



Peter Christensen Health Center Patient Rights & Responsibilities



*Our goal is to provide you with the safest, highest quality care possible.
It is important you are aware of your rights and responsibilities as a patient of
Peter Christensen Health Center.*

As a patient of this facility, YOU have the following RIGHTS:

1. To be treated with respect, consideration, and dignity at all times.
2. To know the name and role of all persons providing services to you and to know the provider who is primarily responsible for your care.
3. To an interpreter if you are visually and/or hearing impaired, or based on languages spoken, need translation services to ensure meaningful access to medical services through effective communication. You have the right to designate a family member or another representative you choose to communicate on your behalf.
4. To be notified of a breach following the discovery of unauthorized release of your protected health information.
5. To have communications and records related to your care be kept confidential and be given the opportunity to approve or refuse their release except when disclosures are permitted or required by law.
6. To personal privacy related to your care, consultation, examination and treatment.
7. To have access to information contained in your medical record from PCHC.
8. To receive complete and current information concerning your diagnosis, evaluation, treatment, prognosis, risks, and benefits of treatment in terms you can understand.
9. To receive an explanation of any procedure or medication, in terms you can understand.
10. To be fully informed and participate in decisions involving your health care.
11. To accept or refuse any procedure, medication or treatment, and be informed of the risks of such refusal.
12. To receive information regarding Advance Directives and the opportunity to complete an Advance Directive; PCHC will honor your wishes and retain them in your medical record when appropriate and when presented in a valid format.
13. To ask another healthcare provider, other than your own, for an opinion about your medical care. Known as a "second opinion," this may result in additional cost to you.
14. To change your primary or specialty care providers if other qualified providers are available.
15. To use a pharmacy of your choice, this may result in additional cost to you.
16. To request case review by the clinic regarding ethical issues involved in your care.
17. To know if your care involves research or experimental methods of treatment. You have the right to consent or refuse to participate in research studies that require patient consent.

18. To examine your bill and receive an explanation of the fees for services and payment policies, regardless of the source of payment for your care, and to meet with knowledgeable staff to access additional resources for payment.
19. To voice concerns or complaints regarding your care. To have those concerns or complaints reviewed and resolved to the extent practicable, without fear of retaliation or penalty to yourself. You have a right to receive a response to your complaint.
20. To be informed and understand any clinic policies, procedures, rules and regulations applicable to your care.
21. All patients, regardless of age, have rights. Pediatric patients have the following additional rights:
 - ❖ To have their parent or legal guardian serve as their advocate.
 - ❖ To receive medical treatment with prior consent from a parent or legal guardian. An exception to this is in the event of an emergency, when treatment would begin immediately.
 - ❖ To have the right to privacy and confidentiality for reproductive healthcare without consent from a parent or legal guardian at age twelve (12) and up.
22. Your guardian or legally authorized representative has the right to exercise these rights listed above on your behalf. You or your legally authorized representative has the right to exercise his or her rights without being subjected to discrimination or reprisal.

As a patient of this facility, YOU have the following RESPONSIBILITIES:

1. To provide, to the best of your ability, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, unexpected changes in condition, allergies, advance directives, guardianship or legally authorized representative, insurance coverage and other matters relating to your health.
2. To follow your agreed-upon treatment plan as directed by the provider(s) and/or staff responsible for your care and participate in your care.
3. To assume responsibility for the consequences if you refuse a procedure, medication, or treatment or do not follow instructions given by clinic staff and inform staff if you cannot do what is recommended as part of your treatment.
4. To talk with your Care Team if you do not clearly understand your care plan, instructions or have other questions or concerns about your care.
5. To be respectful of your provider, PCHC staff, visitors, and PCHC property at all times. You understand that any abusive or disrespectful behavior could result in further disciplinary action, including but not limited to disorderly conduct per Lac du Flambeau Tribal Ordinance 73.202
6. To treat other people and their property with respect at all times and know PCHC will not be responsible for any personal property.
7. To be responsible for payment for services received and to ensure that the financial obligations for your health care are fulfilled as promptly as possible by assisting the Business Office in the claims process and collections.
8. To keep appointments, be on time, or notify us in advance if you are unable to keep your appointments. Please be aware PCHC reserves the right to arrange for a different appointment time or ask you to wait until the provider is able to see you.
9. To follow clinic rules and regulations, including not using commercial tobacco products within the tobacco-free campus of PCHC (except for ceremonial purposes).
10. To know that the use of illegal drugs, alcohol, guns or weapons of any kind are not allowed on the PCHC campus and to know that if you are under the influence of illegal drugs and/or alcohol while seeking care, it may impact your plan of care.
11. To provide a responsible adult, when necessary, to transport yourself from the clinic and remain with you as directed by the provider or as indicated in aftercare instructions.