

## **PATIENT BILL OF RIGHTS & RESPONSIBILITIES**

The Cassopolis Family Clinic Network (CFCN) will strive to meet and exceed the expectations of all those that we serve. At all times our patients' right to access, equity and safety will be respected. Patient dignity and individuality will always be recognized. Privacy will be a priority. In order to exceed expectations of care, our patients are expected to work collaboratively, and responsibly with their providers and team.

### **PATIENTS HAVE THE RIGHT TO:**

#### **1. Respect and Dignity**

- You have the right to considerate, respectful care which recognizes your individuality and personal dignity.
- You are entitled to privacy, to the extent possible, at check-in, in treatment and in caring for your personal needs.

#### **2. Access to Care**

- Receive considerate and respectful care regardless of your sex, age, race, religion, color, national origin or sexual orientation or any other personal characteristics, including the primary source of payment for your care;
- Be fully informed of what services are available at CFCN including after hours and emergency care and fees for all services;
- You are entitled to choose a Primary Care Provider. You are entitled to change provider if other qualified providers are available.
- We will inform you if you need care or services that CFCN is unable to provide. We will then provide you with alternatives, including referrals to other care providers if that is necessary and medically advisable.
- 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 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.

#### **3. Decision Making**

- 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;
- The **right to formulate advance directives**
- 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.

#### **4. Privacy and Confidentiality**

- 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 CFCN, 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;
- Any one not directly involved in your care must have your permission to be present.

#### **5. Grievances**

- Express any complaints or concerns to the CFCN Patient Care Coordinator or another person of your choice.
- Express complaints or grievances by placing note in the suggestion box in the waiting area.

#### **PATIENTS HAVE THE RESPONSIBILITY TO:**

1. Arrive 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.
2. Provide us with at least 72 hours' notice when you or a family member is in need of medications or a prescription.
3. Follow any rules and regulations posted within CFCN;
4. Speak and behave respectfully to all CFCN healthcare professionals and staff, as well as other patients and visitors;
5. Respect the privacy and confidentiality of other patients;
6. Turn off cell phones in clinical areas;
7. 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.
8. 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.
9. Provide both honest and complete information regarding your health concerns, past health medical history, medications (currently taking, including over-the-counter products and dietary supplements), any allergies or sensitivities (including environmental) and unexpected changes in your health condition so that we can provide you with the highest level of care.
10. Provide us with previous medical records upon request.
11. Ask questions if you do not understand the explanation of your illness or any instructions we give you.
12. Develop a treatment plan with your caregiver and follow the agreed upon treatment plan prescribed by their provider and participate in their care. 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.
13. Supervise children that are in your care.
14. Please note: making harassing, offensive or intimidating statements, or threats of violence could result in your removal from the health center. If you are discharged from one of our practices you may be considered discharged from all of our CFCN practices.

#### **WE PLEDGE TO:**

1. Provide you with ethical treatment by qualified and caring healthcare Providers;
2. Provide services that are available to you as you need them;
3. 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;
4. Provide you with financial assistance based on a sliding-fee scale. This will be dependent upon your income.
5. Provide you with a confidential and detailed explanation of your bill of services;
6. Participate in any measure to ensure patient safety at all times.