



W. D. CAMPBELL, D.M.D., P.C.

PRACTICE LIMITED TO ORAL AND MAXILLOFACIAL SURGERY

1818 WARM SPRINGS ROAD

COLUMBUS, GEORGIA 31904

(706) 324-6106

FELLOW AMERICAN
ASSOCIATION OF ORAL &
MAXILLOFACIAL SURGEONS

DIPLOMATE OF THE AMERICAN BOARD OF
ORAL & MAXILLOFACIAL SURGERY

Patient Rights and Responsibilities

Each patient that presents to William D. Campbell, DMD has the following rights:

- You have the right to be informed of your care needs in order to make appropriate decisions.
- You have the right to help plan your care and to make changes to your care.
- You have the right to expect that treatment will be explained to you in a manner that you can understand.
- You have the right to visual and information privacy according to HIPAA guidelines.
- You have the right to know the educational and professional status of your caregiver.
- You have the right to refuse services before they are rendered.
- You have the right to receive care without discrimination.
- You have the right to be treated with dignity and respect in a professional, courteous manner.

Each patient who receives services has the following responsibilities:

- You should arrive on time for appointments and cancel, when necessary, by telephone or in person.
- You should willingly participate in planning your care.
- You should provide timely payment for any services requested and delivered.
- You should notify this office of any changes in your health status.
- You should notify this office of any changes in your insurance, employment or demographic information.
- You should follow the recommended treatment plan provided for you by this office.
- You should accept responsibility if you decide to refuse treatment.
- You should ask questions if you do not understand.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- You have the right to have access to your medical records upon written request.
- You have the right to expect that your records will be kept confidential except when express consent has been given to provide information to your insurance company(s).
- Treatment, daily operations and payment requirements are covered by privacy regulations as "minimal necessity" and do not require a special consent.

I have read and I understand the above patient rights and responsibilities according to HIPAA:

Patient (or Responsible Party)

Date of Signature