

Sonoma County Indian Health Project, Inc.

Patient Rights

Sonoma County Indian Health Project, Inc. (SCIHP) recognizes and respects the following right of our patients:

- 1) To be treated with **consideration, respect, and dignity**, including sensitivity to Indian cultures and traditions.
 - 2) To **privacy** concerning your own illness and management of that illness. Case discussion, counseling, examination, and treatment shall be conducted in confidence. Medical students, Dental students, and other trainees will always be introduced to you, and you have the right to refuse them permission to be directly involved in your care.
 - 3) To have the **confidentiality** of your healthcare information protected and to have Privacy Act regulations enforced, including the opportunity to approve or refuse the release of information, except when required by law.
 - 4) To know the name and qualifications of staff providing your care, and to **change your healthcare provider** if other qualified healthcare providers are available.
 - 5) To obtain from your health care provider **complete information** concerning your diagnosis, evaluation, treatment, and prognosis in terms that you can understand. This will include any known potential advantages and/or risks of treatment. When not medically advisable to give such information to you, the information shall be made available to an appropriate person on your behalf, consistent with SCIHP's Notice of Privacy Practice.
 - 6) To **participate in decisions** involving your health care, except when such participation would be contraindicated for medical reasons (e.g. in emergent situations). You always maintain the right to refuse treatment and to be informed of the consequences of your decision to refuse.
 - 7) To **expect a reasonable response** to your request for services customarily rendered by the facility and consistent with your treatment; and when not available at SCIHP to be referred for specialized care as necessary and/or to know where services can be obtained.
 - 8) To **request and receive a full explanation** of any and all fees that SCIHP charges.
 - 9) To **make any suggestions or comments** regarding your visit and to access our patient grievance procedures you may contact the following: SCIHP Compliance Officer at (707) 565-1018 , California Rural Indian Health Board, Inc. (CRIHB) Compliance Officer (800) 884-1735, Indian Health Services at (916) 930-3981 x331 and/or the Accreditation Association for Ambulatory Health Care, Inc (AAAHC) at (800) 847-6060.
- * SCIHP has a license to operate from the State of California, is a member of the California Rural Indian Health Board, Inc. and is also accredited by the Accreditation Association for Ambulatory Health Care, Inc.

Sonoma County Indian Health Project, Inc.

Patient Responsibilities

You have very important responsibilities when obtaining health services at
Sonoma County Indian Health Project, Inc. (SCIHP)

- 1) **New Patient Registration:** Prior to receiving services, it is your **responsibility** to complete the patient registration process and provide appropriate documentation such as tribal ID or a birth certificate to prove eligibility for care. Social Security cards and picture ID's are also required. Please bring your Medi-Cal, Medicare, private insurance and/or third-party resource information with you. It is your responsibility to notify SCIHP if an interpreter is needed.
- 2) **Providing Current Information and Requested Documents:** It is your **responsibility** to obtain and provide current and any necessary documentations as requested (noted above). This documentation could include, but is not limited to the following: current address, telephone number, and any official documentation regarding guardianship if you are registering a child or minor for services.
- 3) **Providing Current Health Information:** It is your **responsibility** to provide complete and accurate information regarding your health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- 4) **Keeping Appointments:** It is your **responsibility** to keep all appointments as scheduled. All children/minors (anyone less than 18 years of age, unless exceptions apply) must be accompanied by their parent or legal guardian. If you are unable to keep a scheduled appointment, it is your **responsibility** to notify the appropriate department or program at least 24 hours in advance.
- 5) **Participating in the Treatment Plan:** It is your **responsibility** to participate in your care to the best of your ability by informing your healthcare provider(s) and/or team if treatment or medications do not help, if there is any change in your condition, or if there has been any adverse reaction to the treatment prescribed. A treatment plan may include having a responsible adult transport you home from the facility and remain with you as indicated on any discharge instructions or as required by your provider.
- 6) **Medications:** It is your **responsibility** to take all medication(s) according to the directions of the prescriber. If there is anything you do not understand about your medication(s), or have a reaction to or have difficulty taking, it is your **responsibility** to seek the advice of your healthcare provider or pharmacist.
- 7) **Patient Conduct:** It is your **responsibility** to treat staff, other patients and visitors with respect, and to conduct yourself in a socially appropriate manner when at the facility, including when using Clinic services and at Clinic activities/events. Clinic rules, regulations, and policies are in place for the safety and consideration of all patients and staff.
- 8) **Advanced Directives:** It is your **responsibility** to provide SCIHP with a copy of your Advanced Directives, living will or medical power of attorney which express your healthcare wishes should you become unable to make your own healthcare decisions, as this may affect the care you receive.
- 9) **Payment of Fees:** You are **responsible** for the prompt payment of any fees you are being charged for SCIHP services, if applicable. Payment schedules may be arranged with the Billing Department.
- 10) **COVID-19:** You are responsible to adhere to any and all COVID related policies and procedures.