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PATIENT RIGHTS & RESPONSIBILITIES

Welcome to Idaho Hand Institute

We are committed to providing high-quality upper extremity care in a safe, respectful, and professional environment. As a patient, you have the following rights and responsibilities.

AS A PATIENT, YOU HAVE THE RIGHT TO:

- Be treated with dignity, respect, and consideration regardless of race, color, national origin, age, disability, sex, religion or ability to pay.
- Receive care in a safe environment that supports quality medical treatment.
- Receive information about your diagnosis, treatment options, risks, benefits, and prognosis in terms you can understand.
- Participate in decisions regarding your medical care and treatment.
- Refuse treatment to extent permitted by law and be informed of the potential consequences.
- Have your medical information kept private and protected in accordance with applicable laws and HIPAA regulations.
- Review, obtain copies of, and request amendments to your medical records as permitted by law.
- Receive information regarding advance directives and designate a healthcare decision maker when applicable.
- Voice concerns, complaints, or grievances regarding your care without fear of retaliation.
- Request reasonable accommodations for disabilities and communication needs.



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AS A PATIENT, YOU ARE RESPONSIBLE FOR:

- Providing complete and accurate information regarding your health history, medications, allergies, insurance coverage, and contact information.
- Following agreed-upon treatment plans and asking questions when instructions are unclear.
- Informing the clinic if you do not understand your diagnosis, treatment plan or follow-up recommendations.
- Keeping scheduled appointments and providing reasonable notice when cancellation or rescheduling is necessary.
- Treating providers, staff, and other patients with courtesy and respect.
- Following clinic policies regarding safety, conduct, and payment.
- Providing current insurance information and understanding your insurance benefits and coverage limitations.
- Paying co-pays, deductibles, co-insurance amounts, and other patient balances in a timely manner.
- Informing the clinic of any changes in address, phone number, insurance, or emergency contact information.
- Participating actively in your care and notifying your provider of any changes in your condition.

Questions, concerns, and grievances regarding care or services rendered may be directed to the Practice Manager. Patients are encouraged to discuss concerns with clinic staff; however, formal grievances should be submitted in writing to the Practice Manager for review and follow-up. Filing a grievance will not compromise a patient's access to care or result in retaliation.

Please direct formal grievances to the Practice Manager by e-mailing contact.us@idahohandinstitute or mailing to
444 Hospital Way Ste. 710
Pocatello, ID 83201