



PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Treasure Coast Community Health, Inc. (TCCH) is pleased to be your provider of health care and related services. As our patient, you may have many "rights" as well as having certain "responsibilities" which will help us serve you more promptly and efficiently. This is a mutual partnership established between you, our patient (parent or custodian of our patient) and us, your professional staff of TCCH. This agreement is called the PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES. It is an acknowledgement of our mutual agreement. Thank you for the opportunity to serve you.

As a patient of Treasure Coast Community Health, Inc. you have the **RIGHT** to:

1. Be treated with courtesy, respect, consideration, dignity and with privacy and confidentiality by all who provide health care and other services to you at Treasure Coast Community Health, Inc.
2. Be given information concerning available services of Treasure Coast Community Health, Inc., including after-hours, emergency services, and any patient support services which TCCH have available.
3. Prompt and reasonable response to your questions and requests.
4. Choose your health care provider(s) and know who is responsible for your care by being given proper identification by name and title of everyone who provides health care or other related services to you.
5. Be given information of Treasure Coast Community Health, Inc. policies and charges for services including eligibility for third party reimbursement, the Centers acceptance of assignment for Medicaid and Medicare, and any other financial assistance known to us.
6. Be given complete and current information by Treasure Coast Community Health, Inc. concerning your diagnosis, treatment, alternatives, risks, and prognosis as required by your provider's legal duty to disclose in terms and language you can reasonably be expected to understand.
7. Refuse treatment within the confines of the law.
8. Refuse to participate in experimental research, marketing and/or fundraising.
9. Voice grievance with and/or suggest change in health care services without being treated, restrained, or discriminated against.
10. Be given appropriate and professional quality health care and other services without discrimination against race, creed, color, religion, sex, national origin, sexual preference, handicap or age.
11. A health care treatment, developed to meet personal health care needs, with periodic assessments/updates which will be reviewed by you.
12. Participate in the development of your health care treatment.
13. Receive a timely appointment from Treasure Coast Community Health, Inc. regarding your healthcare and/or other services.
14. Be given complete and current information by Treasure Coast Community Health, Inc. so you will be able to give informed consent for your treatment prior to the start of any treatment.
15. Review your clinical record at your request within the policies of Treasure Coast Community Health, Inc.
16. Request to have incorrect or incomplete health information about you in your electronic health record corrected or completed.
17. Be given information regarding anticipated transfer of your health care to another health care facility and/or termination of health care services to you.
18. Be given information by Treasure Coast Community Health, Inc. concerning the consequences of refusing treatment or not complying with therapy.
19. Receive an itemized bill and explanation of charges.
20. Create advanced directives, which are legal papers that allow you to decide now what you want to happen if you are no longer healthy enough to make decisions about your care.

As a patient of Treasure Coast Community Health, Inc. you are **RESPONSIBLE** for:

1. Giving accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies, other pertinent items such as your past providers.
2. Reporting any unexpected change in condition.
3. Participating in the development and updates of your personal health care treatment (or that of your child/dependent) and requesting further information concerning anything you do not understand.
4. Following your developed/updated health care treatment.
5. Your actions if you refuse treatment or do not follow recommendations of Treasure Coast Community Health, Inc. for your health care.
6. Keeping appointments for any scheduled service at TCCH, its referral including clinical and financial referrals, or if unable to do so for any reason notifying the Center of your inability a.s.a.p., specifically 24 hours prior to the appointment.
7. Providing Treasure Coast Community Health, Inc. with accurate and complete financial information and paying any amounts which are required for your financial classification.
8. Assisting in maintaining a safe and clean environment and following the TCCH rules for patient care and conduct.
9. Treating all TCCH's employees with courtesy and respect.