

## **SILETZ COMMUNITY HEALTH CLINIC RIGHTS AND RESPONSIBILITIES OF PATIENTS**

The rights and responsibilities of patients are distributed to new patients at registration, posted in the waiting area, distributed to new employees at the time of orientation and posted on the CTSI website.

### **Rights of Patients**

1. You have the right to considerate, respectful and culturally sensitive care.
2. You have the right to be given complete information, to the degree known, from your health care provider concerning your health care and recommended treatments.
3. You have the right to know which health care provider is responsible for your care and to choose or change providers if such are available.
4. You have the right to know your health care provider's credentials and privileges and when he or she was granted Medical Staff privileges.
5. You have the right to participate in decisions about your treatment and to develop a mutually acceptable treatment plan in conjunction with your health care provider. You will be informed if your treatment is new, experimental, or unproven.
6. You have the right to give, withhold or withdraw your consent to have special procedures or treatments done to the extent permitted by law. You must be informed of the risks you are taking (although in emergency situations the health care provider may not be able to provide extensive information because of the loss of time which could be dangerous for you).
7. You have the right to participate in decisions regarding the intensity and scope of care. Assistance to help you obtain a Living Will or Durable Power of Attorney will be made available at your request.
8. You have the right to privacy and dignity concerning your health care issues. Case discussion, examination and treatment shall be conducted in confidence. Medical and other health professional students will always be introduced to you as such. You have the right to refuse permission for their presence if so desired.
9. You have the right to know the Siletz Community Health Clinic's privacy practices including how all the records and other information about your care will be used and disclosed, and how you can access this information.

10. You have the right to know how the Siletz Community Health Clinic is related to other health facilities (private, county, tribal, state or federal facilities).
11. You have the right to be informed of service limitations or payment policies concerning services prior to treatment.
12. You have the right to expect reasonable continuity of care such as to know: what appointment times are available to you; what services are available to you; where the services can be obtained.
13. You have the right to know what SCHC rules and regulations apply to your conduct.
14. You, or a person of your choice, have the right to present complaints and suggestions regarding health services to SCHC Administration, who will follow-up and respond in writing within ten (10) working days.
15. You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
16. You have the right to use a pharmacy that is not owned or operated by SCHC.

### **Responsibilities of Patients**

1. You are responsible for your own behavior and are expected to treat the staff with respect and courtesy. Parents or guardians are responsible for their children.
  - a. Persons under the influence of drugs or alcohol may be excluded from CTSI property or tribal program activities.
  - b. Physical or verbal abuse, harassment, or the use of foul language or intimidation will not be tolerated in any form (in person, telephonic, writings). Bullying, harassment, and/or sexual harassment of Tribal employees, other participants, clients, or community members is prohibited.
2. Any person engaging in any of the above behaviors may be refused services and, when warranted, will be asked to leave the premises.
3. You are responsible for making and keeping appointments. If not able to keep an appointment, you must call SCHC to cancel or reschedule the appointment at least 24 hours prior to your scheduled appointment so that someone else can be given the opportunity to be seen.

4. Routine prescription refills should be requested three working days (72 hours) prior to time of pickup to allow the pharmacy time to contact your health care provider.
5. You are responsible for informing SCHC of insurance providers and any changes in your personal status, including changes in your address or phone number, legal name changes and changes in eligibility or health insurance coverage.
6. You are responsible for informing SCHC about any living will, medical power of attorney or other directive that could affect your care.
7. You are responsible for releasing all information related to past illnesses, treatment and medications (prescriptions, OTC and herbal supplements) to assist the staff in the provision of optimal health care.
8. The success of your care is related to your cooperation in following directions, treatment plans and other recommendations given you by the health care providers. If you desire to alter the course of recommended treatment (such as stopping a medication), please consult your provider first.
9. Parents/legal guardians or designated guardians are responsible for accompanying children to SCHC for appointments for routine healthcare and dental care if the child is under age 15. Parents/legal guardians or designated guardians are responsible for accompanying children to SCHC for sports physical or well child exam appointments until the child reaches the age 18. SCHC will not require parental permission or attendance for appointments for adolescents, age 12 and over, seeking diagnosis or treatment related to sexually transmitted disease, pregnancy, or contraception. Such care will be considered confidential, including from the adolescent's parent(s), although evidence of child abuse will be reported as mandated.
10. Depending on eligibility at the time of service, you may be responsible for costs for services rendered.