



PATIENTS RIGHTS & RESPONSIBILITIES

As a member of the Triangle Area Network Medical Team, I the patient will commit to the following:

Let my Triangle Area Network team know at least 24 hours in advance when I am unable to keep a scheduled appointment.

Let my Triangle Area Network team know when I have moved and/or changed telephone numbers, so that my contact information is accurate at all times.

Call the pharmacy for medication refills at least three (3) business before I run out of medication.

Treat Triangle Area Network team members with respect as we partner together for my health care.

Inform the Triangle Area Network team when I see providers outside of the Triangle Area Network and tell my team what medications were prescribed or changed, what test or treatment was done, and any other services performed related to my health.

I understand my health risk and conditions. I will ask questions, learn new ways to improve my health, and to prevent future illness.

I will provide my Triangle Area Network team any information regarding; health conditions, medical history, illnesses, medications (including over the counter, herbal, and/or supplements), visits with specialist, recent test results, ER visits, and hospital stays.

The Triangle Area Network will continue to:

We will respect you as an individual-we will not make judgements based on race, religion, sex, or age.

We will respect your privacy; medical information will not be shares with anyone unless you give us permission or it is required by law.

Provide evidence-based care by a team of nurses, social workers, medical assistants, and support staff led by your provider who will oversee all of your care.

Answer your calls and questions in a timely manner.

Improve my care by using Electronic Health Records and always strive to improve Triangle Area Network services.

Help me get the care I need, even if it is outside of my Triangle Area Network team.

Client Name Printed

Date of Birth

Signature of Client

Date