

## NON-DISCRIMINATION & PATIENT RIGHTS STATEMENT

At Moukdad Medical, we are dedicated to providing compassionate, respectful and equitable care to all patients. We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, religion or any other protected characteristic.

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### YOUR RIGHTS AS A PATIENT

As a patient of Moukdad Medical, you have the right to:

- Be treated with dignity, respect, and consideration at all times.
- Receive care without discrimination or bias.
- Obtain clear information about your diagnosis, treatment options, and expected outcomes.
- Participate in decisions regarding your care.
- Request access to your medical records and request amendments when appropriate.
- Expect privacy and confidentiality of your health information as required by HIPAA.
- Voice concerns or complaints without fear of retaliation or compromised care.

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### YOUR RESPONSIBILITIES AS A PATIENT

You are encouraged to:

- Provide complete and accurate information about your medical history.
- Follow your provider's treatment plan and notify us of any changes or concerns.
- Treat staff and other patients with respect and courtesy.
- Meet financial obligations related to your care as outlined in the Financial Policy.

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### NON-DISCRIMINATION & ACCESSIBILITY

Moukdad Medical provides reasonable accommodations for patients with disabilities and language barriers. If you require assistance, interpretation services, or an auxiliary aid to communicate effectively, please notify our staff so that arrangements can be made.

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### PATIENT ACKNOWLEDGMENT

I have read and understand the above statement of patient rights, responsibilities and non-discrimination policy.

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient Signature** (or Legal Representative): \_\_\_\_\_ **Date:** \_\_\_\_\_

If signed by Legal Representative, state relationship to patient: \_\_\_\_\_