

SILETZ COMMUNITY HEALTH CLINIC RIGHTS AND RESPONSIBILITIES OF PATIENTS

The following Rights and Responsibilities of Patients are distributed to new patients when they are registered and are posted in the waiting area of the Clinic. They are given to every new employee at the time of orientation and are also posted on the Internet page.

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/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 precious 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; to know what services are available to you; to know where the services can be obtained.
13. You have the right to know what Clinic 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 Clinic 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.

Responsibilities of Patients

1. You are responsible for your own behavior and are expected to treat the staff with respect and courtesy. Parents are responsible for their children and their behavior.
 - a) Persons under the influence of drugs or alcohol are not permitted on CTSI property or at tribally sponsored activities.
 - b) Physical or verbal abuse, harassment will not be tolerated.
 - c) Threatening phone calls are reported immediately to supervisors and to the police.
 - d) Anyone choosing to exhibit any of the above behaviors may be refused services; an incident report will be completed and, when warranted, will be asked to leave the premises.
2. You are responsible for making and keeping appointments. If you are not able to keep an appointment, you are responsible for calling the Clinic to cancel or reschedule.
3. 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.

4. You are responsible for informing the Clinic of 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.
5. You are responsible for informing the Clinic about any living will, medical power of attorney, or other directive that could affect your care.
6. 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.
7. 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.
8. Parents/legal guardians or designated guardian are responsible for accompanying children to the Clinic for appointments if: the child is under age 15 for routine healthcare and dental care and the child is under age 18 if appointment is for a sports physical or well child exam.
9. Adolescents, age 12 and over seeking diagnosis or treatment related to sexually transmitted disease, pregnancy, or contraception will not require parental permission or attendance, and such care will be considered confidential unless there is evidence of child abuse.
10. You are responsible to provide a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your provider.
11. Depending on eligibility at the time of service, you may be responsible for costs for services rendered.