

Section: Patients' Rights and Responsibilities

Policy Name: Patients' Rights and Responsibilities

Policy: 5.1.1

5.1.1. Patients' Rights and Responsibilities**PURPOSE:** To ensure that rights of patients are protected.**POLICY:** It is the policy that no patient shall be deprived of any rights, benefits, or privileges guaranteed by law, while a patient at the clinic.**1. Receive medical care.**

You have the right to receive medical care no matter what your race, sex, beliefs, country of birth, religion, sexual orientation, gender identity or expression, or disability.

2. Be treated with dignity and respect.

You have the right to be free of any abuse, neglect, shame, and/or feeling like you are being taken advantage of from those providing care to you.

3. Have your values and beliefs respected.

Please let us know if you have cultural or religious practices that need to be part of your care. You have the right to get help for special needs.

4. Expect personal privacy.

You can expect privacy in care discussions, exams and treatments.

5. Keep your medical records private.

You have the right to have your medical records and plans for your care kept private. Your medical record will not be given to anyone without your consent, except when required by law.

6. Keep your identity private.

You can expect that any images or recordings with information that could identify you will be kept private unless written consent is given by you, the patient.

7. Receive clear communication.

You have the right to receive information about your care given to you in a way that you can understand. If you are not sure what you have been told or have been given in writing, ask a member of your health care team or the clinic manager to go over the information again with you. We need your approval to share any information about your health, your care, or your treatment with family and friends.

8. Report concerns regarding care.

You have the right to report concerns or complaints about your care and receive help to resolve your concerns.

9. Participate in decisions about your care.

You have the right to make decisions about your care, treatment and services, including refusing treatment.

10. Give or refuse consent for treatment.

You have the right to know the risks, benefits and other options for treatment before you give consent for treatment, except in an emergency situation.

11. Have your pain evaluated and managed.

Your healthcare provider will ask you about your pain and will help you with pain management.

12. Get a second opinion.

If you are not sure about your care or treatment plan, you may ask for the advice of another doctor or care team member.

As our patient, you have the responsibility to:

1. Not be rude to staff or volunteers

The staff and volunteers here at FCMC are committed to giving you the best care possible, so please be courteous when discussing questions or concerns with them.

2. Call and cancel any appointments you are unable to attend.

If you do not call, the appointment will be counted as a "No Show" and three of those could result in dismissal from FCMC. It also prevents another patient that might really need that appointment from getting scheduled.

I have read and understand the rights and responsibilities of the patient. I agree to abide by these policies. I understand that failure to abide by these policies shall result in termination of FCMC services.

Patient Name (Print)

Date

Patient Signature



Section: Patients' Rights and Responsibilities

Policy Name: Patient Dismissal/Cancellation/No Show

Policy: 5.1.4

5.1.4. Patient Dismissal/Cancellation/No Show Policy**Patient Dismissal**

On occasion, it may be necessary to discharge a patient from receiving further services from Free Clinic of Medina County. The reason(s) for terminating the professional relationship with a patient must not be discriminatory or in violation of any laws or rules prohibiting discrimination. Proper notice must be given to the patient, and options for further treatment should be presented to the patient.

Situations which may justify the discharge of a patient may include:

- Physical altercation with a staff member or provider by the patient
- Verbal abuse or behavior to a staff member or provider by the patient, that cannot be reasonably resolved and calmed
- Criminal offenses committed by the patient against property or personnel of the Medina Health Ministry
- 3 No-Shows within a period of a year

The decision to discharge a patient will be made by the Executive Director, in consultation with the clinical staff and the Medical Director. Steps involved in discharging a patient from Free Clinic of Medina County are:

1. If a situation develops or occurs that warrants such action, a certified letter with return receipt requested should be sent to the patient at the last known address. Objectively document in the patient's chart the reasons for terminating the doctor-patient relationship and, as appropriate, include details of discussions with the patient.
2. The discharge letter from the Executive Director to the patient should state that Free Clinic of Medina County will no longer provide care to the patient as of a certain date (generally 30 days notice). In addition, the patient should be advised of chronic conditions that may need ongoing medical attention, stressing any urgency, and medication requirements should be noted. There should be an offer to forward copies of the patient's medical records to the subsequent treating physician, given that a HIPAA-compliant written authorization request is submitted.

3. A copy of the certified letter and the return receipt should be filed in the patient's medical record.
4. If the certified letter is returned unclaimed, file the returned unopened letter in the patient's chart, and send another copy of the letter by regular mail, noting the date and who sent the second copy of the letter.
5. Front office staff should be notified when a patient is formally discharged from the clinic, so that additional visits are not scheduled or allowed after the transition period.

Cancellation/No-Show policy

At the Free Clinic of Medina County, we do our very best to provide the highest level of care to our patients. We can not do this without your participation. Patients, who schedule and do not keep their appointments without cancelling, take up valuable space that could be used for other patients. As a courtesy, we ask that you please report cancellations **24 hours in advance** of your scheduled appointment.

However, if you fail to cancel an appointment at least **2 hours prior** to the appointment time, it will be considered a **No-Show**. Our policy regarding no shows is as follows:

Patients needing an appointment following the second no show will be reminded that they are unable to schedule another appointment for a period of six months. After six months, you will be able to reschedule an appointment, however, if you again no-show, you will be subject to our dismissal policy.

Patient Name (Print)

Date

Patient Signature



