

























SOUTHERN INDIAN HEALTH COUNCIL, INC.

4058 Willows Road Alpine, CA 91901
phone (619) 445-1188 fax (619) 659-3144
www.SIHC.org

Patient Rights

Southern Indian Health Council, Inc. desires to serve all patients in a manner appropriate to each individual's integrity and healthcare needs. SIHC is committed to providing integrated quality care. SIHC partners with its patients on this journey. To benefit the most from your experience and get the most from your care, SIHC is committed to working with you as a team. As an SIHC patient you have the following rights when receiving care:

-  to be informed of Patient Rights and Responsibilities
-  to receive considerate and respectful care in a safe and secure environment with respect and regard for your privacy, individuality, personal beliefs and cultural traditions
-  to be treated with courtesy, dignity, and respect at all times and to receive information and care in a non-abusive manner
-  to receive appropriate, timely and qualified care in a setting appropriate to your healthcare needs
-  to understand and agree to the care you will receive
-  to know the name and qualifications of all individuals providing services and how to contact SIHC, including accessibility to advice after-hours
-  to expect reasonable continuity of care between services and providers
-  to accessible services and timely referrals to staff and services consistent with quality professional practices
-  to refuse treatment, except where prohibited by law, and to be fully informed of the possible consequences of such refusal, without reprisal
-  to be informed of the reasons for tests and treatments and to receive the results in a timely manner
-  to participate in decisions affecting your care and treatment according to your own desires, needs, and understanding, including the choice to have family or friends participate in this process
-  to receive information about your condition, the course of treatment, and the prospects for good health in terms that you can understand, including any ethical issues that impact your care
-  to change providers if other qualified providers are available
-  to know SIHC policy for accessing and disclosing information in your health record and reviewing, requesting and receiving a copy of your health record
-  to know, in advance of service, the cost of service and any applicable payment policies
-  to express your complaints and satisfaction regarding the services received and to comment and make suggestions for improvement of the quality of care and services
-  to file a complaint and to receive a response, in a timely manner, to your complaint without fear of discrimination or reprisal
-  to refuse to sign consent forms until you understand what you are signing
-  to appoint a legal representative to make decisions regarding your healthcare, who will have all the above rights apply to them on your behalf
-  to expect that your personal privacy will be respected by all employees
-  to expect that your health records will be kept confidential and information released according to SIHC policy and Notice of Privacy Practices (HIPAA)
-  to identify a person whom you would like to make decisions for you when you are unable to do so, using the Advance Care Directives

**If you have a compliment, concern, complaint, or suggestion
please contact Quality Management at x522.
You may also ask any employee for an Experience Feedback Form.**

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Department Origin: Quality Management




















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Patient Responsibilities

Southern Indian Health Council, Inc.'s journey to be patient centered involves the patient to be at the center of all decisions and care provided. You and your provider are in a partnership together to provide the best possible care at the right time with the highest quality of care. As a participant and key player in your care, you have responsibilities:

-  to discuss your care problems, concerns, and personal needs with your provider(s) in an honest manner and to inform the provider of any changes occurring in your health
-  to actively participate in decisions regarding your care and to follow your provider's care instructions and advice
-  to provide a complete and accurate health history, including a list of current medications (including over-the-counter and dietary supplements), and inform your provider of information related to past conditions (including allergies or sensitivities), treatments, and medications
-  to bring all discharge papers from emergency room and urgent care visits and ensure any specialist sends SIHC your visit notes
-  to ask questions when in need of further instructions or better understanding
-  to let your provider know if you cannot or will not follow a certain treatment plan
-  to make healthy decisions about your daily habits and lifestyle
-  to make, keep, and arrive on time for all scheduled appointments
-  to cancel any appointment a minimum of 24-hours prior to the appointment
-  to pay for service at the time service is provided
-  to provide accurate, complete, and current information for insurance coverage, home address, telephone number, social security number, and Indian verification
-  to advise your provider(s) of all changes in any decisions concerning Advance Directives and/or persons designated by you to make healthcare decisions for you
-  to cooperate with the various providers involved in your care and to conduct yourself in a polite and respectful manner
-  to treat all persons with courtesy, dignity, and respect at all times and to exchange information in a non-abusive, either physically or verbally, manner while receiving care
-  to respect the rights and property of all employees and other patients
-  to call SIHC first with all problems, unless it is a medical emergency
-  to inform SIHC of any requirements or accommodations needed to meet your cultural and/or language needs

By signing below I acknowledge I have read and understood my responsibilities of being an SIHC patient.

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Patient/ Legal Representative (signature)

Date

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