



Policy Name: Patient Rights & Responsibilities
Policy Number: O – 1 – 74
Affected Departments: All Departments
Responsible Person: Executive Director HCHC-H & HCHC-P
Distribution: ALL CHC Staff

Effective	Revised	Reviewed
11/2009	10/2012	6/2015

Policy:

It is the policy of HHSI that the attached Patients Rights & Responsibilities will be posted prominently at all sites. All new patients will receive a Notice of Privacy Practices which also delineates patient rights & responsibilities.

It is the responsibility of all staff to ensure that patient rights are respected and that patients understand their rights.

Patient Rights

- You have the right to be treated in a respectful, caring and polite way.
- You have the right and need for effective communication.
- You have the right to have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
- You have a right to know all the facts we have about your illness, treatments and possible outcomes. Your provider will give these facts to you.
- You have the right to say yes to treatment. You also have the right to say no or refuse treatment.
- You have the right to participate in the development and implementation of your plan of care.
- You have the right to be examined in private by your provider, and you have the right to talk to your provider in private.
- You have the right to appropriate assessment and management of pain.
- You have the right to agree to an advance directive, such as a health care proxy, which tells us how you want to be treated and whom you want to make decisions for you if you cannot speak for yourself at the time. The person you choose in your proxy is your Health Care Agent.
- You have the right to examine and receive a detailed explanation of your bill.
- You have the right to prompt resolution of complaints and/or grievances.
- You have the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual orientation, National origin or source of payment.
- You have the right to inspect copy, amend and/or restrict use of your Personal Health Information (PHI).
- Your provider is not required to agree to allow access, accept a request for an amendment or restriction that you may request, especially if the provider believes disclosure of PHI could put a patient in harms way. Reasons as to a request denial will be provided to you in writing.
- If your provider agrees to a requested restriction, we may not use or release your PHI unless it is an emergency situation.
- There may be a charge imposed on you for the copying of records as allowed by state law.

- You may not copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.
- You have the right to request to receive confidential information from us by alternative means or at an alternative location.
- You may receive an accounting of certain disclosures we have made, if any, of your PHI that occurred after April 14, 2003 for purposes other than treatment, payment or healthcare operations. It excludes disclosure we may have made to you, for a facility directory, to authorize family members or friends involved in your care, or for notification purposes. Please see our Privacy Officer for more details.
- You have a right to receive a paper copy of this notice if this was sent to you electronically.
- Complaints may be made to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not retaliate against you for filing a complaint.

Patient Responsibilities

- Treat staff with respect, consideration and dignity.
- Provide complete and accurate information about your current and past state of health, including past illnesses, hospitalizations and the medications you are taking.
- Talk to us about your pain and options for minimizing it.
- Ask questions when you do not understand what we are saying or asking you to do.
- Inform us if you perceive there may be a problem with your care.
- Inform us immediately if you believe your rights have been violated, to express grievances, or to offer suggestions.
- Assist our health center in providing a safe environment by sharing your observations if you perceive unsafe conditions or practices.
- Collaborate with medical and nursing staff to make a plan for tests and treatments with the goal of being as healthy as possible, and understand that your health may worsen if you choose not to follow a provider's recommendation.
- Follow the plan of treatment as discussed and recommended by the health professional and assume responsibility if you refuse treatment or do not follow the plan.
- Pay all financial costs relating to your care in a timely manner, this includes co-pays at the time of visit.
- Keep your appointment or cancel it at least twenty four hours before the scheduled time.
- Respect the community by placing cell phones/pagers on manner mode.