



Patient Rights and Responsibilities

As a patient, you have the right....

PERSONAL PRIVACY

- To have your personal dignity respected.
- To the confidentiality of your identifiable health information.
- To enjoy personal privacy and a safe, clean environment.

SECURITY

- To be free from all forms of abuse or harassment.
- To access protective and advocacy services.

CULTURAL AND SPIRITUAL VALUES

- To have your cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.

ACCESS TO CARE

- To receive care regardless of your age, race, color, national origin, culture, ethnicity, language, socioeconomic status, religion, physical or mental disability, sex, sexual orientation, or gender identity or expression, or manner of payment.
- To ask for a change of provider or a second opinion.
- To be presumed legally competent except as determined by a court.

ACCESS TO INFORMATION

- To know the rules regulating your care and conduct.
- To know that Family Health Services Clinics are teaching clinics and that some of your caregivers may be in training.
- To ask your caregivers if they are in training.
- To know the names and professional titles of your caregivers.
- To have your bill explained and receive information about charges that you may be responsible for, and any potential limitations your policy may place on your coverage.
- To be told what you need to know about your health condition after office visit.
- To be informed and involved in decisions that affect your care, health status, services, or treatment.
- To understand your diagnosis, condition and treatment and make informed decisions about your care after being advised of material risks, benefits, and alternatives.
- To knowledgeably refuse any care, treatment, and services.
- To legally appoint someone else to make decisions for you if you should become unable to do so, and have that person approve or refuse care, treatment, and services.



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- To have your family or representative involved in care, treatment, and service decisions, as allowed by law.
- To be informed of unanticipated adverse outcomes.
- To request a review of your medical chart with your caregivers.

COMMUNICATION

- To receive information, you can understand.
- To have access to an interpreter and/or translation services at no charge.
- To know the reasons for any proposed change in the attending physicians/professional staff responsible for your care.

DISCLOSURES

- To request a listing of disclosures about your healthcare, and to be able to access and request to amend your medical record as allowed by law.
- To know the relationship(s) of the clinic to other persons or organizations participating in the provision of your care.

RECORDING AND FILMING

- To provide prior consent before the making of recordings, films or other images that may be used externally.

CONCERNS, COMPLAINTS OR GRIEVANCES

- To receive a reasonably prompt response to your request for services
- To be involved in resolving issues involving your own care, treatment, and services
- To express concerns, complaints and/or a grievance to your providing clinic personnel. You may do this by writing to the following address:

Family Health Services
1912 Hayes Ave
Sandusky, OH 44870

According to our regulatory agency requirements, we are required to inform you that you have a right to file a grievance to the following agencies:

- The Ohio Department of Health at 800.342.0553; e-mail: HCComplaints@odh.ohio.gov; Fax: 614.564.2422; Mail Address: ODH, Complaint Unit, 246 N. High St., Columbus, OH 43215
- Office of the Medicare Beneficiary Ombudsman at the following website: <https://www.medicare.gov/claimsappeals/your-medicare-rights-get-help-with-your-rights-protections>.



Patient Rights and Responsibilities

As a patient, it is your responsibility...

PROVISION OF PERTINENT INFORMATION

- To give us complete and accurate information about your health, including your previous medical history and all the medications you are taking.
- To inform us of changes in your condition or symptoms, including pain.

ASKING QUESTIONS AND FOLLOWING INSTRUCTIONS

- To let us know if you don't understand the information, we give you about your condition or treatment.
- To speak up. Communicate your concerns to any employee as soon as possible — including any member of the patient care team, manager, or administrator.
- To follow the treatment plan coordinated by their provider.

REFUSING TREATMENT AND ACCEPTING CONSEQUENCES

- To follow our instructions and advice, understanding that you must accept the consequences if you refuse.

EXPLANATION OF FINANCIAL CHARGES

- To pay your bills or plan to meet the financial obligations arising from your care.
- To let the clinic staff know if your payer status changes so they can provide you with other options that the clinic has set in place.

FOLLOWING RULES AND REGULATIONS

- To follow our rules and regulations.
- To keep your scheduled appointments or let us know if you are unable to keep them at least 24hrs in advance.
- To not use alcoholic beverages or recreational drugs at the health clinic(s).
- To not have firearms or other weapons at the health clinic(s).

RESPECT AND CONSIDERATION

- To be considerate of and respectful to caregivers, staff, other patients, and visitors to the health center. Family Health Services has a no-tolerance policy to aggressive or threatening behavior either in person or telephonically/virtually. Failure to follow could lead to discharge from Clinic(s).
- To respect the rights and property of Family Health Services Clinic(s) and others that may visit the clinic(s).