## Patient Bill of Rights and Responsibilities

We encourage you as a Patient of Indian Health Care Resource Center of Tulsa to actively participate in your healthcare. We want you to be involved in your treatment choices. Together we are partners in your care. Ultimately, it is through this partnership that we are to reach our organization's Mission: *To empower the American Indian through exceptional healthcare!* In doing so, we work toward fulfilling our Vision: *We will be the recognized leader in redefining primary healthcare for the American Indian.* 

Guided by our C.A.R.E.S. Values: *Community, Accountability, Respect, Excellence, and Stewardship*, IHCRC remains committed to serving the American Indian community with integrity and compassion.

## **Your Rights**

**Respect** – You have the right to be treated with respect, consideration and dignity regardless of your age, gender, race, national origin, religion, sexual orientation or disabilities and to receive considerate, respectful and compassionate care in a safe setting.

**Safety** – You have the right to receive care in a safe environment free from all forms of abuse, neglect or mistreatment. You have a right to be supported in a manner that enables you to be as healthy, self-sufficient and functional as possible.

**Confidentiality** – You have the right to have all matters treated with confidentiality. Your medical records will not be released without your written consent, unless otherwise required by law.

Information – You have the right to information about your health, diagnosis, evaluation and treatment plan. You have a right to clearly understand all information that is provided to you, including information on the availability of services, after-hours and emergency care, fees for services and payment policies.

Participation – You have the right to information in decisions involving your care, unless it is not appropriate due to medical reasons. When it is medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient or to a legally authorized person.

**Choice** – You have a right to accept or refuse treatment to the extent permitted by law. You have the right to refuse to participate in experimental research. Patients have the right to change their Primary Care Provider.

**Service** – You have a right to quality care. Our facility does not provide after-hours care or emergency care. If you need emergency care, you should go to the nearest emergency care medical facility.

**Telehealth –** You have the right to telehealth services that are encrypted to protect patient confidentiality. Patient information cannot be shared without written consent. Telehealth services will be provided in a location that ensures privacy and confidentiality. You have access to all transmitted information except live video. You have the right to withdraw from telehealth services at any time.

Suggestion and Grievances – You have the right to make suggestions and to express any grievances or complaints and to expect a reply to any complaint within a reasonable time.

Advance Directive – You have the right to formulate an Advance Directive (Living Will, Durable Power of Attorney for Healthcare e.g., Health Care Proxy, Mental Health Advance Directive, DNR Order, or Organ Donation Request). The provision of your care is not conditioned upon having an Advance Directive.

**Billing for Service** – Patients will not be billed for services. We do, however, bill Medicaid, Medicare and Private insurance.

## Patient's Responsibilities These responsibilities include at least the following:

- Providing information. You and your family are responsible for providing accurate and complete information.
- Asking questions. You and your family are responsible for asking questions when you do not understand what you have been told about your care.
- **Following instructions.** You and your family are responsible for following the care, service, or treatment plan developed. You should express any concerns you have about your ability to follow and comply with the proposed plan or course of treatment.
- Accepting results. You and your family are responsible for the outcomes if you do not follow the care, service or treatment plan.
- Following facility rules and regulations. You and your family are responsible for following the facility's rules and regulations concerning patient care and conduct.
- Showing respect and thoughtfulness. You and your family are responsible for being thoughtful of the facility's personnel and property.
- Play a role in successful telehealth experience. You and your family are responsible for providing accurate information and be prepared for virtual visits

In addition, you and your family are responsible for being considerate of other patients, helping control noise and disturbances, following the tobacco-free policies, and respecting others' property.

