



Coquille Indian Tribe Community Health Center Patient/Client Rights

All Patients of the Coquille Indian Tribe Community Health Center have the following rights:

1. To access care, service, and provider choice based on Community Health Center Policy and Contract Health Services eligibility standards.
2. The right to be treated with Respect, Consideration, Dignity, and Privacy.
3. The right to Confidentiality of your Personal Health Information. Information about your treatment will be protected under the standards as explained in the Community Health Center Privacy Notice and as guaranteed under Code 42 Federal Law and other Confidentiality Statutes as identified by IHS.
4. The right to receive complete information, to the degree known, regarding your diagnosis, evaluation, treatment, and prognosis. If receipt of said information is medically inadvisable the information will be provided to an individual you designate and/or to a legally authorized other as defined by Law.
5. The right to fully participate in decisions regarding your treatment unless said involvement is counter-indicated for medical reasons. If participation is counter-indicated the individual(s) as identified in (4) above will receive a documented explanation by your CHC Primary Care Provider.
6. The right to receive a copy of CHC Patient Rights, the CHC Privacy Notice, CHC Patient Responsibilities, CHC Complaint Procedures, Advance Directives, and Information about Services available from the Community Health Center at enrollment and/or any other time by your request.
7. The right to file a complaint against the Community Health Center, without fear of retaliation, if any of the rights detailed in this document have been violated.
8. The right to receive specific and detailed information about fees, payment policies, services rendered, and billings, as related to your personal care.
9. The right to inquire and receive information relating to the professional status and credentials of those providing treatment.
10. The right to be informed if a student is participating in your care, and to refuse student involved care.
11. The right to receive and review, upon request, rules and regulations upon which the CHC operates.
12. The right to refuse participation in any experimental research or treatment (CHC does not currently participate in any experimental research or treatment).
13. The right to change your Community Health Center primary care provider.

Delineation of patient's rights which, to the extent permitted by law, may involve the patient's guardian, next of kin, or legally authorized responsible person if the patient:

- a. Has been adjudicated incompetent in accordance with the law, or
- b. Is found by his/her physician to be medically incapable, or understanding the proposed treatment or procedure, or
- c. Is unable to communicate his/her wishes regarding treatment, or
- d. Is a minor.



**Coquille Indian Tribe
Community Health Center
Patient/Client Responsibilities**

All patients/clients of the Community Health Center have the following responsibilities:

1. Providing the best information possible including, but not limited to any current medications, over-the-counter products, and dietary supplements to those persons involved in their care.
2. Complete any intake processes that they have begun.
3. Provide necessary information so that eligibility determination can be made in a timely manner.
4. To meet all eligibility requirements and maintain eligibility during the receipt of resources or services from the Community Health Clinic.
5. To participate in the development of any case plan related to receipt or resources or services.
6. To follow the treatment plan recommended by their practitioner.
7. For insuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
8. For following Community Health Center rules and regulations affecting patient care and conduct.
9. Be respectful of others by not using or allowing inappropriate, rude, discriminatory, harassing or abusive language and behaviors toward staff, patients and visitors.
10. For being considerate of the rights of other patients and personnel.
11. For taking into account decisions about his/her lifestyle as lived on a daily basis, and its effects on his/her health.
12. To provide a responsible adult to transport you to your home, and stay with you for 24 hours, if requested by your Community Health Care Medical Provider, in relation to any medical procedure provided at the Community Health Center.

Advance Directives

We would like to inform you of your rights to create Advance Directives in regards to your medical care. An Advance Directive is a document that you create that lets the medical provider know your wishes in regards to your medical care should you become incapacitated. In the state of Oregon there are three types of directives that you should be aware of:

1. **Power of Attorney:** This directive lets you identify the individual that you want to make health care decisions on your behalf in the event that you are unable to make those decisions.
2. **Advance Directives:** This directive identifies your preferences for medical care in the event you become incapacitated and are unable to make your preferences known.
3. **Declarations for Mental Health Treatment:** This directive identifies your preferences for psychiatric care in the event that you become incapacitated and are unable to make your preferences known.

The Community Health Center will provide you the recognized Oregon State templates if you desire to complete any, or all, of these directives. We will also provide you contact information for individuals and/or organizations that may assist you in completing these documents. We may not, however, directly assist you in completing the document(s) in that we are forbidden to do so by both state and federal law. If you are interested in initiating a directive please notify the CHC receptionist. You may also contact the Oregon Advocacy Center as a resource at 800-452-1694. If you currently have a living will, medical power of attorney, or any other directive that relates to your medical care it is your patient responsibility to inform your primary care providers and provide copy of the document to the Community Health Center.