



Rhode Island Direct Primary Care, LLC
1130 Ten Rod Road
Suite E205
North Kingstown, RI 02852

Patients Rights and Responsibilities

I. Patient Rights and Responsibilities for Outpatient Primary Care

This document outlines the rights you are guaranteed and the responsibilities you share as a patient receiving care at Rhode Island Direct Primary Care, LLC.

A. Patient Rights

As a patient, you have the right to:

- **Informed Consent:** Be fully informed of your health status, diagnosis, prognosis, and the risks, benefits, and alternatives of any proposed treatment or procedure.
- **Respectful Care:** Receive respectful, considerate, and compassionate care in a safe environment, free from discrimination.
- **Privacy and Confidentiality:** Confidential treatment of all communications and records pertaining to your care, within the limits of the law.
- **Access to Information:** Access your own medical records within a reasonable time frame and request amendments if you believe they are inaccurate.
- **Knowledge of Providers:** Know the name and professional status of the healthcare providers who are treating you.
- **Voice Concerns:** Voice complaints or concerns regarding your care without fear of reprisal.
- **Advance Directives:** Formulate, file, and have honored any advance directives recognized under state law.

B. Patient Responsibilities



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As a patient, you have the responsibility to:

- **Provide Complete Information:** Provide accurate and complete information about your current health status, past illnesses, and medications.
- **Ask Questions:** Ask questions when you do not understand the treatment plan, instructions, or potential consequences of your care.
- **Follow Instructions:** Follow the treatment plan and instructions recommended by your healthcare provider.
- **Financial Obligations:** Ensure that the financial obligations of your healthcare are met.
- **Keep Appointments:** Keep scheduled appointments or notify the office in advance when you are unable to do so.
- **Show Respect:** Be respectful of all healthcare providers, staff, and other patients.
- **Ensure Safety:** Inform your provider of any perceived risks or safety concerns related to your care.

III. Financial and Billing Responsibilities (Direct Primary Care Model)

This practice operates under a **Direct Primary Care (DPC)** model. By enrolling and receiving care here, you acknowledge and agree to the following financial terms:

- **No Insurance Billing:** This practice **does not bill or process claims** to any private insurance carriers, federal payors (such as Medicare or Medicaid), or other third-party administrators.
- **Non-Participation:** This practice is **not a participating provider** in any health insurance plan, network, or Managed Care Organization (MCO). The fees paid to this practice are for the services rendered and are separate from any costs covered or not covered by your insurance plan.
- **Patient Financial Responsibility:** You, the patient, are solely responsible for all membership fees, service fees, or other charges incurred for the services provided by this practice.



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- **Account Maintenance:** It is your responsibility to ensure that your account balance is **current** and that the practice has accurate and updated banking, credit card, or automatic payment information on file to facilitate timely payment of all agreed-upon fees.

V. Patient Acknowledgment and Agreement

I affirm that I have read and fully understand the statements above. I consent fully and voluntarily to the terms and contents of this

Patient Name: Printed

Patient or Designee Signature

Date

Witness Name: Printed

Witness Signature

Rhode Island Direct Primary Care, LLC

Date