

## SALT RIVER **PIMA-MARICOPA INDIAN COMMUNITY**

Department of Health and Human Services

10901 East McDowell Road / Scottsdale, Arizona 85256-9722 / Phone (480) 362-5500/Fax (480) 362-5566

## Customer Rights and Responsibilities

As a customer you have the right;

- A. To receive assistance from a family member, a representative, or other individual in understanding, protecting or exercising the customer's rights.
- B. To have care provided in a comfortable environment with respect to privacy, dignity and your personal values, beliefs, choices, strengths and abilities under the supervision of competent, qualified, and experienced clinical staff.
- C. To know the names and responsibilities of those assigned to your care team.
- D. To make informed decisions regarding all aspects of your care.
- E. To be provided information regarding your diagnosis, evaluation, treatment and prognosis.
- F. To decide to request, accept, refuse or limit treatment, to the extent permitted by law or clinical standards of practice.
- G. To be informed of the consequences of your actions.
- H. To delegate your right to make informed decisions to another person.
- I. To participate in the development, periodic review, and implementation of your individualized Plan of Care and/or treatment plan and to be informed of your health status, including diagnosis, treatment and prognosis, in terms that you can understand.
- J. To receive from your provider, information necessary to give specific informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for specific informed consent should include, but not be limited to: the specific procedures and/or treatment; alternatives to the procedures and/or treatment; associated risks; and possible complications.
- K. To be informed about outcomes of care whenever those outcomes differ significantly from the anticipated outcomes.
- L. To expect that the SRP-MIC HHS will provide a mechanism whereby you are informed by the provider or an agent of the provider of a referral or transfer to another facility when medically appropriate.
- M. To change providers if other qualified providers are available.
- N. To formulate advance directives and to have SRP-MIC HHS staff and providers comply with these directives. Advance directives are documents that outline what healthcare and treatment decisions should be made if you are unable to communicate your wishes. If you wish to learn more about creating an Advance Directive go to https://healthcurrent.org/azhdr/.
- O. To participate in and to assist in resolving ethical issues or dilemmas that arise in your care.
- P. To prompt resolution of a grievance. The SRP-MIC HHS will not retaliate against a customer or representative for filing a grievance with either the SRP-MIC HHS or Department of Health and Human Services. Please notify your care providers of unmet care needs or care concerns. Any unresolved grievances shall follow the HHS Administrative Policy HHS 700.
- Q. To make an informed decision on whether to participate in an investigative study, research project, experimental treatment, clinical trial or educational activity related to your care or treatment. A refusal to participate will not compromise access to service.
- R. To receive care in a safe and secure SRP-MIC HHS environment and to be free from all forms of discrimination, abuse or harassment from staff, other customers or visitors.

- S. The SRP-MIC HHS's Notice of Privacy Practices describes how the SRP-MIC HHS can use and disclose protected health information, the customer's rights under the HIPAA Privacy Standards, and the SRP-MIC HHS's legal duties regarding protected health information.
- T. To obtain a schedule of SRP-MIC HHS rates and charges, examine and receive an explanation of your benefits.
- U. To obtain information regarding the relationship of the SRP-MIC HHS to other healthcare providers, education institutions, and payers, as far as your care is concerned.
- V. To have your care provided in a language understood by you. *Interpretation services are available upon request.*

In addition to your rights as a customer, you and your representatives are responsible for:

- A. Communicating honestly and directly with your healthcare team and providing accurate information. Specifically regarding current and past treatment.
- B. Coordinating with your healthcare team and following their instructions to optimize the care, treatment and services.
- C. Asking questions and informing your healthcare team when you do not understand information or instructions presented to you during your treatment course
- D. Participating in your care by following treatment recommendations outlined by your physician, therapist, nurse or other healthcare professional.
- E. Accept potential consequences of refusal to follow treatment recommendations.
- F. Provide for a responsible adult to transport you home and remain with you if directed by your provider
- G. Accept personal financial responsibility for any charges not covered by insurance. SRPMIC does not charge for services to those enrolled in a federally recognized tribe.
- H. Following facility rules and regulations.
- I. Being respectful and considerate of facility property, staff and others within the building.
- J. Informing the facility of violations of customer's rights.
- K. Reporting concerns regarding care and safety to facility staff.
- L. Asking questions and understanding how to meet your financial commitments.
- M. Making arrangements to have children with a responsible adult at all times.
- N. Keeping your appointments or contacting your provider 24 hours in advance if you are unable to.

I request a copy of this Client Rights and Responsibilities:	ES 🗆 NO	
Client Chart #:		
Print Client Name:		
Client Signature:	Date:	
<u>If minor:</u>		
Print Client Name:		
Parent/Legal Guardian Signature:		Date: