Patient's Rights and Responsibilities

Fair Haven Community Health Clinic, Inc. (FHCHC) believes that every patient in our care should be treated with dignity, respect and compassion. We recognize that all patients have basic rights, and we are committed to honoring these rights. Likewise, FHCHC has a right to expect reasonable and responsible behavior from patients, their relatives and friends.

As a patient of FHCHC, you have the right to:

Access to Care □ Accessible care that is available or medically indicated regardless of race, creed, gender, national origin, cultural or spiritual values, disability, sexual orientation or ability to pay. This includes all scheduled and walk-in patients. □ Obtain, from the providers responsible for coordinating and providing your care, complete and current information about outcomes of care, diagnosis (to the degree known), treatment, alternatives, risks or unanticipated outcomes of care and any known prognosis, so that you can participate in decisions about your care. □ Be involved in making decisions about your care and services, and to include a family member or partner in decision-making about your care,

- treatment or service decisions to the extent permitted by law and regulations.

 Choose your medical provider, and to know the name and position of
- the provider(s) who are responsible for your care, treatment or services.

 Obtain care from other clinicians within the primary care medical home,
- to seek a second opinion, and to seek specialty care.

Communication

- Be given information in terms you can understand. When it is not medically advisable to give you such information, it should be made available to your legal representative.
- ☐ Have an interpreter if you don't speak English or are hearing impaired. Accommodations can be made for patients with hearing, speech, visual and cognitive impairments by requesting these services at the time the appointment is made.

Consent

 Receive the necessary information to participate in decisions about your care and to give your informed consent before any treatment or procedure is performed.

Security

☐ Be free from all forms of abuse or harassment and have access to protective and advocacy services.

Safety

Have care provided in a safe setting. Everyone has a role in making health care safe, including providers, healthcare executives, nurses and technicians. You play a vital role in making your care safe by becoming an active, involved, and informed member of your healthcare team. Please make your health care providers aware of any concerns you have.

<u>Pain</u>

☐ Tell someone about your pain and to receive a care plan for how to address your pain.

Privacy

Expect that your personal privacy, within the law, will be respected and maintained by all staff as demonstrated by the following rights: To be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy; to request to have another person present during certain parts of a physical examination, treatment or procedure performed by a health professional of any sex; and to expect that any discussion or consultation involving your care will be conducted discreetly.

Refusing Treatment

☐ Refuse treatment to the extent permitted by law. When refusal of treatment by you or your legal representative prevents the provision of appropriate care in accordance with professional standards, our relationship with you may be terminated upon reasonable notice.

Medical Records

- Expect that your medical records will be kept confidential and will be released only with your written consent, in cases of medical emergencies, or in response to court-ordered subpoenas.
 Confidentiality can also be violated if the individual poses a significant threat or harm to self or others.
- ☐ Access, request amendment to, and obtain information on disclosures of your health information, in accordance with law and regulations.

Charges

☐ Receive a copy of a reasonably clear and understandable itemized bill and have the charges explained upon request even if they are covered by insurance.

Advance directives

☐ Receive information about advance directives. Advance directives ensure that your wishes, in written or oral form, are carried out.

As a patient of FHCHC, you are an integral part of the healthcare team. Therefore, you are responsible for:

Education

☐ Participating in the teaching/learning process so that you will acquire and understand the skills and behaviors that promote recovery, maintain or improve function, or manage disease or symptom progression.

Appointments

☐ Keeping appointments and for notifying FHCHC when you are unable to do so.

Compliance

☐ Following the treatment plan recommended by the practitioner primarily responsible for your care.

Information

☐ Providing accurate information about your past medical, mental health, and social history including informing us about any other healthcare provider(s) currently participating in your care.

Communication

Asking questions if you do not understand the explanation of your diagnosis, treatment, prognosis, or any instructions.

Medical Record

 Providing the necessary personal information to complete your file, including but not limited to address changes, household information or financial status.

Rules and Regulations

☐ Following any rules and regulations that are posted for your safety.

Personal Responsibility

□ Not engaging in verbal or physical threats to self and others and not bringing weapons to FHCHC.

Charges

☐ Paying any charges billed to you, or for making other arrangements with our staff.

Partnership

Becoming a partner in your healthcare by complying with medical treatment and instructions.

Respect and Consideration

☐ Being considerate of the rights of other patients and FHCHC staff. This includes not smoking in any form and controlling noise. You are responsible for being respectful of the property of FHCHC. You understand that any abusive or disrespectful behavior could result in your dismissal from FHCHC.

Your Concerns

- ☐ If you have a concern about any aspect of your care at FHCHC, you are urged to let us know so we can resolve it promptly. This reporting will in no way negatively impact future care. To address concerns, please contact the administrator or nurse manager on call. Please ask a patient access representative to connect you with any of these individuals.
- ☐ If you would like to make a complaint to FHCHC, the state or an outside agency, you may contact the following:

Patricia Moro, Vice President of Finance P.moro@fhchc.org Joint Commission One Renaissance Blvd Oakbrook Terrace, IL 60181 800.994.6610

Connecticut
Department of
Insurance
800.203.3447

Agency for Health Care Administration Consumer Services Unit 888.419.3455

Nondiscrimination Statement

Fair Haven Community Health Clinic, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or gender.

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بالمجان. اتصل برقم ف الصم	المساعدة اللُغوية تتوافر لك ب 203-974-0111 (رقم هاتا	يام وكړئ: د ژبي مرستندويه خنمات، سئاسو لطفاً اړيكي ونيسي يدې لياره وړيا موجود دي. .(TTY: 711). 203-974-0111
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i	نكر اللغة، فإن خدمات بالمجان. اتصل برقم	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برغم 203-974-0111 (رقم هاتف الصم والدكم:711). (711sb)