



INDIAN HEALTH CENTER OF SANTA CLARA VALLEY

Medical • Dental • WIC/Nutrition • Counseling • Community Wellness & Outreach

www.indianhealthcenter.org

Member Bill of Rights

1. You have a right to receive considerate and respectful care regardless of sex, race, national origin, religion, disability, sexual orientation, gender identity or any other basis protected by federal or state laws.
2. You have the right to receive information from your provider about your illness, evaluation, course of treatment, and prognosis. When it is medically inadvisable to give such information to the you, the information is provided to a person designated by you or to a legally authorized person.
3. You have the right to know the name of the provider who has responsibility for coordinating your care, the names of other providers who will see you, and their professional relationship.
4. You have the right to receive as much information about any proposed treatment or procedure as you may need to give your consent or to refuse this course of treatment. Except in emergencies, this information should include a description of the procedure or treatment, medically significant risks involved, alternate courses of treatment, or no treatment. You also have the right to know the name of the person who will carry out the procedure or treatment.
5. You have the right to interpretation services.
6. You have the right to participate actively in decisions regarding your care. This includes the right to refuse treatment, and to be informed of the consequences of your action.
7. You have the right to privacy in your care and treatment program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in your care must have your permission to be present.
8. You have the right to confidential treatment of all communications and records pertaining to your care. You must provide us written permission before your medical records can be available to anyone not directly concerned with your care.
9. You have the right to expect a response from the IHC, upon a non-urgent request, within standard and customary practices and expectations (three business days).
10. You have the right to obtain information about any relationship of the IHC to other health care and educational institution as they specifically relate to your care.
11. You have the right to refuse and are under no obligation to participate in any research project affecting your care or treatment.
12. You have the right to expect reasonable continuity of care and to know in advance what appointment times and providers are available and where.
13. You have the right to examine your bill and receive an explanation of charges, whether these bills are being paid by you, your insurance company, or others.
14. You have the right to know what IHC rules and regulations apply to your conduct as a member.
15. You have the right to request access to your records; nominal fees may apply for copies.
16. You have the right to express feedback, including complaints and grievances.
17. You have the right to change your provider at any time.

If you have a complaint or grievance, please ask to speak with the Department Supervisor for information on the complaint or grievance process. You may also call the California Department of Public Health at (408) 277-1784 or the Accreditation Association for Ambulatory Health care at (847) 853-6060



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Member Bill of Responsibilities

To ensure the best possible care for all members, the Indian Health Center of Santa Clara Valley (IHC) asks each member to accept the following responsibilities:

1. To keep appointments, or telephone the IHC as soon as possible when you cannot keep a scheduled appointment.
2. To provide to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, referrals, medications (including over the counter products and dietary supplements), advance directives, allergies, sensitivities, and other matters relevant to your health care.
3. To follow the agreed-upon treatment plan prescribed by the provider and participate in your care.
4. To inform the IHC promptly if you do not understand any matter relating to your care and treatment, or if you are given instructions with which you cannot comply.
5. When directed by the provider or as indicated on the discharge instructions, you are responsible for providing a responsible adult to provide transportation home and to remain with the you.
6. To behave respectfully toward all healthcare professionals, staff, and other patients.
7. To observe the IHC's smoke-free policy.
8. To abide by the IHC's rules and regulations.
9. To provide the IHC with necessary information regarding insurance coverage.

Members are financially responsible for services not covered by their health insurance.

Members are responsible for their actions if they refuse treatment or do not follow their provider's instructions.