

Patient Rights and Responsibilities

ICHS believes that our first commitment is to our patients, and you have the right and responsibility to actively participate in your health care. ICHS strives to provide health care services in a manner that is safe, effective, patient-centered, timely, efficient and equitable.

Please take the time to read about your rights and responsibilities as a patient. We hope this information will help you make informed decisions regarding your health.

We welcome you to ICHS. It is our privilege to serve you.

You have the right to:

- ◆ Choose a health care provider who provides you with quality care.
- ◆ Receive care in a safe, private and respectful setting from knowledgeable personnel.
- ◆ Receive services in a manner that respects your language, culture and beliefs.
- ◆ Receive information about your care and treatment in terms you can understand.
- ◆ Receive services without discrimination based on race, color, sex, marital status, sexual orientation, age, creed, religion, ancestry, gender identity, genetic information, use of service animals, national origin, veteran status, citizenship status, or the presence of any sensory, mental or physical disability, or the ability to pay.
- ◆ Receive information about ICHS hours, providers, services, fees and payment policies in a language that is easy for you to understand.
- ◆ Be notified if your care involves the training of health care providers.
- ◆ Privacy of your health care information except as required by law or insurance company contracts.
- ◆ Read and receive copies of your medical records within a reasonable amount of time.
- ◆ Know that when an emergency occurs and you are transferred to another facility, a responsible person/family member will be notified.
- ◆ Request assistance with information on advance directives for your health care.
- ◆ Be notified in advance to allow you to choose whether or not you would like to participate in experimental clinical research studies.
- ◆ Request to correct or amend your medical records.
- ◆ Be informed of your rights and responsibilities.
- ◆ Appoint a personal representative.
- ◆ Receive free language translation services in your preferred language to facilitate communication between you and your health care professionals.
- ◆ File a complaint if you are not satisfied with the care you receive.
- ◆ Restrict the use and disclosure of Protected Health Information (PHI).
- ◆ Receive confidential communications.
- ◆ Receive a copy of the Notice of Privacy Practices (NOPP).
- ◆ Receive a record of PHI disclosures.

- ◆ Revoke a prior authorization.
- ◆ File a complaint for privacy violations by calling the ICHS Compliance Hotline at 1-855-515-0143 or by contacting:

Office for Civil Rights
 U.S. Department of
 Health and Human Services
 2201 Sixth Avenue - M/S: RX-11
 Seattle, WA 98121-1831
 TEL 206.615.2290
 FAX 206.615.2297
 TDD 206.615.2296

- ◆ Treat other patients, visitors, volunteers and ICHS staff and property with courtesy and respect.
- ◆ Arrive on time for all appointments and let us know in advance if you are unable to keep an appointment.
- ◆ Provide accurate information for processing any insurance coverage, and pay any co-payments, co-insurance amounts and deductibles as requested in a timely manner.
- ◆ Inform your provider about any existing advance directive or medical power of attorney.
- ◆ Conduct yourself in an appropriate manner while receiving services from ICHS staff or at ICHS facilities and events. ICHS may terminate a patient relationship with notice if you fail to follow staff instructions or comply with policies and treatment agreements, or if you refuse treatment that prevents the delivery of safe and appropriate care.

You have the responsibility to:

- ◆ Ask questions if you do not understand what you are being told.
- ◆ Tell us everything you know about your health history, current health and any health changes.
- ◆ Tell us about all medications, herbs, supplements and over-the-counter medications you are taking.
- ◆ Participate in your care by making decisions, following directions and accepting responsibility for your choices.
- ◆ Follow the treatment plan agreed upon with your provider. This includes following the instructions of other health care professionals as they carry out the orders of the provider.
- ◆ Choose a family member or other person to represent you if you are unable to make your own health care decisions.

If you have questions or concerns about your rights, please contact the Compliance Hotline at 1-855-515-0143.



This health center receives Health and Human Services (HHS) funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

ICHS does not discriminate on the basis of race, color, sex, marital status, sexual orientation, political ideology, age, creed, religion, ancestry, gender identity, genetic information, use of service animals, national origin, veteran status, citizenship status, or the presence of any sensory, mental or physical disability, veterans with disabilities and Vietnam era veterans in accordance with federal, state and local laws and regulations. If you have questions or concerns about your rights, please contact the ICHS Compliance Hotline at 1-855-515-0143.

ATTENTION: Language assistance services are available to you free of charge. Call 1-206-788-3700 (TTY: 1-206-788-3774).