 **Patient Rights and Responsibilities**

Comprehensive Integrated Care (CiC) is committed to providing our patients with the most advanced medical care available. As a patient of CiC, you have certain rights and responsibilities. Please review carefully, it is important that you understand them.

**You have the Right to:**

* Be treated with dignity, as well as to have considerate, courteous, and respectful care from all staff of the facility in a prompt and responsible manner.
* Know the names, titles, and professions of the facility staff to whom the patients speak and from whom services or information are received.
* Not to be subjected to abuse, neglect, exploitation, coercion, manipulation, sexual abuse or sexual assault, restraint or seclusion, retaliation for submitting a complaint to any entity, or misappropriation of personal or private property by CiC’s personnel member, employee, volunteer, or student.
* Efficient and equal service, regardless of their gender, race, sex, religion, ethnic background, social class, physical or mental handicap, economic status, sexual orientation, marital status, or diagnosis.
* Receive treatment that supports and respects the patient’s individuality, choices, strengths, and abilities with respect for the patient’s civil rights and religious opinions.
* Obtain assistance in interpretation for non-English speaking patients.
* Receive treatment that supports and respects the patient’s individuality, choices, strengths, and abilities.
* Respect for the patient’s privacy in treatment and care for personal needs.
* Confidentiality of the patient’s personal health records as provided by law. Confidential handling of all communications and medical information maintained at CiC, as provided by law and medical ethics. Your written permission will always be required for CiC’s release of Private Health Information (PHI) except when:
* Health professionals providing for your care request clinical information.
* CiC is legally obligated to release PHI.
* CiC prepares and releases information in the form of statistical summaries that do not identify individuals.
* Information is necessary to support or facilitate claims payment, utilization management or quality management.
* Access to patient’s personal health records, upon written request.
* Complete information in terms, the average patient can reasonably be expected to understand.
* Informed consent and full discussion of risks and benefits prior to any treatment, services, or invasive procedure, except in an emergency, and alternatives to the proposed treatment/procedure must be discussed with the patient.
* Participate or have the patient’s representative participate in the development of, or decisions concerning, treatment.
* Receive assistance from a family member, the patient’s representative, or other individual in understanding, protecting, or exercising the patient’s rights.
* Refuse examination, discussion and procedure to the extent permitted by law and to be informed of the health and legal consequences of this refusal. We encourage you to discuss your objection with your referring physician. They will advise and discuss alternative treatment plans with you, but you will have the final decision regarding your healthcare.
* Participate or refuse to participate in research or experimental treatment.
* Expect reasonable continuity of care within the scope of services and staffing of the facility. Patient has the right to receive a referral to another health care institution if the center is not authorized or able to provide physical health services or behavioral health services needed by the patient.
* Present complaints to the management of the facility without fear of reprisal and receive a response in a timely manner.
* Initiate the grievance procedure if you are not satisfied with CiC’s decision regarding your complaint.
* Examine and receive a full explanation of any charges made by the facility regardless of source of payment for all services rendered.

**You have the Responsibility to:**

* Provide honest and complete information to those providing your care.
* Keep scheduled appointments or notify CiC if you will be delayed as soon as reasonably possible; or, if unable to keep scheduled appointments, notify the office 48 hours in advance.
* Relay any current medication(s) you are taking or any medical allergies to a CiC healthcare provider.
* Ask questions when you do not understand information or instructions. Make it known whether you understand the care and diagnostic tests to be performed and take an active role in your treatment by being informed, prepared, and adhering to any pre and post procedure instructions.
* Comply with the rules of our facility, including our visitor and smoke-free environment policies.
* Express your opinions, concerns, or complaints in a constructive manner to the appropriate people at our facility as they arise.
* Learn how to access information pertaining to your health care coverage.
* Show respect and consideration for the rights of fellow patients, the staff, and our property.
* Behave in a manner that is not disruptive to the delivery of healthcare or to themselves or others.
* Inform us about any living will, medical power of attorney, or other directive that may affect your care.
* Verify with your insurance company whether CiC participates with their insurance plan and if you have deductibles and/or co-pays.
* Present your insurance card and proper identification prior to receiving services.
* Pay all charges, if any, for appointments and non-covered services at the time service is rendered.
* Accept personal financial responsibility for any charges not covered by your insurance.

**An Administrator Shall Ensure that:**

* A patient or the patient’s representative either consents to or refuses treatment, except in an emergency.
* A patient or the patient’s representative may refuse or withdraw consent before treatment is initiated.
* A patient or the patient’s representative is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure, except in emergencies.
* A patient or the patient’s representative is informed of the center’s policy on health care directives and the patient complaint process.
* A patient consents to a photograph before it is taken, except that a patient may be photographed when admitted to the facility for identification and administrative purposes.
* A patient provides written consent to release information in the patient’s medical record or financial records, except as otherwise permitted by law.
* Facility staff shall be informed of and demonstrate their understanding of the policies on patient rights and responsibilities through orientation and in-service training activities.

**Complaints/Grievances:**

If at any time you have questions or concerns regarding your Rights and Responsibilities, please ask to speak to the local center manager/administrator. If you feel your rights have been violated, you may also contact our Compliance Hotline at 1-844-424-2236.

You also have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling: 1-877-696-6775 or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

Medicare Beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman. A Medicare Beneficiary Ombudsman can help you understand your Medicare rights and protections. To contact an Ombudsman, call Medicare and ask the representative to send your question or complaint to the Ombudsman. The Medicare phone number is 1-800-633-4227 (TTY users call 1-877-486-2048). The Medicare Ombudsman Website is: <https://www.cms.gov/Center/Special-Topic/Ombudsman>.