



Patient Rights & Responsibilities

Klamath Tribal Health & Family Services

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Klamath Tribal Health & Family Services is committed to providing high quality care that is fair, responsive, and accountable to the needs of our patients and their families. We are committed to providing our patients and their families with a means to not only receive appropriate health care and related services, but also to address any concerns they may have regarding such services. We encourage all of our patients to be aware of their rights and responsibilities and to take an active role in maintaining and improving their health and strengthening their relationships with our health care providers.

A. Patient Rights. Every patient shall have the right to:

1. Receive high quality care based on professional standards of practice.
2. Be treated with courtesy, consideration and respect by all KTHFS staff, at all times and under all circumstances, and in a manner that respects his or her dignity and privacy.
3. Be informed of KTHFS's Privacy Policies and Procedures, as the policies relate to individually identifiable health information. Every patient will receive a copy of the KTHFS Notice of Privacy Practices.
4. Expect that KTHFS will keep all medical records confidential and will release such information only with his or her written authorization, in response to court order or subpoenas, or as otherwise permitted or required by law.
5. Access, review and/or copy his or her medical records, upon request, at a mutually designated time (or, as appropriate, have a legal custodian access, review and/or copy such records), and request amendment to such records.
6. Know the name and qualifications of all individuals responsible for his or her health care and be informed of how to contact these individuals.
7. Consent or decline the presence of all other persons allowed in patient care areas that are not authorized staff (for example, student/observers, etc.).
8. Request a different health care provider if he or she is dissatisfied with the person assigned to him or her by KTHFS. KTHFS will use best efforts, but cannot guarantee that reassignment requests will be accommodated.
9. Receive a complete, accurate, easily understood, and culturally and linguistically competent explanation of (and, as necessary, other information regarding) any diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives (including no treatment), and associated risks/benefits.
10. Receive information regarding services available, including provisions for after-hours and emergency care, support services such as but not limited to non-emergent transportation and health education services.
11. Receive sufficient information to participate fully in decisions related to his or her health care and to provide informed consent prior to any diagnostic or therapeutic procedure (except in emergencies). If a patient is unable to participate fully, he or she has the right to be represented by parents, guardians, family members or other designated surrogates.
12. Ask questions (at any time before, during or after receiving services) regarding any diagnosis, treatment, prognosis and/or planned course of treatment, alternatives and risks, and receive understandable and clear answers to such questions.

13. Refuse any treatment (except as prohibited by law), be informed of the alternatives and/or consequences of refusing treatment, which may include KTHFS having to inform the appropriate authorities of this decision, and express preferences regarding any future treatments.
14. Be informed if any treatment is for purposes of research or is experimental in nature, and be given the opportunity to provide his or her informed consent before such research or experiment will begin (unless such consent is otherwise waived).
15. Develop advance directives (or living will, medical power of attorney) and be assured that all health care providers will comply with those directives in accordance with law.
16. Designate a surrogate to make health care decision if he or she is or becomes incapacitated.
17. Ask for and receive information regarding his or her financial responsibility for any services that the patient is referred out for, (services not performed by KTHFS such as lab work).
18. Obtain services without discrimination on the basis of race, ethnicity, gender, age, religion, physical or mental disability, sexual orientation or preference, marital status, socio-economic status or diagnosis/condition.
19. Request any additional assistance necessary to understand and/or comply with KTHFS's administrative procedures and rules, access health care and related services, participate in treatments, or satisfy payment obligations by contacting the [PATIENT REGISTRATION DESK].
20. File a grievance regarding treatment or care that is (or fails to be) furnished or file a complaint about KTHFS or its staff without fear of discrimination or retaliation and have it resolved in a fair, efficient and timely manner. For additional information, please contact the [ADMINISTRATIVE OFFICER]. Confidential Patient Grievance or Complaint Forms (Form QMI-1000) are available the KTHFS website (www.klamathtribalhealth.org), the KTHFS Policy Library (Quality Management and Improvement Chapter), or by asking any receptionist or employee.

B. Patient Responsibilities. Every patient is responsible for:

1. Providing accurate personal, demographic (such as a current address and telephone number), health insurance information, and personal medical information (including past illnesses, current treatments and medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities) prior to receiving services from KTHFS and its health care providers.
2. Following all KTHFS administrative and operational rules and procedures posted within KTHFS facility(s).
3. Following Klamath Tribal Health & Family Services guidelines for patient conduct, to include:
 - a. Behaving at all times in a polite, courteous, considerate and respectful manner to KTHFS staff, contractors, and patients, including respecting the privacy and dignity of other patients.
 - b. Supervising his or her children/grandchildren while in KTHFS facility(s).
 - c. Refraining from abusive, harmful, threatening, or rude conduct towards other patients and/or KTHFS staff.
 - d. Not carrying any type of alcohol, illegal drugs, weapons or explosives onto any KTHFS facility(s) or leased GSA vehicle.
 - e. Demonstrating respect for KTHFS property, including leased GSA vehicles, as well as the personal property of others persons.
4. Keeping all scheduled appointments and arriving on time.

5. Notifying KTHFS no later than 24 hours (or as soon as possible within 24 hours) prior to the time of an appointment that he/she cannot keep the appointment as scheduled.
6. Participating in and following the treatment plan recommended by his or her health care providers, to the extent he or she is able, and working with providers to achieve desired health outcomes.
7. Asking questions if he or she does not understand the explanation of (or information regarding) his or her diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives or associated risks/benefits, or any other information provided to him or her regarding services.
8. Providing an explanation to his or her health care providers if refusing to (or unable to) participate in treatment, to the extent he or she is able, and clearly communicating wants and needs.
9. Informing his or her health care providers of any changes or reactions to medication and/or treatment.
10. Familiarizing himself or herself with his or her health program eligibility benefits and any exclusions, deductibles, co-payments, and treatment costs.
11. Advising KTHFS of any concerns, problems, or dissatisfaction with the services provided or the manner in which (or by whom) they are furnished.
12. Updating emergency contact information to include any children under the age of 18 who reside in the household and are eligible for services.
 - a. In case of a life-threatening emergency situation, a provider or staff member will dial 911. If the patient is coherent, the patient will be responsible for requesting their provider or a KTHFS staff member to call his/her emergency contact as a courtesy. If the patient is not coherent or unconscious and has a minor(s) accompanying them or no other family member or attendee with them, their emergency contact will be notified.
13. To provide KTHFS with a copy of any advance directive documents (living will, health care proxy, medical power of attorney) or other document that could affect your care, if such documents exist.
14. Utilizing all services, including grievance and complaint procedures, in a responsible, non-abusive manner, consistent with the rules and procedures of KTHFS (including being aware of KTHFS's obligation to treat all patients in an efficient and equitable manner).
15. Provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider.
16. Acknowledging receipt, reading, understanding, and upholding the KTHFS policy on patient rights and responsibilities.

Patient Statement of Receipt and Understanding.

I have read my rights and responsibilities as a patient of Klamath Tribal Health & Family Services and I have received a copy of the document. I understand that violations of any of the responsibilities as a patient may result in warnings or sanctions as described in the Klamath Tribal Health & Family Services Quality Management & Improvement Policy & Procedures, Policy QMI-2011-1000. Copies of these are available by request.

Print Patient Name

Signature of Patient (or Parent/Guardian)

Date