

**Alabama Regional Medical Services**  
**Patients' Bill of Rights and Notice of Privacy Practices**

**2024**

The Patients' Bill of Rights is posted on the organization website and each patient will receive a copy of this statement and will at their request also receive the Notice of Privacy Practices at the time of admission into a Alabama Regional Medical Services program.

Every patient has a right to:

- Considerate and respectful care.
- High quality health care from clinicians who are experienced and trained to meet your medical needs.
- A reasonable response to requests for treatment.
- Confidential treatment ... contained in the **Notice of Privacy Practices**.
- Full information about your medical condition.
- Information compiled in your medical record.
- Be encouraged to participate in informed decisions about treatment, including discharge planning and available alternative treatment.
- Care that respects social, cultural, psychosocial, spiritual and personal values.
- Accept or refuse treatment. If you choose to refuse treatment, you have the right to, without fear of reprisal, except when refusal is not permitted under applicable law.
- Be involved in the decision to participate in investigational studies and research or clinical trials if you choose and are eligible.
- Know the professional experience and certification of our medical providers, our accreditation status and other issues of quality.
- Involve any family member you choose in making decisions about your care and treatment.
- Have information explained to you in language you understand. Translation or interpretation will be provided for Limited English Proficiency, including deaf and hard of hearing.
- Influence the operation of Alabama Regional Medical Services through a board of directors who represent the communities we serve.
- Be informed to consent in writing to diagnostic or surgical procedures performed by Alabama Regional Medical Services medical staff.
- Be informed of advance directives and receive information about an advance directive. Because Alabama Regional Medical Services is a primary care site, the advance directive will **not be honored** when patient is on Alabama Regional Medical Services premises.
- Receive appropriate, clinically approved methods to alleviate pain when those methods are available, necessary and meet your health needs.
- Choose a health center that offers a full range of health care services.
- A fair and efficient process for resolving differences with Alabama Regional Medical Services and to be informed of the grievance procedures used by Alabama Regional Medical Services. A complaint or grievance may be made either orally or in writing to the Chief Compliance Officer who will take necessary action to investigate such complaints immediately.
- Allow your guardian or other legally authorized responsible person to exercise your rights for you if you are unable to participate.
- Not to be excluded, denial of benefits to, or otherwise discriminate against any person based the grounds of their inability to pay; whether payment for services be under Medicare, Medicaid or CHIP; the grounds of race, color, national origin, religion or creed, sex (including pregnancy, sexual orientation, gender identity and sexual characteristics or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by ARMS directly or through a contractor or any other entity with who ARMS arranges to carry out its programs and activities.
- Privacy and confidentiality concerning your presence in treatment, as well as the right to personal privacy, personal communications, space and protection from visitors entering the facility.
- Be informed of the use of special surveillance equipment, such as cameras that are in use for observation and security purposes.
- Be protected from any form of abuse, neglect or mistreatment.
- Receive the least restrictive treatment appropriate and available.
- Affordable health care and information about our operation.

**I certify that I have received a copy of this document and I have been given the opportunity to receive a copy of the Notice of Privacy Practices.**      Print Patient's Name: \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_