NORTHEAST TEXAS NEUROLOGY ASSOCIATES

GINA JETTER, MD, FAES
TALESH FREEMAN, APRN, FNP-C

(903) 526-7055
(903) 593-4303
www.netxneuro.com
505 S. Fleishel Ave, Tyler, TX 75702

NOTICE OF PATIENT RIGHTS AND RESPONSIBILITES

Northeast Texas Neurology Associates is committed to providing respectful, safe, and medically appropriate care. This notice describes your rights and responsibilities as a patient of our outpatient neurology practice. When permitted by law, these rights may be exercised by a parent, guardian, legal representative, or other person authorized to act on your behalf.

PATIENT RIGHTS

1. **Respectful and Nondiscriminatory Care.** You have the right to considerate and respectful care. We provide access to medically appropriate services within the scope, capacity, and availability of our practice and in accordance with applicable federal and Texas law. We do not discriminate on a basis prohibited by applicable law.

2. **Privacy and Confidentiality.** You have the right to reasonable personal privacy during examinations and discussions about your care. Your health information will be used and disclosed in accordance with applicable federal and state law and our Notice of Privacy Practices.

3. **Information About Your Care.** You have the right to receive information about your diagnosis, treatment, and prognosis, to the extent known, in terms you can reasonably understand. You may ask questions about your condition and recommended care.

4. **Participation in Treatment Decisions.** You have the right to participate in decisions about your care and to receive information about recommended treatment, including significant risks, benefits, and reasonable alternatives, so that you can make informed decisions. Consent will be obtained when required by applicable law and professional standards.

5. **Accept or Refuse Treatment.** You have the right to accept or refuse recommended medical care to the extent permitted by law. If you decline treatment that your clinician believes is necessary to provide safe and appropriate care, we will discuss the potential consequences and reasonable alternatives. In some circumstances, the clinician-patient relationship may be ended with appropriate notice and continuity-of-care measures as required by law and professional standards.

6. **Know Your Care Team.** You have the right to know the identity and professional role of the physician, nurse practitioner, or other healthcare professional involved in your care and to know who is primarily responsible for your treatment.

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7. **Effective Communication and Accommodations.** You have the right to effective communication and reasonable accommodations as required by applicable law. Please tell us if you need assistance because of a disability or language barrier.

8. **Medical Records.** You have the right to access and obtain copies of your medical records as provided by federal and Texas law. Requests are handled in accordance with our medical-records and privacy policies.

9. **Billing Information.** You have the right to request an itemized explanation of charges for services provided by our practice and to receive applicable financial notices required by law.

10. **Personal Safety.** You have the right to receive care in an environment in which reasonable measures are taken to protect your safety.

11. **Complaints and Concerns.** You have the right to raise questions, concerns, or complaints about your care without retaliation or interference with medically appropriate care. You may contact our Practice Administrator at 903-526-7055. You may also contact an appropriate state or federal regulatory agency.

PATIENT RESPONSIBILITIES

1. **Provide Accurate Information.** Provide complete and accurate information, to the best of your knowledge, about your symptoms, medical history, hospitalizations, allergies, medications, pharmacies, treatments, and other matters relevant to your health. Tell us about medications prescribed by other clinicians and significant changes in your condition.

2. **Participate in Your Treatment Plan.** Ask questions when you do not understand your diagnosis, treatment plan, medications, testing, or follow-up instructions. Follow the treatment plan you and your clinician agree upon, or tell us if you are unable or choose not to follow it.

3. **Complete Recommended Follow-Up.** Complete recommended laboratory testing, imaging, diagnostic studies, referrals, and follow-up appointments when medically appropriate, or inform us if you are unable or choose not to do so.

4. **Use Medications Safely.** Take medications as directed, promptly report significant side effects or adverse reactions, and follow any applicable clinic policies regarding controlled substances and prescription refills.

5. **Keep Appointments.** Keep scheduled appointments and notify the practice as soon as reasonably possible if you need to cancel or reschedule. Follow the practice's appointment and cancellation policies.

6. **Maintain Current Information.** Provide current contact, demographic, insurance, and pharmacy information and notify us when this information changes.

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7. **Meet Financial Responsibilities.** Understand and meet your financial obligations for care, including applicable copayments, deductibles, coinsurance, and charges not covered by insurance, in accordance with our Financial Policy.

8. **Treat Others Respectfully.** Treat clinicians, staff, other patients, and visitors with respect. Threatening, abusive, discriminatory, harassing, violent, or seriously disruptive behavior is not permitted. Respect practice property and the property of others.

9. **Use Appropriate Communication.** Use the patient portal, telephone, and other clinic communication methods appropriately. Allow reasonable time for non-urgent messages, prescription requests, forms, and other administrative requests to be addressed.

10. **Seek Emergency Care When Appropriate.** Northeast Texas Neurology Associates is an outpatient clinic and is not an emergency facility. For a medical emergency or potentially life-threatening condition, call 911 or go to the nearest emergency department rather than waiting for a response from the clinic.

Questions: If you have questions about these rights and responsibilities, please contact a member of our staff or the Practice Administrator at 903-526-7055.