



## Patient Rights and Responsibilities

*Effective as of April 24, 2023*

Ozarks Community Health Center (OCHC) will protect and promote each patient's rights. OCHC is committed to providing quality medical care respectfully, courteously and promptly. OCHC must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible. OCHC will take reasonable steps to determine a patient's wishes concerning designation of a representative. OCHC wants you to be aware of your rights and responsibilities as a patient and consumer of our services.

### **Access to Care**

OCHC prohibits discrimination. You (the patient) shall be provided treatment or accommodations that are available or medically indicated, regardless of your age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression. Please visit OCR's website at [www.hhs.gov/ocr](http://www.hhs.gov/ocr) to file a complaint or to request to speak with someone who can answer your questions and guide you through the process.

### **Communication**

OCHC respects your right to receive information in a manner you understand. Information will be tailored to your age, language and ability to understand. Resources for language interpretation, translation services, vision and speech impaired services are available.

### **Respect and Dignity**

You (the patient) have the right to be treated with dignity and respect. You have the right to an environment that preserves dignity and contributes to a positive self-image. You have the right to individualized, considerate, and respectful care at all times and under all circumstances. OCHC respects your culture, personal values, beliefs and preferences and will attempt to accommodate your religious and other spiritual services.

### **Office Visit Accommodations**

You (the patient) have the right to have a family member or other individual to be present with you for emotional support during your office visit unless the individual's presence infringes on other's rights, safety or is medically or therapeutically contraindicated. You have the right to be accompanied by whom you designate, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. OCHC will not restrict, limit, or otherwise deny these privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. If you are too ill or incapable of communicating, your physician may, with your permission, discuss your condition with your family or representative.

### **Privacy and Safety**

You (the patient) have the right to receive care in a safe setting. You have the right to personal privacy and confidentiality. You have the right to access protective and advocacy services. Those not directly involved with your care must have your permission to be present in discussions regarding your care. If you think confidentiality has been breached, you may file a complaint by contacting the Health Center Compliance Coordinator in the Main Office at (417-745-2121). They will assist you in filing the complaint with OCHC or you may call the Office for Civil Rights in the Department of Health and Human Services at 1-800-368-1019.

### **Medical Records**

You (the patient) have the right to the confidentiality of your medical records. You have the right to access information contained in your medical records within a reasonable time frame. OCHC strives to enable you to receive your medical records in an efficient and timely manner. OCHC will not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits. You or your designated representative have the right to review your medical record and to receive copies of the record at a reasonable photocopy fee. You have the right to obtain information on disclosures of health information. You have the right to request an amendment to your medical record.

### **Consent and Refusal of Treatment**

You (the patient) or your representative (as allowed under State law) have the right to receive information from your physician in order to give informed consent before any procedure and/or treatment is started. OCHC honors your right to give or withhold informed consent to produce or use recordings, films, or other images of you for purposes other than your care. You or your representative have the right to participate in decisions about your treatment and services. OCHC honors your right to give or withhold informed consent. You have the right to accept medical care or to refuse it to the extent permitted by law and to be informed of the medical consequences of refusal.

### **Information Regarding Care**

You (the patient) or your representative (as allowed under State law) have the right to make informed decisions regarding your care. You and/or your representative have the right to be informed about your health status, diagnosis, and prognosis, including unanticipated outcomes of care, treatment, and services that relate to sentinel events. Your rights include being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right should not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. You or your designated representative have the right to be informed, upon request, regarding general information pertaining to services you received.

### **Care Team Identity**

You (the patient) have the right to know the name and professional status of individuals providing service to you.

### **Health Center Charges**

Regardless of the source of payment for your care, you (the patient) have the right to request and receive an explanation of your total bill for medical, dental and behavioral health services provided in the Health Center. If known to the Health Center, you have the right to a timely notice prior to termination of your eligibility for reimbursement by any third-party payer for the cost of your care. You have the right to have your bill audited for accuracy.

### **Special Services**

You (the patient) have the right to services appropriate for your age and/or developmental status. These services include furniture and medical equipment consistent with your size and developmental needs.

### **Designation of a Decision-Maker**

You (the patient) have the right to appoint a surrogate to make health care decisions, on your behalf, including refusal of care, in accordance with law and regulation. OCHC will address your decisions about care, treatment and services received at the end of life. You have the right to formulate, revise and revoke advance directives and to have the Health Center staff and practitioners who provide care to you in the Health Center or Long-Term Care setting comply with these directives which state your wishes. You have the right to designate a decision-maker in your Advance Health Care Directive in the event you are, or become incapable of, understanding a proposed treatment or procedure or if you are or become unable to communicate your wishes regarding care. Additional copies of an Advance Health Care Directive are available through Ozarks Community Health Center at the receptionist's desk or call 417-745-2121.

### **Pain Management**

You (the patient) have the right to discuss your pain, pain management options and any concerns with your physicians, nurses and staff.

### **Restraints**

You (the patient) have the right to be free from physical or mental abuse, and corporal punishment. You have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of yourself, staff or others and must be discontinued at the earliest possible time.

### **Abuse and Protective Services**

You (the patient) have the right to access protective and advocacy services. You have the right to be free from all forms of abuse including verbal, mental, physical, sexual and financial abuse, as well as harassment, neglect or exploitation. You have the right to protective oversight while you are a patient in the Health Center. Any OCHC staff member will assist you, if requested, in notifying appropriate agencies. Protective agencies include those for children and vulnerable adults who may be in a hazardous living condition or situation.

### **Rules and Regulations**

You (the patient) should be informed of the OCHC rules and regulations applicable to your conduct as a patient. You are entitled to information about the Health Center's process for resolving your complaints (see Complaint and Grievance Process').





### **Complaint Process**

You (the patient) have the right to file an informal or formal complaint or written grievance and to expect a prompt resolution. You have the right to voice a complaint concerning your treatment, accommodations, care center personnel, or staff without fear of repercussions or unreasonable interruption of care. You have the right to ask your nurse and/or care provider to help you resolve care issues during your visit. You have the right to ask for the clinic manager to resolve care issues during your visit. You have the right to voice your complaint to the Ozarks Community Health Center Compliance Coordinator in the Main Office at (417-745-2121).

### **Grievance Process**

Any patient service or care issue that cannot be resolved promptly by staff present will be considered a grievance. To file a grievance, please contact the Health Center Compliance Coordinator in the Main Office at (417-745-2121). Upon your request, you will be provided with a copy of the Health Center's policy and procedure on grievances. Grievances about situations that may endanger the patient will be reviewed immediately. In most cases, OCHC will review and respond to all grievances within seven (7) days or will inform you (the patient) or representative that the Health Center is working to resolve the grievance and the anticipated response date. You also may call the Missouri Department of Health & Senior Services at 573-751-6303 to voice a grievance. You may also call the Missouri Primary Care Association at 573-636-4222.

Urbana Medical Center   
Hermitage Medical Center 

Bolivar Dental Clinic   
Greenfield Dental Clinic   
Hermitage Dental Clinic   
Stockton Dental Clinic 

## PATIENT RESPONSIBILITIES

### **Provision of Information**

You (the patient) have the responsibility to provide, to the best of your knowledge and ability, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the physician responsible for your care. You are responsible for reporting whether you clearly comprehend a contemplated course of action and what is expected of you to care for yourself.

### **Compliance with Instruction**

You (the patient) are responsible for following the treatment plan recommended by the provider primarily responsible for your care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible provider's orders and enforce the applicable health center rules and regulations.

### **Refusal of Treatment**

You (the patient) are responsible for outcome(s) of your actions if you refuse treatment or do not follow the physician's instructions.

### **Health Center Charges**

You (the patient) are responsible for assuring that the financial obligations of your healthcare are fulfilled as promptly as possible.

### **Respect and Consideration**

You (the patient) are responsible for being considerate of the rights of other patients and Health Center personnel and for cooperating in the control of noise and observing OCHC and state no smoking laws. You are responsible for being respectful of the property of other persons and of the Health Center and maintaining civil language.

### **Advance Health Care Directives/Religious Beliefs**

You (the patient) have the responsibility of informing your provider and the Health Center of any advance directives, Do-Not-Resuscitate (DNR) orders, living wills or religious beliefs that need to be considered during the course of your care.




### **Personal Possessions**

You (the patient) are responsible for your personal property, including cell phones, eye glasses, dentures, canes, etc., while in the OCHC facility.

***You may obtain an additional copy of these rights from the OCHC. If you have a question, concern or comment that you would like to ask about OCHC, either during your visit with us or after you return home, please contact our staff at 417-745-2121.***

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