



NORTH IDAHO
urology

P:(208)667-0621

**980 W Ironwood Drive
Suite 104
Coeur d'Alene, ID 83814**

F: (208)664-1709

**151 W 3rd Avenue
Suite 200
Post Falls, ID 83854**

E: info@niurology.com

**420 2nd Avenue
Sandpoint, ID 83864**

PATIENT RIGHTS AND RESPONSIBILITIES

North Idaho Urology recognizes the need to ensure that every patient is informed of his or her rights as a patient of our practice along with the associated responsibilities of each patient of our practice. Therefore, North Idaho Urology is informing you of your rights and responsibilities when seeking care from our providers at any of our locations.

You have the right to:

- Be treated with respect, consideration, and dignity.
- Be free of all forms of abuse, neglect, and harassment.
- Receive care in a safe setting.
- Be provided with appropriate personal privacy.
- Expect privacy of health information: all disclosures and records to be treated confidentially, and, except when required by law, be given the opportunity to approve or refuse their release.
- Be provided, to the degree known, complete information concerning your diagnosis, evaluation, and treatment, alternative treatments, and appropriate preventative measures, risks and benefits of treatment, and your prognosis, in appropriate understandable language.
- Be given the opportunity to have all your questions answered promptly to your satisfaction in appropriate understandable language.
- Be informed of:
 - These patient rights.
 - Expected conduct and responsibilities.
 - Services available from our organization.
 - Provisions for after-hours and emergency care.
 - Fees for services and payment policies.
 - The credentials of your healthcare providers upon request.
 - Any facility advance directives.
- To voice grievances regarding treatment and to have all grievances reported immediately to the administrator relating to, but not limited to, mistreatment, neglect, or verbal, mental, sexual, or physical abuse.
- Know by name the physician responsible for your care.
- Receive from your physician full information necessary to give informed consent prior to the start of any treatment plan, procedure, or surgery.

- Have all North Idaho Urology services made available to persons with disabilities.
- Decline treatment after being informed of the possible side effects and risks, and the possible consequences of such a decision. Your decision will be respected to the extent permissible by law.
- Receive an explanation of your bill.
- To express suggestions, complaints, exercise rights, and/or grievances without being subjected to discrimination or reprisal.

You have the responsibility to:

- Inform North Idaho Urology of your need for interpretation services prior to your appointment, allowing time for us to find these services and get them scheduled.
- Arrive as scheduled for appointments and notify North Idaho Urology in advance of cancelled appointments. Provide accurate and complete information, to the best of your ability, about your personal contact information, insurance, medical history, medications (including over the counter products and dietary supplements), any allergies or sensitivities to medications and other items, and current health concerns.
- Ask sufficient questions to ensure understanding of your illness or problem, as well as your provider's recommendations for continuing care.
- Follow the agreed-upon treatment plans prescribed by our doctors and other health professionals working under your doctor's direction and participate in your care.
- Either carry out treatment and educational recommendations or accept responsibility for the outcome.
- Question any and all instructions you do not understand.
- Communicate with your health care provider if your condition does not follow the expected outcome.
- Inform North Idaho Urology of any medical power of attorney, living will, or other directive that could affect your care.
- Become informed of service costs and the requirements of your medical insurance coverage such as: required referrals, co-payments, deductibles, and your out-of-pocket responsibility.
- Make payment or arrange for payment of services accepting personal financial responsibility for any charges not covered by your insurance.
- Behave respectfully toward all North Idaho Urology healthcare professionals and staff, as well as other patients and visitors of our organization.

If you have concerns or grievances, you may contact:

- North Idaho Urology Administrator – Michelle Froehlich
- Front Office Manager – Shalae Shaw
- Clinical Manager – Nicole Fox
- Billing Manager – Christine Chatfield
- Accreditation Commission for Health Care - Toll-Free: (855) 937-2242