



Patient Rights and Responsibilities:

As a patient, you have the right to:

- Receive the healthcare you need regardless of your race, creed, age, color, beliefs, national origin, gender, gender identity, sexual orientation, religion, disability, marital status, or source of payment.
- Be treated with dignity and respect of your individuality in a safe environment, free of threat and harm and with privacy in treatment.
- Request assistance if you are vision and/or hearing impaired.
- Express your religious and cultural beliefs as long as the exercise of these beliefs does not harm others or interfere with the medical treatment or the rights of others.
- take part in your health care and treatment
- know the names of the people caring for you
- be informed about your illness and treatment, including options for your care
- change medical providers at MCHC
- get another opinion about your illness or treatment
- privacy of your health records
- talk with the clinic manager about any questions or problems with your care
- know about services available through MCHC
- respect for your cultural, social, spiritual and personal values and beliefs
- know about legal reporting requirements
- ask for special arrangements if you have a disability
- ask for help with a living will or durable power of attorney for health care
- refuse treatment, care and services as allowed by law
- know the cost of your care and ways you may pay for your care
- refuse to be included in any research program without limiting medical care or treatment

As a patient, you have the responsibility to:

- tell your medical provider about your illness or problems
- ask questions about your illness or care
- show respect to both care givers and other patients
- cancel or reschedule appointments so that another person may have that time slot
- pay your bills on time and to accept and meet financial obligations incurred by making prompt payments for services provides, including copayments, deductibles and any other covered charges.
- use medications or medical devices for yourself only
- inform the medical provider if you become worse or you have an unexpected reaction to a medication
- give written permission to release your other health records to MCHC when necessary
- provide MCHC a copy of your living will or durable power of attorney for healthcare matters

If you have any questions or do not understand, please tell your medical provider or the director of clinical operations