



## ***Patient Rights and Responsibilities***

### **As a patient, you have the right to:**

1. Receive considerate, compassionate and respectful care in a safe and secure environment free from all forms of abuse, harassment, neglect and mistreatment.
2. Be treated with respect and regard for privacy, individuality, personal values, beliefs, spiritual and cultural traditions.
3. Be informed of your rights and the policies regarding them both verbally and in writing in a manner in which you or your representative understands.
4. Personal privacy and confidentiality. Consultation, examination, treatment and case discussion are confidential and will be conducted discreetly.
5. Receive timely and qualified care in a setting appropriate to health care needs.
6. Receive referrals to staff and services in a timely manner consistent with quality professional practice.
7. Access protective and advocacy services in cases of abuse or neglect.
8. Know the professional status of the person(s) directing and/or providing care and those giving medical advice after hours.
9. Participate in decisions affecting your care and treatment according to your desires, needs, and understanding including the choice to have family and friends participate in the process.
10. Receive information regarding your health status, diagnosis, prognosis, the course of treatment, the benefits and risks of treatment, and the prospects for good health in terms you can understand.
11. Refuse care, treatment and services, to the extent permitted by law. You will be fully informed of possible consequences of such refusal.
12. Submit an Advanced Directive and appoint someone to make health care decisions for you if you are unable to. If you do not have an Advance Directive, we can provide you with information and help you complete one. All patients' rights apply to the person whom you elect.
13. Express satisfaction regarding services rendered and to comment and make suggestions for improvement of the quality of care and services.
14. File a complaint and to receive a response in a timely manner without fear of discrimination.
15. Access your medical records, approve and refuse the release of your medical records. Records are maintained private and confidential in a safe and secure environment.
16. Know, in advance of services, the cost of services and any applicable payment policy.
17. Agree or refuse to participate in research/experimental activities.
18. Change your Primary Care or Dental providers if other qualified practitioners are available.

## **As a patient, you have the responsibility to:**

1. Ask questions and actively participate in discussions and decisions regarding your health care.
2. Provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospitalizations and medications.
3. Discuss your health care problems, concerns, and personal needs with your provider in an honest manner and to inform the health care provider of any changes occurring in your health.
4. Come to all appointments drug and alcohol free. Patient's believed to be under the influence will be asked to leave.
5. Cooperate with all health care personnel involved in your care and to conduct yourself in a polite and respectful manner.
6. Respect the rights of your health care provider and to exchange information in a non-abusive manner either physically or verbally while receiving care.
7. Follow your provider's health care instructions or inform provider if you cannot or will not follow treatment plan.
8. Accept consequences for refusing care or not following treatment plan.
9. Show consideration and respect the rights and property of all health care professionals, employees, and other patients.
10. Make and keep all scheduled appointments. To assure that all patients are served in a timely manner, patients are responsible for calling and changing appointments 24 hours in advance.
11. Pay for services at the time service is provided and to provide the patient registration office with accurate, complete, and current information pertaining to insurance coverage, home address, telephone number, social security number, and Native American Indian verification. You have a right to receive detailed information regarding your bill.
12. Advise your provider of all changes in decisions concerning advance directives and/or persons designated by you to make health care decisions.

IHC recognizes and adheres to patient rights under HIPAA CFR 164.524. Additional information can be found at [www.hhs.gov](http://www.hhs.gov) – Privacy Rule.