

Patient Rights and Responsibilities

YOU HAVE THE RIGHT TO:

- Quality care and service.
- Be treated with respect and dignity.
- Not be discriminated against.
- Speak with a provider regarding emergency medical / dental needs after business hours.
- Complete information about your health and your choices for treatment and service. We will give this information to you in a language and manner you can understand.
- Take part in decisions about your health care. If you refuse treatment, we will explain the possible results.
- Ask about fees, charges and payment policies.
- Refuse to take part in research.
- Suggest changes in procedures.
- Take part in choosing your primary care provider.
- Make an Advance Directive.
- Complain if you have concerns about any clinic services.
- File a grievance if you are not satisfied with how your complaint is resolved.
- Have your health information disclosed as allowed by law.
- To have access to, request to make amendments to, and obtain information on disclosures of your health information, in accordance with applicable law.
- Reasonable notice if CHC decides to change or end its relationship with you.

YOUR RESPONSIBILITIES ARE TO:

- Give correct and complete medical history and billing information.
- Inform your provider about any living will, medical power of attorney, or other directives that could affect your care.
- Keep scheduled appointments. If you need to cancel, call us 24 hours before the appointment.
- Do your part to keep yourself as healthy as possible by following treatment plans and care instructions you agreed to with your healthcare provider.
- Treat staff and other patients with respect.
- Respect the privacy of others.
- Respect CHC's property.
- Abide by the policies of CHC.
- Pay for services received as per CHC policies
- Pay for the services you received when referred to other healthcare providers outside of CHC.
- Watch and keep safe any children you bring to the health center.

Failure to meet these responsibilities may result in inability to access future services from CHC.

I understand and will abide by the Patient Rights and Responsibilities of CHC.

Signature

Date

NCR white/yellow

Instructions: Top copy: Scan/File in patient chart

Bottom copy: Give to patient