



Mora Valley Community Health Services, Inc.

PATIENT RIGHTS and RESPONSIBILITIES

You have the RIGHT to:

- Be treated with dignity and respect.
- The right to efficient and equal service, regardless of your race, sex, religion, ethnic background, education, social class, physical or mental handicap, or economic status.
- Be seen in a timely manner. Your time is valuable.
- Ask questions about your appointment, health care, treatment plan, or other concerns you may have about your care at the clinic.
- Be informed about the staff treating you, including their names and titles.
- Friendly, **affordable** family health care. We provide health care for all members of our community *regardless of income, insurance, or ability to pay*. If your income falls within the guidelines, regardless of insurance, you **may qualify for our sliding fee scale which is based on your income.**
- High quality health care that meets current medical and social standards. Our medical providers are trained in the current standards of family practice medicine and are able to meet the challenges of a diverse population with varying medical needs.
- Confidentiality: Read and ask questions about our *Notice of Privacy Practices* that has been given to you along with this form. *Notice of Privacy Practices* describes how your medical information will be used and disclosed for purposes of treatment, payment, and other health care operations.
- Receive services in a language you understand.
- Select your provider and expect reasonable continuity of care.
- Express concerns and complaints without fear of reprisal.
- Participate in Patient Centered Medical Home Care.

You have the RESPONSIBILITY to:

- Treat our staff with courtesy and respect. (Failure to do so could result in dismissal from care at MVCHS).
- Keep your appointments. If you cannot come to your scheduled appointment please call us at least one hour in advance to cancel.
- Arrive for your appointment on time. Please plan to arrive 10 to 15 minutes before your scheduled appointment.
- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Follow the treatment plan prescribed by your provider and participate in your care.
- Let our receptionist know if you move, change your name or phone number, or have a change of insurance coverage.

- Bring your Medicare, Medicaid, or other medical/dental insurance card to each visit.
- Bring proof of your income if you wish to qualify for our Sliding Fee Scale. You may use any one of the following to verify your income: last month's check stubs; last year's 1040 tax form; a copy of an unemployment check; or a copy of Social Security benefits.
- Accept personal financial responsibility for any charges not covered by insurance and pay your bill for clinic services promptly.
- Ask questions about your treatment plan or other health care issues that you do not fully understand.
- Let us know if we are not meeting your expectations.

I have read and understand my rights and responsibilities as patient of MVCHS.

Patient Signature: _____ Date: _____