

Sparks Family Medicine, Ltd.

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Patient Rights and Responsibilities

Sparks Family Medicine, Ltd. (SFM) providers try to address patient concerns at office visits. SFM provides a Patient Office Visit Form to assist patients in organizing their objectives for their visit and to record notes from their discussion with their provider. Patients should be prepared for office visits, including providing the names and dosage of current medications and supplements.

SFM providers may refer patients to specialists, laboratory and imaging services, and other services. Patients have the right to collaborate with their provider on the vendors providing the referral services. Patients should verify that ALL vendors participate with their insurance, if applicable. Patients may decline to receive these services. If patients do not receive the results from the services received from a vendor they were to referred to by SFM, patients should contact SFM.

SFM providers may prescribe medication. Patients have the right to understand the risks and benefits of the medication prescribed and to discuss their concerns with their SFM provider. SFM providers may recommend speciality laboratory testing, nutritional and herbal supplements and/or complementary and alternative medical services (CAMs). Patients have the right to choose to pursue these services.

- I understand that I have the right to decline referrals, services, medication and products.
- I understand that I have the right to discuss my objective and concerns with my provider.
- I understand that I am responsible for verifying the participation of vendors—labs, imaging centers, specialits, etc.—with my insurance, if applicable.
- I understand that I am responsible for contacting SFM if I do not receive the results from vendor services, including lab findings, imaging reports and specialist results. *Patients are urged to schedule a follow-up appointment for all ordered tests.*
- I understand that my SFM provider and I are in a collaborative relationship focused on my health, including preventive, integrative and Funcitonal Medicine options.
- I understand that I have the right to be treated with respect and courtesy by the SFM staff and providers; I understand that I am expected to treat the SFM staff and providers with respect and courtesy.

Patient (Print): _____ Date: _____

Signature _____
Patient/Parent/Guardian Printed Name of Parent/Guardian