



PATIENT-CENTERED MEDICAL AND DENTAL HOME
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 a right to affordable health care and to apply to our sliding fee program.
2. You have a right to know our operating hours, services available and after hour coverage.
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. You have the right to privacy per HIPAA guidelines.
5. You have the right to high quality and efficient health care from your Patient-Centered Home (PCH) team of support staff and providers who are trained to meet your Medical, Dental, Behavioral Health, Pharmacy and Optometry needs.
6. You may ask the names of your PCH team caring for you and their role in your treatment.
7. You have a right to choose your healthcare provider and the right to request a change of provider under extenuating circumstances.
8. You have the right to a response to your questions and obtain your test results.
9. You have the right to know the professional experience and certification of our medical, dental, behavioral health and optometry providers, the organization accreditation status and other measures of quality.
10. In most cases, you may look at or obtain copies of your medical, dental, behavioral health and/or optometry records. A fee may be charged for copies of your records.
11. Your guardian, next of kin, or legally authorized responsible person can exercise your rights for you and/or obtain your health information only per your prior written consent.
12. You will be notified in advance whenever practical if your provider cannot keep an appointment.
13. You have the right to voice a grievance with the Site Facility Manager if you are dissatisfied with your care or treatment.
14. You have the right to ask about End of Life Care options.
15. You have the right to be treated fairly and independently of your race, religion, ethnicity, color, national origin, gender, age, political beliefs, physical or mental impairments, marital status, sexual preference, sexual identity or source of payment.
16. You will not be deprived of any benefits, rights, or privileges guaranteed by federal or state law but subject to your responsibilities.
17. You have a right to influence the operation of Family Health Care through our Board of Directors, who represents the communities we serve.
18. You have the right to call your Family Health Care office after hours for urgent issues and will be helped by our on-call staff. (365 days/year).
19. You have the right to be informed and to consent in writing to minor surgical/dental procedures using local anesthesia performed at Family Health Care.
20. You have the right to request us not to bill your health plan if you pay upfront 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. Be respectful of our health care providers, staff, other patients and facilities.
2. To schedule 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 at least 24 hours before your appointment to reschedule so others may be seen.
4. You need to take an active role in your healthcare and inform your provider of all significant medical illnesses, surgeries, hospitalizations, Emergency Room visits, medications and allergies.
5. In order for the provider to arrive at a correct diagnosis and treatment plan, you must be open and honest about your symptoms, lifestyle, and concerns.
6. To respect others, you must avoid knowingly spreading infection and follow the recommended infection control practices of the clinic.
7. If your condition changes, or if you have a problem with your treatment, you should notify your PCH team immediately.
8. If you do not understand your diagnosis or treatment plan, you need to notify your PCH team.
9. Recognize the reality of risks and limits of the science of health care and human fallibility.
10. Inform your PCH team if you have a Living Will, Power of Attorney, or other Advanced Directives that could affect your end of life care.
11. If you do not actively participate in your health care, you may be asked to find another provider.
12. 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.
13. To address concerns that may arise, please utilize our internal grievance process by notifying the Site Facility Manager.
14. Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.

Family Health Care is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).

I have read and understand my responsibilities as a patient of this practice. I understand that it is imperative that I meet these responsibilities so that my Provider can provide the optimum care for me.

 Patient's Name

 Date of Birth

 Patient/Parent/Legal Guardian Signature

 Date

As your Provider, I understand my responsibilities to you as a patient of this practice. I will do my best to provide you with the highest quality of care possible.

 Provider's Name