

# Patient Bill of Rights and Responsibilities

## Welcome to Northern Counties Health Care! We are happy to have you as our patient.

As a general principle, patients of any Northern Counties Health Care practice will be treated with consideration, respect and full recognition of their dignity and individuality. Your need and desire for privacy in treatment and in the care of your personal needs is a priority. Within the framework of our Mission, policies, and the laws and regulations by which we are governed, the needs and requests of patients remain an over-riding objective.

In order to provide you with exceptional health care, both you and Northern Counties Health Care have rules we need to follow. These are called a **"Patient Bill of Rights and Responsibilities."** 

## These patient rights, rules, and regulations govern patient and health center conduct and responsibilities:

#### YOU HAVE THE RIGHT TO:

- Receive considerate and respectful care regardless of your sex, age, race, religion, color, national origin, sexual orientation or other personal characteristics including source of payment of your care;
- Be fully informed of what services are available at Northern Counties Health Care practices including after hours and emergency care and fees for all services;
- Expect reasonable continuity of care and have a medical provider of your choice who is responsible for coordinating your care, to ask for a second opinion when you believe its necessary and to change your provider at any time;
- Know the names and positions of people involved in your care by official name tag or personal introduction;
- Seek assistance, such as wheelchair or interpreter, which makes obtaining medical care easier;
- Receive the necessary information you need about your health and medical conditions in a way you can understand, to participate in decisions about your care and to give your informed consent before any diagnostic or therapeutic procedure is performed;
- Involve as appropriate, family members in helping you to make care decisions when you are incompetent to do so on your own, unless otherwise dictated by law;
- Refuse treatment and to be informed of the risks associated with refusing to be treated to the extent permitted by law;
- Expect that your medical record will be kept confidential and released only with your written consent for your treatment with other medical providers, payment of charges or health care. For more information about your right to privacy, please read carefully your HIPAA statement and Notice of Privacy, and consent to treat forms;
- Access, request amendment to and receive an accounting of disclosures regarding your own health information as permitted under applicable law;
- Ask and receive an explanation of any charges made by any Northern Counties Health Care practice, even if they are covered by insurance;
- Be informed about your healthcare benefits and health plan procedures;
- Be made aware of the availability of advance directives, and to understand how this organization will respond to such advance directives; and
- Express complaints or concerns <u>at any time</u>. If you have a complaint you may contact:

# > The Director of Primary Care at (802) 748-9405.

# Patient Bill of Rights and Responsibilities (Continued)

## AS PART OF OUR CONTRACT WITH YOU, WE PLEDGE TO PROVIDE:

- Ethical treatment by qualified and caring health providers and a courteous and conscientious staff who are customer-service oriented;
- Services that are available to you as you need them, appropriately triaged by a trained nurse;
- Timely care, as much as possible, in a health clinic where emergency and unexpected patient needs are a daily and unpredictable reality;
- Every effort to refer you to the appropriate consultant(s) if we cannot provide the services you need;
- Emergency coverage and availability of a provider on call 24 hours a day, 7 days a week by calling any of our office numbers: (Concord Health Center 695.2512, Danville Health Center 684.2275, Hardwick Area Health Center 472.3300, Island Pond Health & Dental Center 723.4300, Northern Counties Dental Center 472.2260, Orleans Dental Center 754.6973 or St. Johnsbury Community Health Center 748.5041); and
- Provide you with financial assistance, based on your income, on a sliding-fee scale.

# YOU HAVE A RESPONSIBILITY TO:

- Arrive on time for scheduled appointments, if you are late we cannot guarantee your appointment;
- Keep appointments at any of Northern Counties Health Care's practices, and if unable to do so, call to cancel the appointment or to reschedule;
- Call at least 24 hours in advance of your appointment if you are unable to keep your appointment to cancel and/or reschedule, so that we can give your appointment time to others needing care;
- Provide us with at least 48 hours notice when you or a family member is in need of medications or a prescription;
- Follow the rules and regulations posted within each of Northern Counties Health Care's practices;
- Speak and behave respectfully to Northern Counties Health Care staff and other patients (abusive, threatening or improper behavior such as foul language, yelling, and threats of any kind are not acceptable and will not be tolerated);
- Arrive weapon-free at our health and dental centers (exceptions may be may permitted for on-duty law enforcement officials);
- Respect the privacy of other patients;
- Respect our property and that of other patients;
- Provide the necessary information so we can complete your file including, reporting any changes in your address, telephone number, status of advance directives, and if necessary, financial status;
- Pay your bills at the time of service including co-payments and deductibles or if you are having difficulty meeting this obligation to contact us to arrange a payment plan;
- Provide honest and complete information as possible regarding your health concerns, past health medical history, and unexpected changes in your health condition so that we can provide the right care;
- Obtain previous medical records when requested;
- Ask questions if you do not understand the explanation of your illness or any instructions we give you;
- Develop a treatment plan with your caregiver and follow it to the best of your ability and to be honest about what you have been able to do (or not do) when seen in follow-up. If you are unable to follow a treatment plan, we will do our best to help you find out why and change the plan or correct the problem if possible; and
- Recognize the effect of your life-style on your personal health and try to make healthier lifestyle choices.

Northern Counties will make every reasonable effort to work with you to resolve any issues, but if they cannot be resolved, Northern Counties reserves the right to terminate a patient from our services for the following reasons which include, but are not limited to: abusive, threatening, violent or inappropriate behavior to staff, providers, or other patients; carrying weapons into any health/dental center; prescription fraud, abuse or diversion; a pattern of making unreasonable demands on the providers and/or staff; a pattern of failing to show for a minimum of three (3) appointments; or a pattern of non-payment for services.

## Thank you for choosing Northern Counties Health Care!