

**Austin/Travis County Community Health Centers**  
**A Division of the Community Care Services Department**  
**Patients Rights and Responsibilities--April 14, 2003**

**Welcome to the Community Health Centers**

Our Goal is to provide quality health care to qualified persons in this community, regardless of their ability to pay. If the CHCs are enrolling new patients, you may be eligible to become our patient. As a patient, you have rights and responsibilities. The CHCs also have rights and responsibilities. We want you to understand these rights and responsibilities so you can help us provide better health care to you. Please read and sign this statement and ask us questions you might have.

**Human Rights**

You have a right to be treated with respect and dignity regardless of race, religion, sex, national origin, sexual orientation, political affiliation or ability to pay for services.

**Payment for Services**

- You are responsible for giving us accurate information about your present financial status and any changes in your financial status. The CHCs need this information to decide how much to charge you and/or bill private insurance, Medicaid, Medicare or other benefits for which you may be eligible. If your income is less than the federal poverty guidelines, you will be charged a discounted fee according to our policy.
- You have a right to receive explanations of your bill. You must pay, or arrange to pay, all agreed fees for medical services or dental services, as provided by our policies. If you cannot pay right away, please let us know so the CHCs can provide care for you now and work out a payment plan.
- Federal law prohibits us from denying you medically necessary primary health care services solely because you cannot pay for these services.

**Privacy**

You have a right to have your interview, examinations, and treatment in privacy. Your medical records are also private. Only legally authorized persons may see your records, unless you request in writing for us to show them to someone else. A complete discussion of your privacy rights is included in the "Notice of Privacy Practices". The notice details the various rights granted to you under the Health Insurance Portability and Accountability Act.

**Health Care**

- You are responsible for providing the CHCs complete and current information about your health or illness, so we can provide you proper health care. You have a right to, and are encouraged to participate in decisions about your treatment.
- You have the right to information and explanations in the language you normally speak and in words you understand. You have a right to information about your health or illness, treatment plan (including risk), and expected outcomes, if known, and information regarding Advance Directives. If you do not wish to receive this information, or if it is not medically advisable to share that information with you, the CHCs will provide it to a legally authorized person.
- You are responsible for appropriate use of our services, which includes following our staff's instructions, making and keeping scheduled appointments, and only requesting a "walk in" appointment when absolutely necessary. If you do not understand or cannot follow the staff's instructions, please tell us so the CHCs can help you.

## Health Care continued

- If you are an adult, you have a right to refuse treatment to the extent permitted by law, and to be informed of the risks of refusing such care. You are responsible for the outcome of refusing treatment.
- You have the right to health care and treatment that is reasonable for your condition and within our capability. You have a right to be transferred or referred to another facility for services that the CHCs cannot provide. However, the CHCs do not pay for services that you get elsewhere. Note: the CHCs are not emergency facilities.
- If you are in pain, you have a right to receive an appropriate assessment and management, as necessary.

## CHC Rules

- You have a right to receive information on how to appropriately use CHC services.
- You are responsible for using CHC services in an appropriate manner. If you have questions about using these services, please ask us.
- You are responsible for the supervision of children you bring with you to the CHCs. You are responsible for their safety and the protection of other clients and our property.
- You have a responsibility to keep your scheduled appointment. Missed scheduled appointments cause delay in treating you and other patients. If you do not keep scheduled appointments for three (3) consecutive times you will be asked to meet with a staff member to discuss the reason for your missed appointments and whether you may continue as a patient of the CHC.

## Complaints

If you are not satisfied with our services, please tell us. The CHCs want suggestions so we can improve our services. CHC staff will tell you how to file a complaint. If you are not satisfied with how the CHC handles your complaint, you may file a complaint with the CHC Board of Directors. The CHCs will not punish you for filing a complaint and will continue to see you as a patient.

## Termination

The CHCs can decide to stop treating you as a patient. If the CHCs stop treating you as a patient, you have a right to advance notice that explains the reason for the decision, and you will be given 30 days to attempt to find other health services. After notice of termination, the CHCs will only provide care for immediate, serious health conditions for a 30-day period while you find a new provider. The CHCs can decide to stop treating you immediately and without notice if the CHC has determined that you have created a threat to the safety of the staff and/or other clients. You also have a right to receive a copy of the CHC's termination policy. **(Please see AD10.6, Terminating a Patient From CHC Services).**

### Reasons for which the CHCs may stop seeing you include:

1. Failure to follow CHC rules and requirements
2. Failure to keep scheduled appointments three (3) consecutive times
3. Intentional failure to report accurate information concerning your health
4. Intentional failure to follow the health care program, such as instructions about taking medications, personal health practices, or follow-up appointments, as recommended by your doctor
5. Creating a threat to the safety of the staff and/or other clients
6. Intentional failure to accurately report your financial status

If the CHCs have given you a notice of termination, you have the right to appeal the decision to the CHC Board of Directors. However, unless you have a serious health concern that requires immediate medical attention, we will not continue to see you as a patient while you are appealing the decision.

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**ACKNOWLEDGEMENT OF THE CHC PATIENT RIGHTS AND RESPONSIBILITIES**

I acknowledge that the Community Health Centers (CHC) have provided me with a written copy of Patients Rights and Responsibilities. This information clearly defines my rights and responsibilities as a patient receiving services by a CHC associated provider.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ MR#: \_\_\_\_\_

Read by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient or Authorized Party: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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For Office Use Only

Reviewed by the Privacy Officer: \_\_\_\_\_ Date: \_\_\_\_\_