



Statement of Patient Rights

You have the right:

- To access services that will not be denied based on economic status, disability, national origin, ethnicity, race, religion, gender, gender presentation or gender identity, sexual orientation, political views, weight, or HIV status (in accordance with the Americans with Disabilities Act).
- To be treated as an important member of your healthcare team and to have your choices and needs valued.
- To receive care in a safe and secure environment, free from physical, verbal, or sexual harassment, profanity, or disorderly conduct.
- To have all information about you, including HIV status, treated in a confidential manner in accordance with Federal and State laws.
- To receive information about your diagnosis, medical condition, and treatment in a language you understand.
- To request a copy of your medical records.
- To receive services from other organizations with or without the assistance of AR Health staff.
- To refuse service or end your participation in any or all services provided by AR Health and to have the consequences of this decision explained to you without punishment or penalty.
- To know where and how to register a complaint or concern and to know that your complaint or concern will be taken seriously.
- To know that you will not be penalized for registering a complaint or concern.
- To ask for the services of an interpreter and to know that AR Health will provide one at no cost to you.
- To continue to receive services if your financial circumstances or insured status has changed.
- To contact AR Health to raise concerns about any errors on your bill.



Statement of Patient Responsibilities

You have the responsibility:

- To be an active member of your health care team and follow the treatment plan you and your provider agree upon.
- To ask questions and tell us when you do not understand a treatment option or decision being considered.
- To help your provider understand your concerns and the way your life circumstances may impact your care.
- To keep your provider informed of all services you receive from outside agencies or individuals, in particular, other medications you are prescribed by other providers.
- To notify AR Health immediately if your contact information, personal information, insurance status, or financial circumstances change.
- To come to your appointment without being under the influence of alcohol or illicit drugs. If you are under the influence of alcohol or other illicit substances, you will not be seen, and you will be asked to reschedule your appointment.
- To attend your appointment(s) and arrive 10-15 minutes before your scheduled appointment time.
- Please provide at least 24 hours advance notice if you need to cancel your appointment.
- To answer all questions and fill out all paperwork completely and honestly, including (but not limited to) information about your financial status, health conditions, use of illicit substances and care received elsewhere.
- To treat everyone at AR Health with respect. Physical, verbal, or sexual harassment of staff or other patients, swearing, threatening AR Health providers or staff, or disorderly conduct will not be tolerated. This type of behavior may result in immediate termination from AR Health services.
- To pay your bills or make arrangements with AR Health to meet your financial obligations in a timely manner.
- To share your compliments and concerns and provide suggestions to help us provide you with the best care possible.