

# PATIENT BILL OF RIGHTS AND RESPONSIBILITIES



**We recognize that health care can be confusing at times, and we always want to be transparent when it comes to your rights and responsibilities as a patient of Mid-State Health Center.**

## **Your Rights:**

1. To choose his / her Primary Care Provider (PCP) or to change his / her PCP as desired. MSHC respects your right to obtain care from another provider, get a second opinion, or seek specialty care.
2. To have accessible, impartial, considerate, and respectful care within the capacity of the facility, regardless of age, race, creed, color, sex, sexual orientation, religion, disability, national origin, or source of payment;
3. To speak with and be examined in private by the provider or clinical assistant.
4. To be treated in a caring, polite, and professional way. This philosophy extends into the right to receive care and services in a safe environment that does not involve abuse, neglect, or exploitation. Patients have the right to report any allegations to management for investigation.
5. To receive information that is appropriate to his/her age, reading comprehension, and preferred language that will allow them to understand and be part of the care plan. Patients have the right to use or have access to assistive devices such as an interpreter services, as needed.
6. To know the names of healthcare staff that are taking care of them and what role this person has in their care team. This also applies to care given by students or other people in training.
7. To be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of our discount program. Patients also have the right to request an itemized bill or explanation of charges;
8. To receive the necessary information to make informed care decisions. Information shall include, at a minimum, an explanation of recommended procedure or treatment, its value and any risks, as well as, alternatives to treatment including non-treatment of the condition Patients have the right to refuse any procedure or treatment.
9. The patient, family, and/or guardian have the right to inform us when they are unsatisfied with the care and services they received or when we did not meet their expectation of care. If feedback is received, it will not affect the patient's quality of or access to care in the future. If the patient submits feedback that cannot be resolved by the provider, the care team, or any other staff member, patient may contact a member of the Quality and Patient Experience team.
10. To expect a prompt response to questions and/ or requests for information.
11. Privacy and confidentiality of all records pertaining to the patient's treatment, except necessary requests for referral of care, third party payment contracts, and situations otherwise provided by law;
12. To review their medical record and to obtain a copy for a reasonable fee, if applicable. Patients also have the right to request a review to amend the information;
13. To sign Advanced Directives, which tells MSHC how that patient wants to be treated and who they want to make decisions on their behalf if they cannot speak for themselves.
14. To be informed of and consent to any recording, filming, or photography for purposes other than identification, diagnosis, or treatment.



## **PATIENT BILL OF RIGHTS AND RESONIBILITIES**

### **Your Responsibilities:**

1. Be honest and telling the provider about current and past illnesses, hospitalizations, medications, and other matters relating to your health history that may influence the treatment plan. Also reporting any sudden changes in their health;
2. Let staff know if they do not understand or are unclear of care plan or if they feel, they cannot maintain or complete care plan goals.
3. Respect the provider's time and that of the other patients by focusing on the main health problem first. If time allows, other concerns may be addressed.
4. Notify Mid-State staff in advance if you are unable to keep a scheduled appointment;
5. Know there may be negative outcomes if you refuse treatment(s) or do not follow the care plan;
6. To submit a prompt payment for all services rendered, either through a third-party payer or by personal payment. To know limitation set by the insurance plan that may result in an unexpected payment for items not covered, such as a second opinion, consultation, or diagnostic tests (labs, x-rays, etc.);
7. Refrain from bringing any weapon(s) into the practice;
8. Be respectful of the privacy and rights of others, including other patients and healthcare staff;
9. Be responsible for any items brought into the building, including purses, medications, etc.;
10. Adhere to NO SMOKING rules, which applies to the building and grounds, including the parking area;
11. Sign that you have received and understand Mid-State's Notice of Privacy Practices;
12. Appoint a family member or designee to be part of your treatment team if you are confused or unable to communicate with staff. This may be done by inviting them to join you in the appointment, or through a written authorization such as an Advance Directive.

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## **PATIENT BILL OF RIGHTS AND RESONIBILITIES**

I have read the above listed Patient Rights and Responsibilities. I have had an opportunity to ask questions for clarification and understand my responsibility with regard to patient rights. I agree to accept the full responsibility as described above.

\_\_\_\_\_  
Date Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Witness Signature