

Ozarks Community Health Center Patient Rights and Responsibilities As of October 1, 2012

At Ozarks Community Health Center (OCHC), we are committed to providing you quality medical and behavioral health services. As a patient, you have certain rights.

Understanding those rights will help you to get the best possible care. You have the right to:

1. Receive compassionate and respectful care regardless of age, sex, race, national origin, religion, disability, or communicable disease.
2. Be well informed from your doctor/designee about your diagnosis, treatment, and chances for recovery in words you can understand. This information should include the specific treatment, medical risks, benefits, side effects.
3. Know the names and roles of people treating you.
4. Receive sufficient information to help you make decisions involving your health care.
5. Refuse recommended treatment to the extent permitted by law, and to be told what will happen to you medically if that is your choice.
6. Medical privacy and confidentiality of all records pertaining to your treatment, except as required by law or third party payment.
7. Have your medical record read only by individuals directly involved in or supervising your treatment, monitoring the quality of your treatment, or authorized by law or regulation.
8. Have access to information contained in your medical record, within the limit of the law and facility policy.
9. Expect the facility to respond reasonably to your request for medical services. The facility must serve you in a way that reflects the urgency of your case. In extreme cases, you may be transferred to another medical facility. Except in an emergency, you have the right to receive as much information as possible about the need for and alternatives to a transfer. You cannot be relocated until after the other facility has accepted the transfer.
10. Express verbally or by letter, any complaints or recommendations concerning our services. You may communicate a complaint or grievance in writing at P.O. Box 125, Hermitage, MO 65668, or by calling 417-745-2121.

Patient Responsibilities

The care you receive is partially dependent upon your acting in a cooperative manner with your health care providers, including communicating openly and honestly, following treatment plans, and respecting the facility standards of conduct. As a patient at Ozarks Community Health Center, you are responsible for:

1. Following all facility rules.
2. Advising us of any changes in the following:
Address; Income; Insurance Information; Phone Number; Family Size
3. Providing accurate and complete information about current symptoms, past illnesses, hospitalizations, medications, advance directives, and any other matters related to care.
4. Following instructions that you and your health care provider have agreed upon.
5. Asking questions about your care that you may not understand or have questions about, including risks of procedures, outcomes, and costs of treatment.
6. Knowing what medications or drugs you are taking, why you are taking them, and the proper way to take them according to your provider's instructions.
7. Keeping scheduled appointments, arriving on time for scheduled appointments, and for calling as soon as possible to cancel when you cannot keep a scheduled appointment. **OCHC reserves the right to terminate service to patients who do not show for appointments more than three times in a 12 month period.** New patients are required to arrive 15 minutes in advance of their appointment. Please notify us at least 4 hours in advance of appointment cancellations.
8. Respecting and considering other people, employees, the property of others, and property of OCHC.
9. Attending and supervising your children while in the facility.
10. Calling your pharmacy to request a refill 1 week before you run out of your prescription. If authorized by an OCHC provider, your request will be filled within 48 business hours.
11. Paying bills and fees promptly.

I have read and understand the Ozarks Community Health Center Patient Rights and Responsibilities and have been given an opportunity to obtain a copy for my personal records.

Signature

Date