

PATIENT RIGHTS AND RESPONSIBILITIES

Our Mission: To provide quality, integrated and comprehensive health care services that are accessible to all.

Your Rights

1. You have the right to considerate and respectful care and personal dignity.
2. You have a right to affordable health care and information about our operation.
3. You are entitled to participate in treatment decisions and receive information concerning your diagnosis, treatment and prognosis. You may refuse care or treatment, but if you refuse treatment, you may be asked to sign a written release of responsibility.
4. Your guardian, next of kin, or legally authorized responsible person can exercise your rights for you if you are unable to participate.
5. You may ask the names of the people caring for you and their role in your treatment. You have a right to choose your healthcare provider.
6. You have the right to a reasonable response to your requests for treatment.
7. In most cases, you may look at or obtain copies of your medical/dental records. A fee may be charged for copies of your record.
8. You may expect privacy and safe surroundings while you are at Family Health Care.
9. You should be notified in advance whenever practical when your provider cannot keep an appointment.
10. You may raise questions if you are dissatisfied with your care.
11. You have the right to choose a health plan that offers a full range of health care services.
12. You have a right to a fair and efficient process for resolving differences with Family Health Care and to be informed of the grievance procedures used by health plans in which we participate.
13. You will not be discriminated against because of your race, religion, ethnicity, color, national origin, gender, age, political beliefs, handicaps, marital status, sexual preference or source of payment.
14. You have the right to know the professional experience and certification of our medical/dental providers, our accreditation status and other measures of quality.
15. You are entitled to information about your health plan, professionals and facilities.
16. You have the right to high quality health care at Family Health Care from clinicians who are trained to meet your medical/dental needs.
17. You will not be deprived of any benefits, rights, or privileges guaranteed by federal or state law but subject to your responsibilities.
18. You have a right to influence the operation of Family Health Care through a board of directors who represent the communities we serve.
19. You have the right to be informed and to consent in writing to diagnostic or surgical procedures performed by Family Health Care medical/dental staff.
20. You have the right to request us not to bill your health plan if you pay up front for services.
21. As a patient of Family Health Care you have the right to have your prescriptions sent to the pharmacy of your choice.

Your Responsibilities

1. You are expected to observe Family Health Care policies.
2. You must have an appointment to see a provider except in unusual circumstances.
3. If for any reason you cannot keep your appointment, you should notify Family Health Care before the time you are scheduled.
4. Please tell your provider as accurately as you can all about your past illnesses and your present condition, including whether you have been in the hospital or seen by another provider in the past. If you are taking medicine now, bring it with you or tell your provider what it is.
5. Avoid knowingly spreading disease.
6. If your condition changes, or if you have a problem with your treatment, tell your provider immediately.
7. If you do not understand your treatment, or what is expected of you, tell your provider immediately.
8. Follow the advice and instructions your provider gives you about your care.
9. Be respectful to our health care providers, staff and other patients.
10. Recognize the reality of risks and limits of the science of medical/dental care and the human fallibility of the health care professional.
11. Inform your provider if you have a Living Will, Power of Attorney, or other directives that could affect your care.
12. If you refuse treatment or do not follow instructions, you may be denied further care at Family Health Care.
13. The charge for your treatment is your responsibility. Payment for service is expected at the time of your appointment unless other arrangements are made in advance.
14. In most cases, we are able to bill your insurance for you, however you are responsible for payment of co-insurance deductibles and non-covered services at the time of your visit.
15. If your treatment is covered by insurance, please provide complete information on how the insurance company should be billed.
16. Please utilize our internal complaint and appeal process to address concerns that may arise.
17. Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.



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