



PATIENT RIGHTS AND RESPONSIBILITIES

AS A PATIENT OF **SOUTH OF MARKET HEALTH CENTER** YOU HAVE THE **RIGHT** TO...

1. Exercise their rights without regard to sex, economic status, educational background, race, color religion, ancestry, national origin, sexual orientation or marital status, or the source of payment of care.
2. Be treated with courtesy, respect, and dignity.
3. Know the name of the physician who has primary responsibility for coordinating the care .
4. Receive information about the illness, the course of treatment and prospects for recovery in terms that you can understand.
5. Receive as much information about any proposed treatment or procedure as needed in order to give informed consent or to refuse a course of treatment.
6. Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment that is confidential and conducted discreetly.
8. Be to be advised as to the reason for the presence of any individual.
9. Confidential treatment of all communications and records pertaining to their care and treatment. That written permission be obtained before your medical records can be made available to anyone not directly concerned with your care and treatment.
10. Reasonable responses to any reasonable requests made for service.
11. Reasonable continuity of care and to know in advance, the time and location of appointment as well as the identity of persons providing the care.
12. Be advised if clinic/personal physician proposes to engage in or perform human experimentation affecting care or treatment. You have a the right to refuse to participate in such research projects.
13. Be informed of continuing healthcare requirements following discontinuation of treatment.
14. Examine and receive an explanation of the bill regardless of source of payment.
15. Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding your medical care .
15. Have your wishes considered for purposes of determining who may participate in the medical visit if you the patient lacks decision-making capacity. This section may not be construed to prohibit the health center from otherwise establishing reasonable restrictions if the wishes of the patient may compromise or hinder the rendering of appropriate or needed medical care.
16. Give informed consent, after explanation of the risks, benefits and alternatives of proposed treatments.

YOUR RESPONSIBILITIES AS A PATIENT ARE TO:...

1. Provide accurate and complete information about illnesses, medications, and other health matters.
2. Report any changes in your condition to your provider.
3. To let your provider know if you clearly understand your treatment plan and what is expected of you.
4. Follow your treatment plan and keep appointments and notify your provider when you cannot; for any reason.
5. Be responsible for your action if you do not accept treatment and do not follow your physician's instructions.
6. Participate in decisions concerning your healthcare, but not to demand inappropriate or unnecessary treatment
7. Take care of your financial obligations as promptly as possible.
8. Follow health center rules and regulations while visiting the facility.

For help with patient concerns, contact Clinic Manager at (415) 503-6000