

## **PATIENT RIGHTS AND RESPONSIBILITIES**

*As a valued patient at Konza Prairie Community Health Center (KPCHC), you have the right to:*

1. Considerate and respectful care and accommodations regardless of race, color, age, gender, religion, national origin, disability, advance directives, or source of payment.
2. Expect safe environments and consideration for the privacy and confidentiality of personal information.
3. Information regarding your medical care, diagnosis, and treatment from your provider to make informed consent before any procedure and/or treatment.
4. Request or refuse treatment, to the extent permitted by law, and be informed of the medical consequences of your decision/action.
5. Request information and assistance to prepare Advance Directives consistent with Kansas law and receive care compliant with that Advance Directive.
6. Consent or refuse to participate in educational, experimental, investigational, or research care.
7. Request services and/or referrals within a reasonable time as indicated by the urgency of the case.
8. Information regarding the rules, regulations, policies, procedures, and charges implemented by KPCHC.
9. Express care-related concerns, complaints, or conflicts and have access to KPCHC's Quality Assurance Coordinator to address these issues.
10. Revoke or change any form of authorization by notifying KPCHC in writing.
11. Receive and examine an explanation of your bill from services provided at KPCHC and an explanation of the sources of payment.
12. Apply for or decline KPCHC's sliding discount fee service despite the use of insurance or income status.
13. Request and receive information about financial assistance.
14. Receive competent interpreter services when being treated at KPCHC.
15. Have access to your health record created and maintained by KPCHC and request copies to examine and request amendments.

*As a valued patient at Konza Prairie Community Health Center (KPCHC) you are responsible for:*

1. Attending appointments on time and observing KPCHC's attendance policy.
2. Providing accurate and complete information to the best of your knowledge, regarding your present and past health problems, illnesses, hospitalizations, medications, and treatments.
3. Providing accurate and complete information regarding demographics, identification, insurance, income verification (when required), and any legal documentation that may be required or requested.
4. Participating in medical care decisions and communicating your preferences to your provider.
5. Following your provider's treatment and referral recommendations to the best of your ability.
6. Treating other patients and KPCHC staff and property with respect and consideration.
7. Notifying your provider or other KPCHC staff regarding care-related concerns, complaints, or conflicts.
8. Paying your KPCHC bill on time following payment policies.
9. The supervision of your children while on KPCHC property and providing the appropriate authorization for friends and family members to accompany minors to appointments and receive personal health information.