

6.06 PATIENTS' BILL OF RIGHTS AND RESPONSIBILITIES

Policy:

Bluegrass Community Health Center (BCHC) is committed to providing high quality care that is fair, responsive, and accountable to the needs of our patients and their families. We are committed to providing our patients and their families opportunity to receive appropriate health care. We encourage all of our patients to be aware of their rights and responsibilities and to take an active role in maintaining and improving their health and strengthening their relationships with our health care providers.

We urge anyone with questions or concerns regarding our “Bill of Rights and Responsibilities” to contact the Chief Compliance Officer or designee for assistance.

EVERY PATIENT HAS A RIGHT TO:

- Receive considerate and respectful care regardless of your sex, age, race, religion, color, disability, national origin or sexual orientation or any other personal characteristics, including the primary source of payment for your care;
- Be treated with consideration of your emotional, spiritual and cultural needs;
- Be fully informed of what services are available at BCHC, including after hours and emergency care and fees for all services;
- Expect reasonable continuity of care and have a medical provider who is responsible for coordinating your care;
- Request a second opinion when you believe it's necessary;
- Know the names and positions of the people involved in your care by official name tag or personal introduction;
- Seek assistance, such as a wheelchair or interpreter, which makes obtaining medical care easier;
- Receive the necessary information you need about your health and medical conditions in a way you can understand, to participate in decisions about your care and to give your informed consent before any diagnostic or therapeutic procedure is performed;
- To fully participate in the decision making process regarding your care. You may have parents, guardians, family members, civil union partners or other individuals that you choose, to be involved;
- Refuse a recommended treatment, to the extent permitted by law, and to be informed of the risks associated with refusing to be treated;
- Expect that your medical record will be kept confidential. For more information about your right to privacy, please carefully review your HIPAA and Notice of Privacy statements;
- Ask and receive an explanation of any charges made by BCHC, even if they are covered by insurance;
- Complete an Advance Directive. Please let your healthcare Provider know if you are interested in learning more about Advance Directives;
- Express any complaints or concerns to the Compliance Department, or any appropriate BCHC Employee.

EVERY PATIENT IS RESPONSIBLE FOR:

- Arriving on time for scheduled appointments. Notify us if you are going to be late. If you are late, we cannot guarantee your appointment; Call us at least 24 hours in advance if you need to cancel and/or reschedule your appointment;
- Provide us with at least 48 hours' notice when you or a family member is in need of medications or a prescription;
- Follow any rules and regulations posted within BCHC;
- Speak and behave respectfully to health center staff and other patients;
- Respect the privacy and confidentiality of other patients;
- Turn off cell phones in clinical areas;
- Provide us with all necessary information so we can keep an accurate file for you. This will include reporting any changes in your address, telephone number, status of advance directives, and if necessary, financial status;
- Pay your bills at the time of service including co-payments and deductibles. If you are having difficulty meeting this obligation, contact us to arrange a payment plan;
- Provide both honest and complete information regarding your health concerns, past health medical history, medications and unexpected changes in your health condition so that we can provide you with the highest level of care;
- Provide us with previous medical records upon request;
- Ask questions if you do not understand the explanation of your illness or any instructions we give you;
- Develop a treatment plan with your caregiver and follow it to the best of your ability. Be honest about what you have been able to do (or not do) when seen in follow-up. If you are unable to follow a treatment plan, we will do our best to help you find out why and change the plan or correct the problem if possible;
- Supervise children that are in your care.
- **Please note:** making harassing, offensive or intimidating statements, or threats of violence could result in your removal from the practice. If you are discharged from one of our practices you are considered discharged from all of our BCHC offices.

As part of our contract with you, we pledge to:

- Provide you with ethical treatment by qualified and caring health care Providers;
- Provide services that are available to you as you need them;
- Provide Emergency coverage and availability of a Provider on call 24 hours a day, 7 days a week by calling our office number. When the office is closed, the Provider may consult with you by phone;
- Provide you with financial assistance based on a sliding-fee scale. This will be dependent upon your income;
- Provide you with a confidential and detailed explanation of your bill of services;
- Participate in any measure to ensure patient safety at all times.

Date (s) Reviewed: 7/11/11; ASW, DA 1/24/16; 8/21/16; 1/18/18; 4/17/20; 8/6/20; 8/1/22
Revised Date (s): SF 7/11/11; BC 8/21/16; 1/18/18; 4/17/20
Board Approval: 9/26/11; 9/26/16; 2/26/18; 4/27/20



Acknowledgment Patient's Bill of Rights and Responsibilities

I, the undersigned employee, hereby acknowledges receipt of a copy of the Patient's Bill of Rights and Responsibilities for **Bluegrass Community Health Center**.

Dated this _____ day of _____, 20_____.

Signature of Employee

Printed Name