



South Central Missouri Community Health Center
DBA Your Community Health Center
1050 West Tenth Street, Suite 480
Rolla, MO 65401
573-426-4455

Patient's Rights And Responsibilities Letter

To Our Patients:

As a patient of the Your Community Health Center, or as the parent or guardian of a minor patient, we want you to know your rights.

As a Patient, you have the right to:

- Receive health care that respects your cultural, psychosocial, and personal values and beliefs.
- Request a copy of any rules or regulations that relate to the conduct of patients, as provided below.
- Know your records and communications are confidential to the extent provided by law, and to expect privacy during medical treatment and care.
- Refuse to be examined or treated by medical students or other clinical staff, without jeopardizing access to medical care and/or treatment.
- Refuse to serve as a research subject or receive any care or examination that is primarily for educational or informational purposes.
- Participate in any consideration of ethical issues that arise in your or your child's care.
- Inquire of any relationship the clinic, or your physician, has with another health-care facility or educational institution, to the extent that the relationship relates to your or your child's care.
- Receive information regarding financial assistance.
- Obtain the name and specialty of the physician or other health-care providers caring for you or your child.
- Have all reasonable requests responded to promptly and adequately within Health Center capacity. Please allow at least 48 hours for prescription refill requests.
- Receive sufficient information to give informed consent to treatment, to the extent provided by law, including an explanation of your condition or your child's, proposed treatments, and alternative therapies, with their respective benefits and risks.
- Make decisions regarding your health care, including the decision to refuse or discontinue treatment, to the extent permitted by law.
- Fill out advance care directives, such as a health care proxy form to designate someone to make decisions for you, in the event that you become incapable of understanding a proposed treatment or procedure, or are unable to communicate your wishes regarding you care.

- A proper assessment and management of pain and/or discomfort.
- Receive prompt, life-saving treatment in an emergency without discrimination or delay based on economic or payment concerns.
- Receive an itemized statement and detailed explanation of your bill.
- Register complaints, seek solutions to problems, or file grievance with the clinic if you have concerns regarding your care.
- Receive Primary Care Services regardless of ability to pay.

Your Responsibilities as a Patient:

By taking an active role in your health care, you can help your caregivers meet your needs as a patient or family member. That is why we ask that you and your family share with us certain responsibilities. As a Patient, We ask that you:

- Provide accurate and complete information regarding your or your child's health matters, medical conditions, past illnesses, hospitalizations, medications, and information regarding home/work/school that may impact your ability to follow the proposed treatment.
- Follow the treatment plan developed with your provider. Express any concerns about your ability to comply with a proposed course of treatment. You are responsible for the outcomes if you refuse treatment or do not follow your care provider's instructions.
- Be considerate of patients, clinic staff and their property. Abusive, threatening, or inappropriate language or behavior will not be tolerated.
- Call us to reschedule or cancel an appointment that you are unable to keep, (a 24 hour notice when canceling or rescheduling is requested, patients who do not cancel or reschedule prior to appointed time will be considered a no-show patient. Patients who are no-show on 3 separate occasions will no longer be eligible for scheduled appointments).
- Be honest and forthcoming about your financial needs so we may connect you to appropriate resources.
- Provide a copy of any health care proxy, power of attorney, court order, or other legal document that may affect your decision-making ability or care.
- Inform us if you object to medical students or researchers participating in your care.
- Help to keep a safe environment at Community Health Center by being free of alcohol, drugs, or weapons while on the premises.
- Treat the Health Center staff and providers with the same courtesy and respect that you would like to receive from them.

Your Community Health Center