

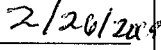
 MCHC HEALTH CENTERS Policy and Procedure	Filing Code: BD-104
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	Date Approved: June 2, 2003
	Revised / Reviewed Date: 7/30/04; 11/05; 12/08; 8/10; 7/12; 9/13; 8/15, 9/16, 11/16, 2/19
	Chief Executive Officer:  <hr/> <i>Signature</i>
Chair, Board of Directors:  <hr/> <i>Signature</i>	 <hr/> <i>Date</i>
Department:	Board of Directors
Subject:	Patient Rights and Responsibilities
Attachments:	2, Patient Rights Posters, English and Spanish

POLICY: Mendocino Community Health Clinic, Inc. (MCHC) complies with state and federal civil rights laws, professional standards and best practices protecting patients' rights. MCHC's Board and staff act to respect and observe these rights. MCHC does not exclude patients, treat them differently, or discriminate against them on the basis of race, color, national origin, age, disability, sex or any other protected class.

MCHC patients also have rights to language support services. In support of these rights, we provide:

- 1) Free aids and services to people with disabilities so they may communicate effectively with MCHC staff; this includes offering qualified sign language interpreters and/or written information in other formats, *and*
- 2) Free language services to people whose primary language is not English; this includes offering patients qualified interpreters and/or information written in other languages.

If a patient believes that MCHC has failed to provide these services, or was discriminated against in any way, a grievance may be filed in the ways described herein.

Changes to this policy are approved by the Board of Directors.

PURPOSE: To fully inform MCHC patients regarding their rights, and to offer them a variety of ways to address any concerns they may have about obtaining these rights.

PROCEDURE: MCHC patients are given access to their rights and responsibilities in multiple ways. To facilitate this access, MCHC will ensure the following:

- 1) An abbreviated version of these rights and responsibilities (*see Attachment 1*) will be posted in all public waiting areas in the clinic in a location easily visible to patients.
- 2) If a patient requests information regarding their rights, this policy, 002.00, shall be printed by staff and given them.
- 3) This policy, 002.00, will be posted to the MCHC website (www.mchcinc.org); anyone updating this policy will forward the updated policy to Operations so that the updated can be posted to the website.
- 4) MCHC maintains a Language Access Plan (LAP) in accordance with the Affordable Care Act to further clarify how we fulfill patients' rights related to language access. This plan will be provided by the MCHC Compliance Officer upon request. The plan is updated and implemented through Operations.

MCHC patients may register privacy, security, equal opportunity or compliance concerns:

- 1) **In writing:** mail to MCHC Compliance Officer, 333 Laws Avenue, Ukiah, CA 95482 *or*
- 2) **By calling:** (707) 468-1010 and asking for:
 - The MCHC Privacy Officer regarding privacy, and medical records/information.
 - The MCHC Security Officer regarding concerns about the Patient Portal.
 - The MCHC Compliance Officer for concerns regarding fraud, abuse or access issues.

For concerns related to professional competence or conduct, MCHC patients should complete a *Patient Feedback Form*; for events of a more serious nature, staff may complete an *Incident Report*. Through these means, concerns will be addressed internally through the structured feedback/incident response processes. If internal means do not result in a satisfactory outcome, the following professional oversight organizations may be contacted:

Medical Providers:

The Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Toll-Free Line: (800) 633.2322

Dental Providers:

The Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, California 95815
Toll-Free Line: 877-729-7789

Behavioral Health Providers:

The Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834
Telephone: (916) 574-7830

Medical Devices or Prescription Drugs:

CA Department of Public Health: Food and Drug Branch
P.O. Box 997435 MS-7602
Sacramento, CA 95899-7735
Toll Free Line: (800) 495.3232

Filing a Civil Rights Complaint

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Telephone: (415) 437-8310
E-Mail: OCRComplaint@hhs.gov

Filing a Complaint Related to Fraud or Abuse

US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026
Toll-Free Line: (800) 447-8477
E-Mail: fraud@dhcs.ca.gov

FURTHER INFORMATION: MCHC's Compliance Officer can provide detailed information to staff that have questions regarding patient rights. The Compliance Office can be reached by:

- 1) **Calling the Compliance Officer:** (707) 472-4572, *or*,
- 2) **Sending an e-mail:** ccompliance@mhcinc.org

REFERENCES: Learn more about patient rights through these links/web-search suggestions:

- 1) **California's Patient Rights: Title 22, California Code of Regulations**
<https://govt.westlaw.com/calregs/>
- 2) **California's Disability Rights under the Unruh Civil Rights Act**
(916) 324-1313
- 3) **Rights under the Affordable Care Act**
www.healthcare.gov/how-does-the-health-care-law-protect-me/
- 4) **HIPAA Privacy Rights, under the Department of Health and Human Services**
<https://www.hhs.gov/hipaa/for-individuals/index.html>
- 5) **Medicare Rights**
<https://www.medicare.gov/claims-and-appeals/file-a-complaint/complaint.html>

Patient Rights and Responsibilities

As our patient you have the right to:

- Personal dignity.
- Be informed about any aspect of your care in terms that you understand.
- Confidentiality of information gathered during your treatment.
- Privacy during care.
- Security for yourself and your property.
- Fully participate in all decisions related to your health care including:
 - Advanced Directives and any help you may need in formulating them.
 - Any ethical issues that impact your care.
 - An opportunity to resolve any conflicts about your care.
 - Informed consent about your care including the right to designate a surrogate decision-maker.
- Considerate, respectful care from all staff.
- Express concerns about any of the services we provide you, to have these concerns reviewed, and, when possible, resolved.
- High-quality and compassionate health care.
- Information about fee schedules and payment policies.
- Be informed of the organization's rules and regulations concerning your conduct.
- Appropriate assessment and management of pain.
- A choice of primary care providers on our team and available qualified specialists.
- Physical access to the facility for the physically and visually impaired.
- Effective communication that considers language needs, as well as hearing, speech and visual impairments.
- Not to be discriminated against on the basis of race, color, national origin, age, disability, sex or any other protected class.

As our patient your responsibilities include:

- Maximizing healthy habits, such as exercising, not smoking and eating a healthy diet.
- Fully participating in all decisions related to your health care including Advance Directives.
- Working with health care providers in developing and carrying out agreed-upon treatment plans.
- Disclosing relevant information.
- Clearly communicating your wants and needs.
- Avoiding knowingly spreading diseases.
- Being aware of a health care provider's obligations to be efficient and equitable in providing care to other patients in the community.
- Showing respect for other patients and all staff members.
- Making good-faith effort to meet financial obligations.

Please remember that we can serve you better when:

- You make your appointments as far in advance as possible.
- You keep your schedule appointments or cancel/reschedule them as early as possible to allow others a chance to be seen.
- You remember to update any changes in phone number or address as soon as possible.
- You bring all forms that need to be filled out at the time of your visit, such as WIC, Disability or DMV physical exams.
- You bring a complete medication list to each visit.

This poster presents an abbreviated version of your full rights and responsibilities under law; for a complete understanding of these rights, please request to see a copy of MCHC policy #002.00 or call (707) 472-4596.

MCHC IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.



**MCHC
HEALTH CENTERS**

Derechos y Responsabilidades del Paciente

Como nuestro paciente, usted tiene derecho a:

- Su dignidad personal.
- Ser informado acerca de cualquier aspecto de su atención en términos que usted pueda entender.
- La confidencialidad de la información recopilada durante su tratamiento.
- Su privacidad durante la atención.
- Seguridad para usted y para sus pertenencias.
- Participar plenamente en todas las decisiones relacionadas con el cuidado de su salud, incluyendo:
 - Directivas Anticipadas y cualquier ayuda que usted pudiese necesitar para su formulación.
 - Cualesquiera problemas éticos que pudiesen afectar su atención.
 - Una oportunidad para resolver cualquier conflicto relacionado con su atención.
 - El consentimiento con respecto a su atención, incluyendo el derecho de designar a un sustituto responsable de tomar decisiones.
- Atención considerada y respetuosa por parte de todo el personal.
- Expresar sus inquietudes respecto a cualquiera de los servicios que le proporcionamos, de que esas inquietudes sean analizadas, y, resueltas, siempre que sea posible.
- Atención de salud de alta calidad y compasiva.
- Información acerca de las tarifas y las políticas de pago.
- Estar informado acerca de las reglas y los reglamentos de la institución relacionadas con su conducta.
- Evaluación y control adecuado del dolor.
- Una selección de proveedores de atención primaria en nuestro equipo y la disponibilidad de especialistas calificados.
- Acceso físico a las instalaciones para las personas discapacitadas física y visualmente.
- Comunicación efectiva que considera las necesidades del lenguaje, así como también la audiencia, el habla e impedimentos visuales.
- No ser discriminado por motivos de raza, color, origen nacional, edad, discapacidad, sexo o cualquier otra clase protegida.

Como nuestro paciente, sus responsabilidades incluyen:

- Maximizar los hábitos saludables, tales como hacer ejercicio, no fumar y comer una dieta saludable.
- Participar plenamente en todas las decisiones relacionadas con su atención de salud, incluyendo la elaboración de Directivas Anticipadas.
- Colaborar con los proveedores de atención de salud en desarrollar y llevar a cabo los planes de tratamiento acordados.
- Revelar información importante.
- Comunicar con claridad sus deseos y necesidades.
- Evitar el contagio de enfermedades a sabiendas.
- Ser consciente de las obligaciones de un proveedor de atención de salud de ser eficiente y equitativo al proporcionar atención a otros pacientes dentro de la comunidad.
- Mostrar respeto por los demás pacientes y todos los miembros del personal.
- Hacer un esfuerzo de buena fe para cumplir con sus obligaciones financieras.

Recuerde, por favor, que lo podemos atender mejor si:

- Usted hace sus citas con tanta anticipación como sea posible.
- Cumple con sus citas programadas o las cancela/reprograma tan pronto como sea posible para que otras personas tengan la oportunidad de ser atendidas.
- Recuerda actualizar cualquier cambio en su número telefónico o en su dirección, tan pronto como sea posible.
- Llevar consigo todos los formularios que deben ser llenados en el momento de su consulta, tales como WIC, Discapacidad o exámenes físicos DMV.
- Traer una lista completa de sus medicamentos a cada consulta.

Este cartel contiene una versión abreviada de todos sus derechos y responsabilidades en el marco de la ley; para comprender cabalmente estos derechos, por favor solicite una copia de la política # 002.00 de MCHC o llame al (707) 472-4596.

MCHC ES UN PROVEEDOR Y EMPLEADOR DE IGUALDAD DE OPORTUNIDADES.



**MCHC
HEALTH CENTERS**