



Patient and Center Rights and Responsibilities

Welcome to the Center. Our goal is to provide quality access to health care to our community, regardless of ability to pay. As a patient, you have rights and responsibilities. The Center also has rights and responsibilities. We want you to understand these rights and responsibilities so you can help us provide better care to you. Please read this document, ask us any questions you have, then sign the acknowledgement statement.

A. Human Rights

You have the right to be treated with respect regardless of race, color, socio-economic status, marital status, religion, gender, gender identity, sex, sexual orientation, housing status, national origin, ancestry, physical or mental handicap or disability, age, family status, veteran status, or other grounds as applicable by federal, state, and local laws or regulations.

B. Payment for Services

1. You are responsible for giving our staff accurate information about your present financial status and any changes in your financial status. The staff need this information to decide how much to charge you and/or so they can bill private insurance, Medicaid, Medicare, or other benefits for which you may be eligible.
 - a. The Center has created a Sliding Fee Discount Program, which allows patients who meet the necessary criteria to receive their care at a discounted rate. The discount is based on household size and income. To determine your eligibility for the Sliding Fee Discount Program, you will be asked to fill out an application. The application will ask some personal questions about the financial situation of your household. You will be asked to provide proof of your entire household income. This includes, but is not limited to, wages, government assistance, child support/alimony, social security benefits, and any other financial assistance. A member of the Center staff is available to assist you if you needed.
2. You have a right to receive an explanation of the Center's bill(s). You must pay, or arrange to pay, all agreed fees for services. If you cannot pay right away, please let staff know so they can continue to provide care to you and develop your payment plan.

Self-pay patients may pay \$75 per face-to-face primary care medical encounter or a behavioral health encounter with a provider when the payment is made at the time of service.

Self-pay patients may pay \$125 per face-to-face medical encounter with a Center Psychiatrist when the payment is made at the time of service.



3. Federal law prohibits the Center from denying you primary care services which are medically necessary solely because you cannot afford to pay or unable to pay for services. However, this is not true when a patient is unwilling to pay.

C. Privacy

You have a right to have your conversations, examinations, and treatment in privacy. Your medical records are also private. Only legally authorized persons may view your medical records unless you request in writing for us to show them to, or copy them for, someone else. In certain instances, the Center may be required to report to the Michigan Department of Community Health regarding your health condition or disease status. A complete explanation of your privacy rights will be given to you, labeled as the Center's Notice of Privacy Practices, along with this document. Staff will request that you acknowledge your receipt of our Notice of Privacy Practices. The Notice of Privacy Practices sets forth the ways in which your medical records may be used or disclosed by the Center and the rights granted to you under the Health Insurance Portability and Accountability Act ("HIPAA").

D. Health Care

1. You are responsible for providing the Center complete and current information about your health or illness, so that we can provide proper health care. You have a right, and are encouraged, to participate in decisions about your care plan and treatment.
2. You have a right to information and explanation in a language that you understand. Translation services are available, if needed. You have a right to information about your health or illness, treatment plan, including the nature of your treatment; its expected benefits; its inherent risks and hazards (and the consequences of refusing treatment); the reasonable alternatives, if any (and their risks and benefits); and the expected outcome, if known. This information is called obtaining your informed consent.
3. You have the right to receive information regarding "Advance Directives." If you do not wish to receive this information, or if it is not medically advisable to share that information with you, we will provide it to your legally authorized representative.
4. You are responsible for appropriate use of Center services, which includes following staff instructions and making and keeping scheduled appointments. Center professionals may not be able to see you unless you have an appointment.
5. If you are an adult, you have the right to refuse treatment or procedures to the extent permitted by applicable laws and regulations. In this regard, you have the right to be informed of the risks, hazards, and consequences of refusing such treatments or procedures. Your receipt of this information is necessary so that your refusal will be "informed." You are responsible for the consequences and outcome of refusing recommended treatment or procedures. If you refuse treatment or procedures that your



health care providers believe is in your best interest, you may be asked to sign a refusal to consent form.

6. You have the right to health care and treatment that is reasonable for your condition and within our capability, however, the Center is not an emergency care facility. You have a right to be transferred or referred to another facility for services that the Center cannot provide. The Center does not pay for services that you receive from another health care provider.
7. If you are in pain, you have a right to receive an appropriate assessment and pain management, as appropriate.

E. Center Rules

1. You have a right to receive information on how to appropriately use the Center's services. You are responsible for using the Center's services in an appropriate manner. If you have any questions, please ask.
2. You are responsible for the supervision of children you bring into the Center. You are responsible for the children's safety and the protection of other patients and our property.
3. You have a responsibility to attend your scheduled appointments and be on time. Missed appointments cause delay in treating other patients. If you do not attend your appointments and be on time, you may be subject to disciplinary action pursuant to the Center's policies and procedures.

F. Formal Complaints

1. If you are not satisfied with our services, please tell us. We want suggestions so we can improve our services. Staff will guide you on how to file a formal complaint. If you are not satisfied with how management responds to your complaint, you may request that your complaint is presented to the Center's Board of Directors.
2. If you make a formal complaint, no Center representative will punish, discriminate, or retaliate against you for filing a complaint, and the Center will continue to provide you services.

G. Termination of Patient/Center Relationship

If the Center decides that we must stop treating you as a patient, you have a right to advance written notice that explains the reason for the decision, and you will be given thirty (30) days to use our health center. However, the Center can decide to stop treating you immediately, and without written notice, if you create a threat to the safety of the staff and/or other patients. You have a right to receive a copy of the Center's Termination of the Patient and Center Relationship Policy.

Reasons for which we may stop treating you include:

1. Failure to obey Center rules and policies, such as keeping scheduled appointments;



2. Intentional failure to accurately report your financial status; unwillingness to pay for services
3. Intentional failure to report accurate information concerning your health or illness;
4. Intentional failure to follow a treatment plan, such as instructions about taking medications, personal health practices, or attending follow up appointments, as recommended by your health care provider(s), and/or
5. Creating a threat to the safety of the staff and/or other patients.

H. Appeals

If the Center has given you a notice of termination of the patient and Center relationship, you have the right to appeal the decision to the Center's Compliance and Process Improvement (CPI) Committee.



Missed Appointment & Late Arrival Policy

It is the responsibility of the Center to provide convenient scheduling as well as maintain availability for all patients. The opportunity for the health center to provide this availability greatly diminishes when there are missed appointments or “no shows”, which is when the patient does not call the health center to cancel or reschedule at least 24 hours in advance.

Additionally, it is the responsibility of the health center to make every reasonable effort not to turn patients away. The Center recognizes that its patient population may have difficulty securing reliable transportation, and thus may arrive late to an appointment due to circumstances beyond the patient’s control.

If three or more appointments are missed in any six-month period, the patient risks or potentially forfeits the privilege of receiving an advanced scheduled appointment and will only be allowed a “same day” appointment.

Late patients have the option of rescheduling their appointment or waiting for their provider to fit them into the schedule same day. The Center cannot say with certainty how long a late patient’s wait will be, or if the patient will be seen at all as a same-day appointment. Receptionists will assess these situations with the providers on a case-by-case basis.

Referral’s

Referral’s will be placed to the recommended specialists, that your provider feels will fulfill your care.

Keep in mind due to the specialist’s availability and the insurance the specialist participate you may have to travel.