



## YELENA LAPIDUS MD

Personalized Medicine for Healthy Longevity

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### ***Patients' Rights and Responsibilities / Consent to Treatment***

#### **Patients' Rights and Responsibilities**

***Yelena Lapidus, M.D., is dedicated to providing you with the best care. Along with our professional expertise, we want to provide you with a positive Patient experience. We respect your right as a patient and want you to understand your responsibility as a partner in your care.***

#### **Consent to Treatment**

I voluntarily authorize the rendering of such care, including diagnostic procedures and medical treatment, by authorized agents and employees of Yelena Lapidus, M.D., its medical staff and their designees, as may in their professional judgment be deemed necessary or beneficial. I acknowledge that no guarantees have been made as to the effect of such examination or treatment on my condition or the condition of the person for whom I am duly authorized to make decisions, including the right to refuse medical and surgical procedures.

**This consent to treatment may be revoked in writing at any time by the patient or duly authorized agent.**

**Yelena Lapidus, M.D., Inc. is committed to providing you with respectful care as we meet your health care needs. For this reason, we want you to have a summary of your rights as a patient.**

- You have a right to considerate and respectful care.
- You have the right to participate in the development and implementation of your plan of care.
- You will not be denied access to care due to race, creed, color, national origin, sex, age, sexual orientation, disability or source of payment.
- You have the right to information about your diagnosis, condition and treatment, in terms that you can understand.
- You have the right to refuse treatment to the extent permitted by law and to be informed of the possible consequences of the refusal.
- You may consent or refuse to participate in experimental treatment or research.
- You are entitled to be free from all forms of abuse or harassment.
- You have the right to make or have a representative or your choice make informed decisions about your care.
- You have the right to formulate advance directives and have them followed.

- You have the right to appropriate assessment and management of pain.
- You are entitled to be free from any forms of restraint or seclusion as a means of convenience, discipline, coercion or retaliation.
- Seclusion and restraint for behavior management can only be used in emergency situations.
- You are entitled to information about rules and regulations affecting your care or conduct.
- You have the right to know the names and professional titles of your physicians and caregivers.
- You can request a change of provider or second opinion if you choose.
- You have the right to personal privacy and to receive care in a safe environment.
- You have the right to prompt and reasonable response to any request for services within the capacity of the health care facility.
- You have the right to express concerns or grievances regarding your care to the office.
- The confidentiality of your clinical and personal records will be maintained.
- You have the right to see your medical record within the limits of the law.
- You have the right to an explanation of all items on your bill.

## **Patients' Responsibilities**

**This is a summary of *your* responsibilities as a patient of Yelena Lapidus, M.D., Inc.**

- It is your responsibility to provide accurate and complete information about all matters pertaining to your health, including medications and past or present medical problems.
- You are responsible for following the instructions and advice of your health care team. If you refuse treatment or do not follow the instructions and advice, you must accept the consequences of your actions.
- It is your responsibility to notify a member of the health care team if you do not understand information about your care and treatment.
- You are responsible for reporting changes in your condition or symptoms, including pain to a member of the health care team.
- It is your responsibility to act in a considerate and cooperative manner and to respect the rights and property of others.
- You are responsible for following the rules and regulations of the health care facility.
- You are expected to keep your scheduled appointments or to cancel them in advance if at all possible. If you fail to keep two appointments you will be discharged from the practice.
- It is your responsibility to pay your bills or make some arrangement with the facility to meet your financial obligations.

## **Questions or Concerns**

You and your family should feel you can always voice your concerns. If you share a concern or complaint, your care will not be affected in any way. The first step is to discuss your concerns with your doctor, nurse or other caregiver. If you have concerns that are not resolved, please contact Yelena Lapidus, M.D., 805-540-3071.

## ***Authorization to Release Personal Health Information (PHI) to Insurance Carrier***

I hereby authorize payment directly to Yelena Lapidus, M.D., Inc. and authorize the practice to release all information necessary to obtain payment for services provided. This authorization applies to all insurance companies and/or their intermediaries (either directly or through a third party billing company),

including Medicare, Medicaid, private health insurer, HMO, or other company or program that is designated to pay for my health care. I understand that this information might be released for making a determination of eligibility or coverage for insurance benefits, reviewing services provided to determine medical necessity if required by my insurance company, and undertaking utilization review or case management activities with respect to claims.

I understand I am responsible for fees not paid in full co-payments, and policy deductibles except where my liability is limited by contract or State or Federal law. I understand that filing a claim for payment with my insurance company, or other party, does not relieve me from the responsibility of payment for charges for services delivered to me or my dependents.

I agree that this authorization shall remain in effect until the authorization is revoked.

## **Certification**

***I certify that I have read and understood the authorization to treatment, as well as the patients' rights and responsibilities specified in the agreement, the Notice of Privacy Practices and the Authorization to Release Personal Health Information (PHI) to Insurance Carrier, and I accept its terms.***

**Organization:** Yelena Lapidus, M.D., Inc.

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***Print Patient's Name***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
***Date  
Patient***

\_\_\_\_\_  
***Signature of Patient or Designee***

\_\_\_\_\_  
***Relationship to***