

**WESTERN SIERRA MEDICAL CLINIC, INC
WESTERN SIERRA MEDICAL MOBILE MEDICAL AND DENTAL CLINIC
MINERS FAMILY HEALTH CENTER**

PATIENT'S RIGHTS AND RESPONSIBILITIES

Western Sierra Medical Clinic, Inc, Western Sierra Mobile Medical and Dental Clinic, and Miners Family Health Center (hereinafter, WSMC, WSMMDM and MFHC) are committed to providing quality of care to our clients and their families. We encourage patients and their families to be aware of their rights and responsibilities as listed below:

YOU HAVE THE RIGHT TO:

1. Receive considerate, respectful, and culturally appropriate care based on professional standards of practice.
2. Receive services without discrimination on the basis of race, color, sex, marital status, religion, age, handicap, sexual orientation or preference, national origin, ancestry or diagnosis.
3. Establish advance directives and participate in ethical decision making.
4. Receive an explanation of your diagnosis, treatment, and prognosis in terms and language you can understand.
5. Receive the necessary information to participate in decisions about your care and to give your informed consent before any diagnostic or therapeutic procedure is performed.
6. Refuse any treatment, except as prohibited by law, and to be informed of the consequences of making this decision, which may include informing Children, Youth, and Family Services or Protective Services.
7. Expect that your personal privacy will be respected by all staff of the agency.
8. Expect that your medical records will be kept confidential and information will be released only with your written consent, or in cases of medical emergencies, or in response to court-ordered subpoenas.
9. Know WSMC, WSMMDM and MFHC policy for accessing and disclosing information in your medical records and reviewing your medical record, upon request, at a mutually designated time.
10. Receive a full explanation of any research or experimental procedure proposed for treatment and the opportunity to give your informed consent before any procedure will begin.
11. Know the name and qualification of all individuals providing service and how to contact that person.
12. Obtain another medical opinion prior to any procedure.
13. Have your legal custodian access your written medical records by appointment.
14. Ask for and receive information on your financial liability and an explanation of charges, including services that will be charged to your insurance.
15. File a complaint about services rendered without fear of discrimination from WSMC, WSMMDM and MFHC. Please call between 8:30 a.m. and 4:30 p.m.
 - Clinic Manager

YOU ARE RESPONSIBLE FOR:

1. Providing accurate personal, financial, insurance and medical information, including all medications and treatments, necessary to establish and follow your plan of care.
2. Asking questions if you do not understand the explanation of your diagnosis, treatment, prognosis or any instructions.
3. Informing WSMC, WSMMDM and MFHC of any requirements or accommodations needed to meet your cultural and/or language needs.
4. Following rules and regulations that are posted within the WSMC, WSMMDM and MFHC while in the facility.
5. Not carrying any type of weapons when receiving treatment.
6. Not harming or being abusive to other persons including WSMC, WSMMDM and MFHC staff.
7. Keeping all scheduled appointments, arriving on time, and being able to participate in treatment.
8. Notifying WSMC, WSMMDM and MFHC with 24 hours notice or as soon as you are aware that you cannot keep an appointment.
9. Informing the health care professionals regarding any changes or reactions to medication and/or treatment.
10. Paying for services promptly including co-payments and total of cash charges at the time of service.
11. Advising WSMC, WSMMDM and MFHC of any problems or dissatisfaction with the service being provided.
12. Extending to agency staff the same courtesy given to you.
13. Developing and participating in your treatment planning.
14. Providing for the supervision and safety of your children while in the facility.

WSMC, WSMMDM and MFHC policy concerning failure to notify the agency of a cancellation and/or a need to re-schedule may result in you being placed on a waiting list, being charged for a missed appointment and/or being terminated from services.

I have read and understood the above:

_____	_____	_____	_____
Clinician/Witness	Date	Patient	Date
		_____	_____
		Patient	Date