



Patient Rights:

1. To receive considerate, respectful, and compassionate care that is free from prejudice.
2. To know the profession of your care providers.
3. To obtain complete and current information to the degree known, concerning your diagnosis, treatment, and prognosis in terms you can understand.
4. To receive care appropriate for pain management.
5. To have your personal, cultural, and spiritual values supported.
6. To refuse treatment and to be informed of the consequences of such action.
7. To receive quality healthcare that is delivered in a manner consistent with generally accepted standards of care.
8. To have prior knowledge of all proposed therapies for your care and the right to refuse the use of these therapies.
9. To be informed and decide if you wish to participate in clinical research studies.
10. To be informed of self-care within your capabilities.
11. To expect privacy and confidentiality in the discussion and delivery of your healthcare.
12. To actively participate in decisions involving your healthcare except when such participation is contradicted for medical reasons such as loss of consciousness, dementia, children under the age of 13 years of age.
13. To expect reasonable continuity of care and know in advance the times and conditions of healthcare services.
14. To voice concerns and submit grievances to the Quality Coordinator for acknowledgement, review, and response.
15. To know the rules and regulations that apply to your conduct as a patient.
16. To expect that all communications and records pertaining to your care will be treated as confidential.
17. To have an explanation of billing, regardless of the source of payment.
18. To refuse care by a provider, student, or intern.
19. To request transfer of your care to another provider.
20. To formulate an Advanced Directive which will direct the type of medical care you want in the event you cannot speak for yourself. Forms are available at <http://www.wsha.org/files/63/livingwill.pdf>

Patient Responsibilities:

1. To actively participate in decisions regarding your health and care for your health.
2. To be as accurate, honest, and complete as possible when you are asked information about your health history.
3. To let your provider know if you anticipate problems in following prescribed treatment. Persons entering into patient care contracts are responsible for fulfilling their obligations in the contract and discussing with their provider difficulties they may have meeting the contract. If you do not understand the treatment plan, you are responsible to talk to your provider.
4. To notify your provider if you notice any changes in your health that concern you.

PATIENT RIGHTS AND RESPONSIBILITIES



5. To recognize the impact of your lifestyle and its effects on your health.
6. To disclose care or treatment received for another provider, clinic, or hospital.
7. To conduct yourself in a cooperative manner that is not abusive, either physically or verbally, while receiving services at the Lower Elwha Health Department program.
8. To cancel appointments with at least 24 hours advance notice if unable to keep.
9. To pay for services rendered if not eligible for Indian Health Services Benefits.
10. To provide complete and accurate information about any health insurance benefits you qualify to receive, even if you qualify for Contract Health Services / Purchased Referred Care benefits.
11. To assure that any benefits paid directly to you for services rendered are forwarded to the Lower Elwha Health Department for credit to your account.
12. To keep referral appointments or to give at least 24 hour notice of cancellation to that office.
13. To provide a responsible adult to transport you to/from the facility and remain with you for the length of time required by your provider if you are advised not to drive.
14. To inform your provider if you have an Advanced Directive, Living Will, Medical Power of Attorney, or other directive that could affect your care.

Signature _____

Date _____

PATIENT RIGHTS AND RESPONSIBILITIES



If you have questions about the Rights and Responsibilities, please ask for information from your care team or you may contact us by calling or writing to:

Health Services Director or Quality Coordinator
Lower Elwha Health Department
243511 HWY 101 W
Port Angeles, WA 98363

Phone: (360)452-6252

Adopted by Lower Elwha Tribe Business Committee 01.26.15

If you feel as though your rights have been infringed upon, you may reach out to the Office of Attorney General Washington at:

Telephone

1-800-551-4636 (in state only)

1-206-464-6684 (out of state)

1-800-833-6388 (for hearing impaired)

Mail

Consumer Protection:
800 5th Ave, Suite 2000
Seattle, WA 98104-3188