



Shingle Springs Health and Wellness Center Patient Rights and Responsibilities

The patient has the following rights:

1. You have the right to be informed of your rights and review the policies regarding them.
2. To receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin, sponsor.
3. You have the right to express your complaints and satisfaction regarding the services received and to comment and make suggestions for improvement of the quality of care.
4. You have the right to file a complaint and to receive a response in a timely manner without fear of discrimination or reprisal.
5. You have the right to receive considerate and respectful care in a safe and secure environment with respect and regard for your privacy, individuality, personal beliefs and cultural traditions.
6. You have the right to accessible services and timely referrals to staff and services consistent with quality professional practice.
7. You have the right to refuse treatment and be fully informed of the possible consequences of such refusal, without reprisal.
8. You have the right to participate in decisions affecting your care and treatment according to your own desires, needs, and understanding, including the choice to have family and friends participate in this process.
9. You have the right to receive information about your illness, the course of treatment, and the prospects for good health in terms that you can understand.
10. You have the right to approve and refuse the release of your own medical records.. You also have the right to access your own records. You have the right to have the privacy and confidentiality of your records maintained in a secure and safe environment.
11. You have the right to know the name and professional status of the person(s) treating you and those giving medical advice after hours.
12. You have the right to know, in advance of service, the cost of service and any applicable payment policies.
13. You have the right to receive timely and qualified care in a setting appropriate to your health care needs.
14. You have the right to appoint a legal representative to make decisions regarding your health care.

The patient has the following responsibilities:

1. You have the responsibility to actively participate in decisions regarding your health care to the degree that you choose and to reasonably follow your provider's health care instructions and advice.
2. You have the responsibility to inform your health care provider to information related to past illness, treatments, and medications.
3. You have the responsibility to respect the rights and property of health care professionals, employees, and other patients.
4. You have the responsibility for making and promptly keeping all scheduled appointments. To assure that all patients are served in a timely manner please call to cancel or change appointments 24 hours in advance.
5. You have responsibility to pay for service at the time service is provided and to provide the patient registration office with accurate, complete, and current information pertaining to insurance coverage, your home address, telephone number, social security number, and Native American Indian verification.
6. You have the responsibility to discuss your health care problems, concerns, and personal needs with your provider(s) in an honest manner and to inform the health care provider of any changes occurring in your health. You should ask questions when in need of further instructions or a better understanding.
7. You have the responsibility to cooperate with various providers involved in your care and to conduct yourself in a polite and respectful manner.
8. You have the responsibility to let your provider know if you cannot or will not follow a certain treatment plan.
9. You have the responsibility to respect the rights of your health care provider(s) and to exchange information in a non-abusive manner either physically or verbally while receiving care.
10. You have the responsibility to advise your providers(s) of all changes in decisions concerning advanced directives and/or persons designated by you to make your health care decisions for you.

I have read and understand the Patient Rights and Responsibilities.

Print Name & Date

Signature of Patient or Guardian