Table of Contents

Objectives

**AS A PATIENT/PARTICIPANT YOU HAVE A RIGHT TO:**
Receive Personal Privacy and Security During Your Visit
Receive Care in a Safe Setting
Have your Cultural and Spiritual Values Respected
Be Treated With Dignity and Respect
Be Informed
Have Access to Care
Participate in All Areas of Your Care Plan
Know Your Status
Medical/Dental Pain Management
Effective Communication
Refuse to Participate in Research, Investigation and Clinical Trials
Have Access to Your Clinical Records
Transfer Your Care
Make an Advance Directive
Give Consent for Recording, Filming, Photos
Receive Trauma Informed Care

**AS A PATIENT/PARTICIPANT IT IS YOUR RESPONSIBILITY TO:**
Give Full and Accurate Information that Relates to Your Health
Participate in Your Care Plan
Follow Your Recommended Treatment Plan
Accept Consequences of Refusing Treatment
Be Considerate of Other Patients and Health Center Staff
Secure Your Valuables
Follow Health Center Rules
Understand and Honor Financial Obligations Related to Your Care
Share
Mission
Contact Information
OBJECTIVE

At Charles Drew Health Center, Inc. (CDHC) we believe that the relationship between you and your health care provider team and/or program staff is the best way to have and maintain good health.

Our Patient/Participant Rights and Responsibilities were created to help you become fully engaged in every decision that involves your care and treatment and/or program participation. It is important to us that you know our commitment to you. We also want you to know what you must do to be certain that you receive the best care possible!
As a Patient/Participant You Have the Right To:

Receive Personal Privacy and Security During Your Visit

• During your visit, all discussion, consultation, examination, treatment and/or program participation activities are confidential, and will be handled professionally and discreetly.

• We will maintain confidential treatment of all records concerning your health care. We will ask for written permission from you or your legally designated representative before your health records are given to anyone not directly involved in your care or treatment of services.

• You or your legally designated representative have the right to receive the information in any of your health or program records, within the limits of the law.

• Your health record and/or program participation information will only be released when we receive your signed CDHC Release of Information Form.

Receive Care in a Safe Setting

Your safety is the primary focus of CDHC’s providers, staff and Security Department. Across the CDHC enterprise, staff are committed to making certain that you receive care in a safe environment which is free from all forms of threats, abuse, neglect or mistreatment. CDHC security measures offer protection against natural and man-made events that may cause injury or loss of property for patients, staff and visitors.
Have your Cultural and Spiritual Values Respected

Your cultural, psychosocial, spiritual and personal values, beliefs and preferences are important, and we are committed to honoring and respecting them.

Be Treated With Dignity and Respect

• You can expect to be called by your preferred name, regardless of gender preference or orientation. You will be cared for in an environment that adds to a positive self-image.

• You have the right to receive considerate, respectful care and treatment that gives you comfort and dignity.

• You will receive proper care that recognizes any physical or mental limitations and/or psychosocial, spiritual, and cultural concerns that you may have.

Be Informed

• You will receive reasonable, consistent care. You will be informed in advance of the time and location of your next appointment, as well as the identity of your provider.

• You have the right to know the names, credentials and experience of your physicians, providers, therapists, all health care team members, and program staff directing and/or providing your care, treatment or services.

Have Access to Care

• You will receive quality, affordable, complete health care without regard to age, race, ethnicity, religion, sex, sexual orientation, gender identity, gender expression, culture, national origin, immigration status, physical or mental disability, socioeconomic status, source of payment for your care, or ability to pay.
• You will receive a response to any reasonable request made for services within the Health Center’s capacity, stated mission, applicable laws, and regulations. The Health Center will give each patient/program participant services to the best of its ability, including a choice of health care provider and, when possible, program services staff.

• You will have proper access to emergency services during your visit if needed. You will be given contact information for emergency/after hour services.

**Participate in All Areas of Your Care Plan**

• You will be empowered to actively work with your provider and/or program staff in making decisions about your care, treatment and/or services. This includes your right to refuse treatment (to the extent permitted by law). Your legally designated representative also has the right to refuse treatment on your behalf.

• Your provider team will only provide care that is deemed medically necessary. Your cooperation with the plan is needed.

**Know Your Status**

Your informed consent recognizes that you have a right to know about your diagnosis, possible prognosis, the benefits and risks of treatment, the expected outcome of treatment (including unexpected outcomes), and/or possible outcomes linked to your program participation. In cases where there are risks, you may be asked to agree in writing to your provider’s plan for your care, treatment and/or services.

**Medical/Dental Pain Management**

You have a right to receive proper assessment and management of your pain, information about pain, pain relief measures, and to participate in pain management decisions. Your recommended pain management plan may or may not include pain medication.
Effective Communication

We will make every effort to assure that you will receive care in your preferred language. The Health Center will provide translation/interpreter services, as needed. In addition, CDHC will provide telehealth or other technology that gives virtual medical, health and education services. Help will also be provided if you have vision, speech, hearing and/or other impairments to make certain your care needs are met.

Refuse to Participate in Research, Investigation and Clinical Trials

You have the right to refuse to participate in research, investigative and clinical trials, and to know that your refusal to participate will not affect your right to receive care, treatment or services.
Have Access to Your Clinical Records

• The federal Health Information Portability and Accountability Act (HIPAA) gives you the right to receive a copy of your health record from any medical provider. There are few exceptions. Your designated representative may also ask for and receive a copy of your health record with your written permission.

• As a parent or guardian, you may also receive a copy of your child’s health records. There are few exceptions.

• HIPAA requires the Health Center to give you your health records within 30 days of your request.

• If you have internet access, you may also get 24-hour access to limited personal health information by e-mailing us at patient.portal@charlesdrew.com or by calling 402-810-9766.

Transfer Your Care

• To transfer your health records, we must receive a signed form by you or your legally designated representative. The transfer will include a complete statement about the reason for the transfer. Information from your health records will be a part of the transfer. Most often transfers are made for medical reasons, however you may transfer your care at any time.

• Your participant program records may be transferred by completing a Release of Information form. Your legally designated representative may also request the transfer of your program records with a signed Release of Information Form.
Make an Advance Directive

You may make an Advance Directive and appoint someone to make health care decisions for you if you are unable. If you do not have an Advance Directive, we can provide you with information and help you complete the form.

Give Consent for Recording, Filming, Photos

CDHC will not make recordings, films or use pictures of you in or outside the Health Center without you first signing a CDHC Media Release Form. If necessary, your legally designated representative may complete the CDHC Media Release Form for you.

Receive Trauma Informed Care

CDHC recognizes our patients often experience various types of deeply distressing or disturbing trauma in their lives. Patients experiencing trauma often need more support and understanding from others including their health care provider team.

As a patient-centered medical home, our mission and vision is to assure that we create an environment that holds to the guiding principle that “every door is the right door” no matter the circumstance. Abiding by trauma-informed care principles ensure that we are protecting not only the physical safety of our patients but their emotional safety as well.
All CDHC patients can expect:

- A welcoming, inspiring, safe and hopeful experience;
- Access to services, regardless of age, race, ethnicity, religion, sex, sexual orientation, gender identity, gender expression, culture, national origin, immigration status, physical or mental disability, socioeconomic status, source of payment for your care, or ability to pay;
- A physically and emotionally safe environment;
- Health Center staff trained in recognizing and addressing a patient’s past or current trauma;
- Providers and staff to build and maintain trust with you and your family members;
- Freedom of choice in how you are cared for, who is your care provider and how you are contacted (by phone, mail, email, at home, or other address);
- Providers and staff who understand that you are unique and that your care will be specific to your individual needs and;
- To be supported in believing you have the capacity to reach your health care goals.
AS A PATIENT/PARTICIPANT IT IS YOUR RESPONSIBILITY TO:

Give Full and Accurate Information that Relates to Your Health

• As a patient/program participant, you must provide correct and complete information about your past illnesses, hospitalizations, medications, other matters relating to your health, questions regarding past behavioral health and/or other social services received. You are also to answer any questions about the information you share.

• As a patient/program participant you must give your medical, dental or behavioral health provider and/or program staff proper and complete information regarding present care, treatment or services and/or previous care, treatment or services received.

Participate in Your Care Plan

• Follow-up on your provider’s instructions, follow-up with your health care treatment plan and/or program participation plan, take medicine when and as prescribed and keep all referral and follow-up appointments.

• Inform your provider of all current medicines and dosages. Make sure that you call for refills before you run out of your medication.

• Never share your personal medication or medical devices with anyone.

• Report changes in your condition, symptoms or circumstances immediately. Your treatment/care plan works only if it is helping with current conditions, symptoms or circumstances.

• Be open and honest with your physicians, providers, behavioral health therapist, nutritionists and/or program staff.

• Ask questions if you do not understand instructions regarding your care treatment, and services. Share any worry you may have about following your care plan, treatment, or services.
Follow Your Recommended Treatment Plan

• You will be asked to follow your health care treatment plan including taking medicine and keeping follow-up appointments. If you need to cancel a scheduled appointment, you should call us at least 24 hours in advance.

• If you continually neglect to call when you cannot keep your scheduled appointment, it may result in you being unable to schedule future appointments. If you can no longer schedule an appointment, you will be asked to be a walk-in patient/program participant, which may make your wait time longer than you would like.

Accept Consequences of Refusing Treatment

• As a CDHC patient/program participant, with the ability to make decisions about your care, you have the right to refuse care, treatment and/or program services.

• You will be well informed by your provider and/or program staff about your care plan. This should help you make independent informed decisions.

• If you refuse care or treatment, you are responsible for the results of your decision. If your provider and/or program staff determines that your refusal of treatment keeps you from getting proper care as stated by our ethical and professional standards, the relationship with you may be dismissed with fair notice.
Be Considerate of Other Patients and Health Center Staff

• While in the Health Center, please do not disturb other patients or staff. Cell phones should be turned off or placed on vibrate mode. When taking a call, be mindful of other patients and staff in the area around you.

• Cell phone usage is not permitted while in exam rooms, dental suites, or when meeting with your provider or program staff.

• Please encourage minor children to respect Health Center property. Parents/guardians are asked to monitor children and respect printed materials, magazines, and or books placed in the reception areas. Your child’s safety is very important to us. Please do not allow children to stand on seats or counter tops.

• CDHC will do all that we can to get you in and out of your appointment in a timely manner. Should a delay arise, please speak with the reception desk staff immediately. They will make certain you speak with a Health Center representative who can address your concerns.

• Remember to remain calm at all times, and to support staff by giving them the opportunity to assist you as needed.

• On-site security officers may be called to assist if patient/staff interactions become unproductive.

Secure Your Valuables

• You are expected to keep all personal items and valuables with you at all times.

• If your items are lost or stolen while in the Health Center, please have the reception desk staff notify the CDHC security team immediately. You can expect that our security team will investigate the loss of any valuables on CDHC property. However, please understand that CDHC is not financially liable for your loss.

Follow Health Center Rules

• It is your responsibility to respect and be considerate of caregivers, staff and the property of others, at all Health Center locations. Disruptive or abusive behavior may result in dismissal from our facilities.
• Safety drills are completed annually by the Health Center. If a safety drill happens to occur during your visit, you will be expected to fully cooperate with Health Center staff.

• To make certain you are safe, the Health Center asks all patients, program participants and visitors to follow the guidelines about available parking, approaching or entering buildings and caring for property. To assist you, the Health Center has placed signs inside and outside of all locations.

• Smoking is not allowed in or near CDHC properties.

Understand and Honor Financial Obligations Related to Your Care

• No patient will be denied access to care due to inability to pay. Treatment options for those unable to pay may vary, but the outcome of your treatment plan will never compromise CDHC’s Standards of Care.

• CDHC asks that you provide accurate and current information about your health insurance and other sources of payment. You are expected to pay bills with no delay.

• When needed, you may be asked to speak with someone from Patient Financial Services. You are to work with Patient Financial Services to make plans for paying your medical bills. Patient Financial Services will also help you find out if you are eligible for health insurance through the Health Insurance Marketplace, state assisted health insurance programs (Medicaid, Medicare) or if you are eligible for our Sliding Fee Discount Program.
Share Your Feedback With Us

When it comes to your experience as a Charles Drew Health Center, Inc. patient, we would like to hear from you! You are encouraged to use any one of the processes below to share your positive comments, patient satisfaction, questions or concerns:

**CDHC Patient Satisfaction Survey:** If you do not receive a Patient Satisfaction Survey during your visit, ask the front desk reception staff to provide you with a survey.

**CDHC Patient Complaint Form:** If you have unanswered questions or concerns, please ask the front desk staff to provide you with a Patient Complaint Form. CDHC strives to respond to all patient complaints within 48 hours.

**CDHC Customer Hotline:** Please call 402-216-9111 if you have positive comments, suggestions, questions or concerns that you would like to share.

Patients may contact the Charles Drew Health Center, Inc. accreditation organization – The Joint Commission. They are always available to receive your positive comments, questions or concerns.

**Email:** patientsafetyreport@jointcommission.org
**Call:** 1-800-994-6610
**Fax:** 1-630-792-5636

**Online Form:** [http://www.jointcommission.org/report_a_complaint.aspx](http://www.jointcommission.org/report_a_complaint.aspx)

**Mail:** The Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
Mission Statement:

Charles Drew Health Center, Inc. is dedicated to providing quality comprehensive health care in a manner that acknowledges the dignity of the individual, the strength of the family, and the supportive network of the community.
Charles Drew Health Center, Inc., is a Patient-Centered Medical Home. This means that as our patient, you receive primary care that is comprehensive, team based, coordinated, accessible and focused on quality and safety.

We are committed to meeting you where you are. We will treat you with respect, dignity and compassion. Your relationship with your doctor and your medical care team will be strong and trusting so that we can meet your needs at the right time and in the manner that best suits you.