPC6 (7726), Ph/Fax: (919) 300-7688

Email: Spc.Apex@Gmail.com, Web: www.ShifaPediatricClinic.com



Patient Rights and Responsibilities

The staff of Shifa Pediatric Clinic is here for patients and their families. We strive continuously to offer a family-centered environment, and we are dedicated to providing our patients with quality healthcare. Consideration and respect for individuality and a trusted relationship between physician and family are among our primary objectives. The entire staff supports the following:

Patient and Families' Rights

1. Each patient/family has the right to receive the care necessary for his/her medical diagnosis, without discrimination on the basis of race, color, creed, sex, disability, sexual orientation or source of payment.
2. Each patient/family has the right to be assured of confidential treatment of disclosures and health information in accordance with current state and federal (HIPAA) regulations.
3. Each patient/family has a right to make decisions regarding medical care. As such, each patient/family has the right to be informed of alternative treatments and to choose among alternatives. Each patient/family has the right to accept or refuse treatment to the extent permitted by law and to be informed of the medical consequences of those actions.
4. Each patient/family has the right to be treated respectfully and considerately by others, to be addressed by his/her proper name, to be listened to when he/she has a problem or a question and to receive an appropriate response. We encourage each patient/family to share concerns, suggestions and comments with us at any time. If the patient/family has a complaint, this will not compromise the patient's future care. The procedure for filing a complaint is available through our website, on the [Contact Us](#) tab.
5. Each patient/family has the right to unbiased and complete information concerning the patient's diagnosis and treatment in terms that are understandable.
6. Each patient/family has the right to culturally competent services. We will make every attempt to be sensitive to the patient's/family's cultural and spiritual beliefs.
7. Each patient/family has the right to notified in the event Shifa Pediatric Clinic deems that the continuation of care from our office is ineffective due to patient/family behavior that causes physical or mental harm to the patients or staff of Shifa Pediatric Clinic, or repeated abuses of the expectations of patients/families as outlined in the patient/family responsibility section of this posting. Each patient/family will be given an explanation of the reason(s) for the discharge and a referral to an alternate source of care with continued availability of care at Shifa Pediatric Clinic for a period of 7 days following such notification.
8. Each patient/family has the right to appropriate assessment and management of pain and acute illness.
9. Each patient/family has the right to be examined in private by the doctor or other health care giver, and patients/families have the right to talk to the doctor in private.
10. Each parent/legal guardian has the right to look at the medical records of their child and get a copy for a reasonable fee.
11. Each patient/family has the right to review policies related to payment, forms, prescription requests, after hour services, test reporting and office hours and will be given a brochure outlining these processes at or prior to their first appointment.

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Patient/Family Responsibilities

1. It is the responsibility of the patient/family to update the patient's financial and/or insurance records on a regular basis. Failure to do so could result in suspension of services and/or the requirement for payment for services. Every attempt will be made to aid the patient/family in this process in order to prevent a lapse in the child's medical care.
2. It is the responsibility of the guarantor of the patient's account to make arrangements for payment of services at the time services are rendered unless prior arrangements have been specifically made with the Billing Manager. This includes all co-payments, deductibles, and services rendered that are not covered by health insurance.
3. It is the responsibility of the patient/family to keep appointments as scheduled and to notify the appointment desk if you are unable to do so at least 24 hours in advance so that time can be given to a patient who requires services.
4. It is the responsibility of the patient/family to carry out treatment and obtain tests as requested by the physician and/or professional staff.
5. It is the responsibility of the patient/family to notify Shifa Pediatric Clinic promptly of changes in address, phone numbers and/or legal guardianship.
6. It is the responsibility of the legal guardian/parent to accept the responsibility for your actions if you refuse treatment for your child and/or do not follow your practitioner's instructions.
7. It is the full responsibility of the family/patient to report unexpected changes in the patient's condition to your doctor, or nurse.
8. It is the full responsibility of patients/families to be considerate of the rights of other patients and staff and assist in the control of noise and the number of accompanying visitors.
9. It is the responsibility of the patient/family to keep Shifa Pediatric Clinic advised of medical treatment rendered by other providers and to assist in communication and transferring information on such treatment so we can better coordinate and provide continuity of care to the child.
10. It is responsibility of the family to be aware at all times of your child and of his/her location and to manage and control any children that you bring with you to the clinic for their safety and the safety of others.

Thank you for taking the time to read our Patient Rights & Responsibilities.