



PATIENT RIGHTS AND RESPONSIBILITIES

ACCESS

The patient has the right to:

- Receive care without regard to nationality, disability, sex, age, cultural, economic, marital status, type of contraceptive, political affiliation educational or religious background.
- Effective communication and interpretation, including access to translation services and services to address vision, speech, hearing, language, and cognitive impairment.
- Access information contained in their medical record within a reasonable time frame (**Does not** include records not ordered by your practitioner).
- Know how to obtain after-hours, weekend, and emergency care.
- Arrange to consult with another provider for a second opinion.
- Arrange to change providers, clinics, or hospitals.
- Information regarding advanced directives.

RESPECT AND DIGNITY

The patient has the right to:

- Considerate and respectful care always with recognition of their personal dignity.
- Reasonable responses to any reasonable requests made for service.
- Have their cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected (if they do not interfere with their care or harm others).
- Voice complaints freely and recommend changes regarding the quality of services throughout the established process, and without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment, and services.
- Be informed of the clinic's complaint and formal grievance procedure.
- File a complaint or formal grievance and have it acknowledged and resolved in a timely and orderly fashion at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

PRIVACY AND CONFIDENTIALITY

The patient has the right to:

- Full consideration of privacy concerning their medical, behavioral health, and dental care programs. Case discussion, consultation, examination, and treatment are confidential and should be conducted discretely.
- Expect that staff will respect their personal privacy to the fullest extent allowed by the care they need. A chaperone may be requested for any exam.
- Request access, amend and receive accounting of disclosures regarding their medical record/health information, as permitted under applicable law (i.e. there is immediate danger, a duly authorized court order, the patient authorizes the release of information).

MEDICAL INFORMATION AND CONSENT

The patient has the right to:

- Know the names and functions of the providers and staff who were involved in their care at the time care is rendered.



- Information about the illness, course of treatment, outcomes of care (including unanticipated outcomes), and prospects for recovery in terms that they can understand.
- Receive information and reasoning about treatments or procedures as needed to give informed consent or refusal. Except in emergencies, this information shall include a description of the procedures or treatments, the medically significant risks, alternate courses of treatment or non-treatment and the risks involved in each. The patient shall know the name and professional status of the person who will perform the treatments or procedures.
- Receive a full explanation of all forms Summit Community Care Clinic requires them to sign.
- The ability to participate in making decisions in their health care.
- Have the choice to participate in the medical home.
- A surrogate decision maker, as allowed by law, when a patient cannot make decisions about their care.

PROVISIONS OF INFORMATION

The patient has the right to:

- Knowledge of the facility's rules and regulations which apply to patient conduct.

REFUSAL OF TREATMENT OR CONSENT

The patient has the right to:

- Leave the facility, even against the advice of physician(s) as permitted under applicable law.
- Refuse treatment and to be informed of the medical or other possible outcomes of the refusal.
- Cross out any part of the consent form that they do not want applied to their care.
- Refuse to sign a consent form until they understand it.
- Change their mind before undergoing a procedure for which they have given your consent.

The patient has the responsibility:

- For the patient actions if they refuse treatment or does not follow the instructions for their care.

FINANCIAL INFORMATION

The patient has the right to:

- Be informed of services available in or through the facility and of related charges.
- Upon request examine and receive an explanation of the bill regardless of the source of payment.
- Be given an estimate of the charges for any medical procedures that they might undergo during their treatment. Patients are cautioned that actual charges might differ from those estimated due to any changes in diagnosis, unanticipated complications, changes in insurance information, etc.

PATIENT RESPONSIBILITIES

- Assure that the financial obligations of your health care are fulfilled as promptly as possible.
- Provide, to the best of your knowledge, accurate and complete information about the present complaint, past illnesses, hospitalizations, medications and other health matters when ask.
- Report perceived risks in care and unexpected changes in your condition to the responsible caregiver.



- Make it known whether you clearly understand a course of action regarding medical, behavioral health and dental care, and in what is expected of you to cooperate.
- Know and follow the facility's rules and regulations.
- Identify Summit Community Care Clinic as your primary medical home.
- To be considerate of the rights of other patients and staff to help control noise.
- Keep your appointments and be on time (note: if a patient cancels or changes their appointment, we request 24-hour notice).
- Give truthful and complete information about your present symptoms, past illnesses, other times you have sought medical care or been hospitalized, medicine you are taking, and other questions about your health.
- Take part and participate in all goal setting for your healthcare and follow through with treatment/ care plans and referral processes.
- Accept the results if you refuse treatment or do not follow the caregiver's instructions.
- Ask questions if you do not understand papers you are asked to sign, or information given to you.
- Tell your caregiver when you are not pleased with your care.
- Inform care team of any and all decisions regarding end-of-life care.

ACKNOWLEDGEMENT OF RECEIPT OF THE PATIENT BILLS OF RIGHTS AND RESPONSIBILITIES:

Initials: _____ I have received a copy of the Patient Bill of Rights and Responsibilities and have had a chance to read it and ask questions.

MINOR ACKNOWLEDGEMENT

Initials: _____ I am 15 years old or older, living apart from my parents(s) and manage my own money (pay my own rent and food bills) OR I am legally married.

Signature of Patient/Guardian

Signature of Staff

Printed Name of Patient/Guardian

Printed Name of Staff

**Date
verified**

Valid ID of Patient/Guardian