

Patient Bill of Rights & Responsibilities

***Millennium Wellness, LLC and Millennium Regenerative Medicine, Inc.
Support the Following Information***

AS A PATIENT YOU HAVE THE RIGHT TO:

1. Receive considerate and respectful care, to be made comfortable. You have the right to respect your cultural, psychosocial, spiritual, religious and personal values, beliefs and preferences without discrimination.
2. Receive confidential medical treatment. Receive a copy of the Notice of Privacy Practices and that all communications are considered confidential. Receive educational information in order to make informed choices about your healthcare.
3. Receive information about your provider who has the responsibility of coordinating your care. You have the right to receive information about other healthcare professionals, non-physicians involved in your care as well as names and titles of those individuals caring for you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of your care. You have the right to receive this information in terms you can understand so you can participate in your care. You have the right to refuse treatment. You have the right to conflict resolution. You have the right to designate a decision maker on your behalf.
5. Make decisions regarding medical care and receive as much information about any proposed treatment and/or procedure that you will need in order to make an informed consent or to refuse a course of treatment. This information will include a description, treatment, significant risks involved and alternative courses of treatment. You have the right to request or refuse treatment from a provider(s) or hospital(s) as allowed by law except for in an emergency. You can expect privacy, respect and dignity during your discussions regarding your healthcare, examination and treatment.
6. Receive information about your follow up care, discharge or transfer of your care. You have the right to access, inspect and requests amendments to your protected health information.
7. Participate in discussions about any ethical issues that may affect your care. You may refuse to consent to photographs being taken, other than identification for diagnosis and trial treatments in regards to your care and chronic disease management.
8. You have a right to file a grievance against this facility, Provider or employee(s) by contacting 970-856-4729 or in writing to 175 E. Main St. Cedaredge, CO 81413.
9. Receive information about your billing process and charges. You can request a copy of the facility and provider fee schedule at any time.
10. Receive quality healthcare in a safe and private setting free from constraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.