

JOHN A. SHANNON, M.D.  
DAVID L. SPANGLER, M.D.  
MARK T. PURVIS, M.D.



MITCHELL W. SCHUSTER, M.D.  
C. Lee McCain, M.D.  
JAY SHANNON KELLER, M.D.  
SUSAN GOLDBY, C.R.N.P.

## Patient Rights & Responsibilities

You and your family should be as comfortable as possible and know that you are our number one concern during your visit to Ob-Gyn Associates, P.A. The following statement of your rights and responsibilities is presented as the policy of Ob-Gyn Associates, P.A. but does not presume to be a complete representation of all mutual rights and responsibilities.

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### YOU HAVE THE RIGHT:

To impartial access to the medical resources of Ob-Gyn Associates, P.A. without regard to race, color national origin, age, sex, handicapping or disabling condition, spiritual or ethical beliefs or source of payment.

To receive considerate, respectful care, which recognizes your personal dignity at all times and under all circumstances.

To participate in decisions involving your care. Except in an emergency situation, you shall not be subjected to any procedure without your voluntary, competent and understanding consent or the consent of your legally authorized representative.

To refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal.

To instructional and educational information about your medical treatment in a language and terms that you understand.

To the confidential treatment of and personal access to your medical record.

To know who is responsible for providing your direct care and to receive information concerning your continuing healthcare needs and alternative for meeting those needs.

### YOU HAVE THE RESPONSIBILITY:

To give your doctor and Ob-Gyn Associates, P.A. staff complete and accurate information about your condition and care.

To follow instructions of your doctor and the staff of Ob-Gyn Associates, P.A. and to keep appointments relative to your care.

To make it known whether you clearly understand planned actions and treatment and what is expected of you.

To report unexpected changes in your condition to your physician or staff of Ob-Gyn Associates, P.A..

To accept the financial obligations associated with your care.

To advise your doctor or any office staff member of any dissatisfaction you may have regarding your care.

To be considerate of other patients and of staff members who are caring for you.

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Patient Signature

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Date