



## **Patient Rights and Responsibilities**

At Tri-Cities Community Health, we are concerned that each patient entrusted to our care is treated with dignity, respect and compassion. We recognize that all patients have basic rights, and we are committed to honoring these rights. Likewise, Tri-Cities Community Health has the right to expect reasonable and responsible behavior from patients, their relatives and friends.

The following is a summary of rights and responsibilities that we believe serve as a foundation for a good relationship between patients and staff.

### **Patient Rights**

#### **Access to care**

Individuals shall be given impartial access to treatment or accommodations that are available or medically indicated regardless of race, creed, sex, national origin, cultural or spiritual values, disability or source of payment. Tri-Cities Community Health will not promote any religion and will respect a patient's religious preference as long as the practice does not infringe on the rights and treatment of others or the treatment service.

You have the right to care that is free from discrimination, as provided above, as well as any sexual harassment and exploitation.

#### **Provision of care**

You have the right to receive a comprehensive evaluation and care for your health condition. This includes information about diagnoses and treatment options, referral to other providers, and help coordinating additional care if needed. It is important to know that at Tri-Cities Community Health your healthcare team may include other physicians, resident physicians, psychiatrists, physician assistants, nurses, nurse practitioners, dentists, dental hygienists, pharmacists, counselors, case managers, students and other healthcare providers.

You have the right to be involved in decisions about your care and individualized treatment plans, as applicable. You are encouraged to ask questions, include family members in your decision-making process and be involved in creating a plan of care that considers the supportive needs identified by you, your family and caregivers.

#### **Respect and dignity**

You have the right to receive considerate, respectful care at all times and under all circumstances, with recognition of personal dignity, diversity, and religious or other spiritual preferences.

#### **Privacy and confidentiality**

Patients may access their medical records through the *patient portal* or per lawful records requests. You have the right, within the law, to personal and informational privacy, as demonstrated by the following rights:

- To expect that any discussion or consultation involving your care will be conducted discreetly and that individuals not directly involved in your care will not be present without permission.
- To have the medical record accessed only by individuals for legitimate business purposes and as permitted under law.
- To expect all communications and other records pertaining to care, including the source of payment, be treated as confidential.

## **Safety**

Patient safety is our priority. As a patient, you have the right to have care provided in a safe setting. Everyone has a role in making healthcare safe, including but not limited to; physicians, health care management, nurses, medical assistants, pharmacists, dentists, dental assistants, counselors, case managers and technicians. You play a vital role in making your care safe by becoming an active, involved and informed member of your health care team. Your perception of risks to safety and suggestions for improvement will be heard and responded to appropriately. Please make your healthcare providers or manager aware of any concerns you have.

You may respectfully voice grievances, opinions, positive comments, complaints or suggestions without repercussions by calling the Compliance Line (509)543-1918 or submitting an online report via the TCCH website at [www.mycch.org](http://www.mycch.org).

## **Communication**

You have the right to know what patient support services are offered, including whether an interpreter is available if you don't speak English or are hearing impaired. Accommodations can be made for patients with hearing, speech, visual and cognitive impairments by requesting these services at the time the appointment is made.

## **Charges**

You have the right to request a good faith estimate for charges prior to receiving care and explanations about the cost of treatment or other services. You will not be refused services based on your ability to pay.

## **Consent and refusal**

You have the right to reasonable, informed participation in decisions involving your health care. You have the right to consent to or refuse treatment.

## **Advanced Directives**

You have a right to receive information about advance directives. Advance directives ensure that your wishes are carried out. Advance directives include a health care surrogate, living will, anatomical gift and durable power of attorney for health care. For more information please contact your attorney or Washington State Department of Health.

## **PATIENT RESPONSIBILITIES**

### **Respect and consideration**

You are responsible for being considerate of the rights of other patients and clinic staff. This includes not smoking and controlling noise and visitors. You are responsible for being respectful of the property of others and of the clinic. You are responsible for utilizing appropriate behaviors such as refraining from use of foul, racial, prejudicial or threatening language, yelling, intimidating, insulting, carrying weapons, making threats of violence or physical displays of violence. You understand that any abusive or disrespectful behavior could result in your dismissal from Tri-Cities Community Health.

### **Safety**

You are responsible for providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, allergies, other matters relating to your health and reporting unexpected changes in your condition.

You are responsible for taking an active role in your healthcare by following directions, asking questions if there is confusion, and notifying the care team of any changes to your health. Additionally, you are responsible for following the treatment plan developed with your provider or inform the provider if you are unable, or choose not to follow through on the plan.

You are responsible for keeping appointments and for notifying Tri-Cities Community Health when you are unable to do so.

You are responsible for contributing to a safe healthcare environment. This also includes refraining from making recordings or taking pictures on Tri-Cities Community Health premises.

### **Education**

You are responsible for participating in the teaching/learning process so that you will acquire and understand the skills and behaviors that promote recovery, maintain or improve functions, or manage disease or symptom progression.

### **Charges**

You are responsible for understanding your health insurance coverage and complying with all related requirements.

You are responsible for contributing to the cost of services, if possible, by providing current insurance information or by paying directly. Tri-Cities Community Health offers a sliding fee discount program that can reduce the cost of care.

### **Refusing treatment**

You are responsible for your actions if you refuse treatment or do not follow the healthcare providers instructions.

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Patient/Legal Guardian Name (print)

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Patient/Legal Guardian Signature

Date