



PATIENT AND CENTER RIGHTS AND RESPONSIBILITIES

Name: _____ Date of Birth: ____/____/____ MR#: _____

Welcome to Gulf Coast Health Center, Inc.

Our goal is to provide quality health care to qualified persons in this community, regardless of their ability to pay. As a patient, you have rights and responsibilities. Gulf Coast Health Center, Inc. also has rights and responsibilities. We want you to understand these rights and responsibilities so you can help us provide better health care for you. Please read and sign this statement and ask us questions you might have.

A. Human Rights:

You have a right to be treated with respect regardless of race, color, marital status, religion, sex, national origin, ancestry, physical or mental handicap or disability, age (over 40), Vietnam era veteran status, or other grounds not permitted by applicable federal, state and local laws or regulations.

B. Payment For Services:

1. You are responsible for giving Staff accurate information about your present financial status and any changes in your financial status. The Staff need this information to decide how much to charge you and/or so they can bill private insurance, Medicaid, Medicare, or other benefits for which you may be eligible. If your income is less than the federal poverty guidelines, you will be charged a discounted fee.
2. You have a right to receive explanations of the Center's bill. You must pay, or arrange to pay, all agreed fees for medical services, with the exception of dental services, which are provided on a prepaid basis. If you cannot pay right away, please let Staff know so they can provide care for you now and work out a payment plan.
3. Federal law prohibits Gulf Coast Health Center, Inc. from denying you primary health care services which are medically necessary, solely because you cannot pay for these services.

C. Privacy:

You have a right to have your interviews, examinations and treatment in privacy. Your medical records are also private. Only legally authorized persons may see your medical records unless you request in writing for us to show them to, or copy them for, someone else. A complete discussion of your privacy rights will be given to you along with this document and is named the Gulf Coast Health Center, Inc. Notice of Privacy Practices. Staff will request that you acknowledge your receipt of our Notice of Privacy Practices. The Notice of Privacy Practices

sets forth the ways in which your medical records may be used or disclosed by Gulf Coast Health Center, Inc. and the rights granted to you under the Health Insurance Portability and Accountability Act ("HIPAA").

D. Health Care:

1. You are responsible for providing Gulf Coast Health Center, Inc. complete and current information about your health or illness, so that we can give you proper health care. You have a right, and are encouraged, to participate in decisions about your treatment.
2. You have a right to information and explanations in the language you normally speak and in words that you understand. You have a right to information about your health or illness, treatment plan, including the nature of your treatment; its expected benefits; its inherent risks and hazards (and the consequences of refusing treatment); the reasonable alternatives, if any (and their risks and benefits); and the expected outcome, if known. This information is called obtaining your informed consent.
3. You have the right to receive information regarding "Advance Directives." If you do not wish to receive this information, or if it is not medically advisable to share that information with you, we will provide it to your legally authorized representative.
4. You are responsible for appropriate use of Gulf Coast Health Center, Inc. services, which includes following Staff instructions, making and keeping scheduled appointments, and requesting a "walk in" appointment only when you are ill. Gulf Coast Health Center, Inc. professionals may not be able to see you unless you have an appointment. If you are unable to follow instructions from the Staff, please tell them so they can help you.
5. If you are an adult, you have a right to refuse treatment or procedures to the extent permitted by applicable laws and regulations. In this regard, you have the right to be informed of the risks, hazards, and consequences of your refusing such treatment or procedures. Your receipt of this information is necessary so that your refusal will be "informed." You are responsible for the consequences and outcome of refusing recommended treatment or procedures. If you refuse treatment or procedures that your healthcare providers believe is in your best interest, you may be asked to sign a Refusal to Permit Medical Treatment or Services form or Against Medical Advice form (as appropriate).
6. You have a right to health care and treatment that is reasonable for your condition and within our capability, however, Gulf Coast Health Center, Inc. is not an emergency care facility. You have a right to be transferred or referred to another facility for services that Gulf Coast Health Center, Inc. cannot provide. Gulf Coast Health Center, Inc. does not pay for services that you receive from another healthcare provider.
7. If you are in pain, you have a right to receive an appropriate assessment and pain management, as necessary.

E. Center Rules:

1. You have a right to receive information on how to appropriately use Gulf Coast Health Center, Inc. services. You are responsible for using Gulf Coast Health Center, Inc. services in an appropriate manner. If you have any questions, please ask us.
2. You are responsible for the supervision of children you bring with you to Gulf Coast Health Center, Inc. You are responsible for your children's safety and the protection of other patients and our property.
3. You have a responsibility to keep your scheduled appointments. Missed scheduled appointments cause delay in treating other patients. If you do not keep scheduled appointments you may be asked to meet with Gulf Coast Health Center, Inc. Chief Executive Officer to determine the reason for your missed appointments and whether you can continue as a patient of Gulf Coast Health Center, Inc.

F. Complaints:

1. If you are not satisfied with our services, please tell us. We want suggestions so we can improve our services. Staff will tell you how to file a complaint. If you are not satisfied with how the Staff handles your complaint, you may complain to Gulf Coast Health Center, Inc. Governing Board.
2. If you complain, no Gulf Coast Health Center, Inc. representative will punish, discriminate or retaliate against you for filing a complaint, and Gulf Coast Health Center, Inc. will continue to provide you services.

G. Termination:

If Gulf Coast Health Center, Inc. decides that we must stop treating you as a patient, you have a right to advance written notice that explains the reason for the decision, and you will be given thirty (30) days to find other health care services. However, Gulf Coast Health Center, Inc. can decide to stop treating you immediately, and without written notice, if you have created a threat to the safety of the Staff and/or other patients. You have a right to receive a copy of Gulf Coast Health Center, Inc. Termination of the Patient and Gulf Coast Health Center, Inc. Relationship Policy and Procedure.

Reasons for which we may stop seeing you include:

1. Failure to obey Gulf Coast Health Center, Inc. rules and policies, such as keeping scheduled appointments;
2. Intentional failure to report accurately your financial status;
3. Intentional failure to report accurate information concerning your health or illness;
4. Intentional failure to follow the health care program, such instructions about taking medications, personal health practices, or follow up appointments, as recommended by your healthcare provider(s), and/or
5. Creating a threat to the safety of the Staff and/or other patients.

H. Appeals:

If Gulf Coast Health Center, Inc. has given you notice of termination of the patient and Center relationship, you have the right to appeal the decision to the Governing Board. Unless you have a medical emergency, we will not continue to see you as a patient while you are appealing the decision.

By: _____

_____/_____/_____
Date

Name: _____
[Print Name]