Patient Rights & Responsibilities

Patient Rights

You have the right to:

- Be treated in a caring, respectful and dignified way, without regard to race, religion, cultural values, disability, sex, or age.
- Receive care in a safe setting, free from all forms of abuse or harassment, and any act of discrimination or reprisal.
- Be provided appropriate privacy, including personal privacy; and be examined and discuss concerns in private with your doctor or other healthcare provider.
- Know the names of the people physicians, advanced practitioners, residents, trainees, etc. – who are taking care of you and how they will help you or provide care.
- Make informed decisions regarding your medical care, including the decision to discontinue treatment.
- Have access to resources that facilitate effective communication with your physician or other health care provider.
- Receive prompt, life-saving treatment in an emergency without regard to your economic status or source of payment.
- Be assured of a confidential medical record, which will only be released when authorized by you except when release is required by law.
- Review your medical records and receive a copy for a reasonable fee.
- Request and receive information about your diagnosis, treatment and prognosis.
- Receive information relative to financial assistance and request an itemized bill reflecting charges from the physician and/or facility.
- Refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
- Change your physician or other health care provider if other qualified providers are available.
- Be free from all forms of abuse or harassment.
- Fairly and openly voice your compliment, complaint or concern, without fear of discrimination or reprisal, when the quality of the care or services you have received does not meet your expectations.

Patient Responsibilities

You have the following responsibilities:

- To provide complete and accurate information about your present health status and your complete medical history, including illnesses, hospitalizations, medications, allergies, and any other matters relating to your health.
- To ask questions of any member of your treatment team about your diagnosis or treatment.
- To participate in treatment decisions, follow treatment recommendations and instructions, and inform your physician or other health care provider(s) when you feel you cannot follow the prescribed treatment.
- To inform your physician or other health care provider(s) of unexpected changes in your medical condition(s).
- To comply with all Outer Cape Health Services rules and regulations as they relate to your care, safety, and conduct as a patient.
- To refrain from using cell phones in patient care areas and observe the no smoking policy.
- To treat Outer Cape Health Services staff with courtesy and respect as well consideration for the needs and rights of other patients.
- To keep appointments or notify us as soon as possible if you are unable to keep an appointment.
- To present your valid insurance card(s) and photo identification at each appointment.
- No patient will be denied service due to lack of insurance or inability to pay for services. A sliding fee discount schedule is available for patients at or below 200% of the federal poverty level.
- To know your benefits, including treatment and services covered and not covered by insurance.
- To inform your physician or other health care provider(s) about any living will, medical power of attorney or other directive that affects your care.

If you have a problem that you cannot solve with your physician or other health care provider, or site administrator, you may contact Outer Cape Health Services at (774) 209-3200; the Section 504 Coordinator at (508) 905-2820; the Quality Coordinator, Massachusetts Behavioral Health Partnership100 Washington Street, Suite 301, Boston, MA 02118-5002 at (800) 495-0086 or by fax at (877) 335-5452; the Medicare Ombudsman at (800) MEDICARE, www.cms.hhs.gov/center/ombudsman.asp; the Massachusetts Office of Patient Protection at (800) 436-7757, OR The Joint Commission at www. jointcommission.org (using the "Report a Patient Safety Event" tab), by fax to (630) 792-5636 or by mail to the Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.



HEALTH SERVICES

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