

**Lakeshore Community Health Care**

**Patients’ Bill of Rights and Responsibilities**

Lakeshore Community Health Care (LCHC) 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.

We strongly urge anyone with questions or concerns regarding our “Patients’ Bill of Rights and Responsibilities” to contact the Clinic Administrator at 920-783-6633 ext. 202 who will be happy to assist you.

EVERY PATIENT HAS A RIGHT TO:

1. Receive high quality care based on professional standards of practice, regardless of his or her (or his or her family’s) ability to pay for such services.

2. Obtain services without discrimination on the basis of race, color, ethnicity, national origin, sex, age, religion, physical or mental disability, sexual orientation or preference, marital status, socio-economic status or diagnosis/condition.

3. Be treated with courtesy, consideration and respect by all LCHC staff, at all times and under all circumstances, and in a manner that respects his or her dignity and privacy.

4. Be informed of LCHC’s Privacy Policies and Procedures, as the policies relate to individually identifiable health information.

5. Expect that LCHC 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.

6. 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.

7. Know the name and qualifications of all individuals responsible for his or her health care and be informed of how to contact these individuals.

8. Request a different health care provider if he or she is dissatisfied with the person assigned to him or her by LCHC. LCHC will use best efforts, but cannot guarantee that re-assignment requests will be accommodated.

9. Receive a complete, accurate, easily understood, 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 the availability of support services, including translation, transportation and 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 LCHC having to inform the appropriate authorities of this decision, and express preferences regarding any future treatments.

14. Obtain another medical opinion prior to any procedure.

15. 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).

16. Develop advance directives and be assured that all health care providers will comply with those directives in accordance with law.

17. Designate a surrogate to make health care decision if he or she is or becomes incapacitated.

18. Ask for and receive information regarding his or her financial responsibility for the services.

19. Be seen regardless of ability to pay. We accept Medicaid, Medicare, and most commercial insurance plans. Discounts for services are offered based on family size and income.

20. Have access to Outreach and Enrollment Specialist for assistance in enrolling into Marketplace Insurance or Medicaid/Badgercare.

21. Receive an itemized copy of the bill for his or her services, an explanation of charges, and description of the services that will be charged to his/her insurance.

22. Request any additional assistance necessary to understand and/or comply with the LCHC’s administrative procedures and rules, access health care and related services, participate in treatments, or satisfy payment obligations by contacting the Clinic Administrator.

23. File a complaint about LCHC or its staff without fear of discrimination or retaliation and have it resolved in a fair, efficient and timely manner. To file a complaint, please contact the Clinic Administrator at 920-783-6633 ext. 202.

EVERY PATIENT IS RESPONSIBLE TO:

1. Provide accurate personal, financial, insurance, and medical information (including all current treatments and medications) prior to receiving services from LCHC and its health care providers.

2. Follow all administrative and operational rules and procedures posted within the LCHC facility(s).

3. Behave at all times in a polite, courteous, considerate and respectful manner to all LCHC staff and patients, including respecting the privacy and dignity of other patients.

4. Supervise his or her children while in the LCHC facility(s).

5. Refrain from abusive, harmful, threatening, or rude conduct towards other patients and/or the LCHC staff. LCHC reserves the right to dismiss a patient if he or she displays abusive or violent behavior towards patients and/or the LCHC staff.

6. Not carry any type of weapons or explosives into the LCHC facility(s).

7. Confirm appointment(s) by 1:00 p.m. the business day before the scheduled appointment date. LCHC reserves the right to cancel the appointment(s) if not confirmed. LCHC will make a courtesy call to patients before their scheduled appointment. If a patient’s phone number has changed or is disconnected, the patient is responsible for communicating with LCHC to confirm the appointment. LCHC has a confirmation policy to best serve its patients.

8. Arrive on time for scheduled appointment(s). LCHC reserves the right to not see a patient past their scheduled appointment time.

9. Keep scheduled appointment(s). LCHC has a strict **No Show Policy**. Patients who miss or cancel an appointment within 24 hours of their scheduled appointment may be prevented from scheduling future appointments. After 2 no shows, a letter will be sent home reminding patient of the **No Show Policy**. After 3 no shows, patient is put on restricted status. With this restricted status, patients may only access care in case of emergency or wait in the clinic waiting room for an opening in provider’s schedule. LCHC reserves the right to dismiss a patient for frequent no shows.

10. Participate in and follow 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. LCHC reserves the right to dismiss a patient if the patient violates their medical contract or their provider feels it is not appropriate to deliver medical care to patients who are putting themselves in danger through their choices.

11. Ask 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.

12. Provide 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 communicate wants and needs.

13. Inform his or her health care providers of any changes or reactions to medication and/or treatment.

14. Familiarize himself or herself with his or her health benefits, in net-work providers and any exclusions, deductibles, co-payments, and treatment costs. Patients are responsible for all services not covered by insurance.

15. As applicable, make a good faith effort to meet financial obligations, including promptly paying for services provided. Copays will be collected at the time of service. There may be other charges due, based on type of care given. LCHC reserves the right to dismiss a patient from care for refusal to pay as defined in LCHC policies.

16. Advise LCHC of any concerns, problems, or dissatisfaction with the services or the manner in which (or by whom) they are provided.

17. Utilize all services, including complaint procedures, in a responsible, non-abusive manner, consistent with the rules and procedures of LCHC (including being aware of LCHC’s obligation to treat all patients in an efficient and equitable manner).