



Salt River Pima-Maricopa Indian Community Health and Human Services Department

Patient/Client Rights and Responsibilities

As a Patient/Client you have the right;

- A. To receive assistance from a family member, a representative, or other individual in understanding, protecting or exercising the Patient/Client'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 possible risks and complications if you choose to make healthcare decisions contrary to your medical provider's advice.
- 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 SRPMIC 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 SRPMIC 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://contexture.org/advance-directives/>
- O. To participate in and to assist in resolving ethical issues or dilemmas that arise in your care.
- P. To prompt resolution of a complaint or grievance. The SRPMIC HHS will not retaliate against a Patient/Client or representative for filing a complaint with either the SRPMIC HHS or Department of Health and Human Services. Please notify your care providers of unmet care needs or care concerns. The HHS Complaint Form is available on-line at <https://www.rphc.org/patient-forms/> or in person by requesting from a staff member. If you wish to file a complaint with the US Department of Health and Human Services Office for Civil Rights you can go to: <https://www.hhs.gov/ocr/index.html>
- 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 SRPMIC HHS environment and to be free from all forms of discrimination, abuse or harassment from staff, other Patient/Clients or visitors.
- S. The SRPMIC HHS's Notice of Privacy Practices describes how the SRPMIC HHS can use and disclose protected health information, the Patient/Client's rights under the HIPAA Privacy Standards, and the SRPMIC HHS's legal duties regarding protected health information. This document also provides information about how SRPMIC HHS shares information with healthcare providers and payers as far as your care is concerned.
- T. To obtain a schedule of SRPMIC HHS rates and charges, examine and receive an explanation of your benefits. For questions regarding benefits, charges or rates, please email the Finance department at HHS-Account-Mgmt@srpmic-nsn.gov
- U. To have your care provided in a language understood by you. Interpretation services are available upon request.

Document Version and Approval History

Reviewed and Approved by OGC on 4/8/2024 by J. Harmon

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Version 1.5 Last Revision 4/12/2024



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In addition to your rights as a Patient/Client, 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 healthcare provider, 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. SRPMIC HHS does not charge for direct care clinical services provided to those persons who meet eligibility requirements in the SRPMIC Eligibility of Services Policy, but will bill any available third-party payor. A copy of the policy can be requested by emailing RPHC-HIM@srpmic-nsn.gov
- H. Following SRPMIC rules and regulations based on service location.
- I. Being respectful and considerate of facility property, staff and others within the building.
- J. Informing SRPMIC staff of any violations of Patient/Client's rights.
- K. Reporting concerns regarding care and safety to RPHC staff by completing a complaint form or a client satisfaction survey.
- L. Asking questions and understanding how to meet your financial commitments.
- M. Ensuring any children, minors and/or vulnerable adults who are accompanying you during your visit are adequately supervised by a responsible adult at all times. **Vulnerable adult** means a person 18 years of age or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, fraud, confinement, or disappearance, is unable to meet the person's own needs or to seek help without assistance.
- N. Keeping your appointments or contacting your provider 24 hours in advance if you are unable to keep your scheduled appointment.

I request a copy of this Client Rights and Responsibilities: YES NO

Medical Record #: _____

Print Client Name: _____

Client Signature: _____ Date: _____

If minor: Print Client Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

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