

Northern Counties

HEALTH CARE

Patient Bill of Rights and Responsibilities

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

Our Mission is to provide high quality, accessible, patient-centered health care. To that end, 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.

In order to provide you with exceptional health and dental care, both you and Northern Counties Health Care have rules we need to follow. These rules govern the conduct and responsibilities of our dental and health center employees as well as our patients. The rules are listed below in the **“Patient Bill of Rights 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 it’s necessary and to request 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 and dental 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 family members, as appropriate, 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 by other medical providers, payment of charges or other health care. For more information about your right to privacy, please read carefully our Notice of Privacy Practices, 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 at any time. If you have a complaint you may contact the Site Manager where you are receiving care or the Director of Primary Care at (802) 748-9405.

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

- Ethical treatment by qualified and caring health and/or dental providers and a courteous and conscientious staff who are customer-service oriented;
- Timely care, as much as possible, in health and dental clinics where emergency and unexpected patient needs are a daily 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, Northern Express Care: 633-6351, 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 at least 24 hours in advance to cancel and/or reschedule, so that we can give your appointment time to others needing care;
- 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;
- Ensure the security of any personal items brought with you to our facilities including purses, medications, etc.;
- Not bring weapons within the boundaries of health and dental center properties;
- 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, and if necessary, financial status;
- Obtain previous medical records when requested;
- Provide as 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;
- Develop a treatment plan with your provider or other clinical staff 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;
- Request additional instructions if you are unclear regarding instructions given to you by the provider or other clinical staff;
- Understand and accept the risks associated by refusing treatment or not following provider instructions. This includes failure to follow through on recommended screenings, referrals, orders and tests;
- Provide us with at least 48 hours' notice when you or a family member is in need of medications or a prescription; and
- 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.

***Please note that patients who behave in a disruptive manner so as to threaten their own or another's safety, who pose a threat to their environment, or who are verbally and/or physically threatening or abusive will be informed of the existing mechanisms available for registering complaints and may be asked to leave the premises. In these cases, per NCHC policy, patients will be subject to the actions and decisions of NCHC's Senior Leadership Team. These decisions and actions may include notification to law enforcement or other legal authorities, and/or discharge from NCHC practices and/or denial of future non-emergent care.**

Thank you for choosing Northern Counties Health Care!



Northern Counties
HEALTH CARE

Compassionate Care in Our Home or Yours