

We view health care as a partnership between you and your health care team. We respect your rights, values, and dignity. You will receive safe, high-quality medical care regardless of your race, color, national origin, religion, gender, age, sexual orientation, gender identity or expression, genetic information, veteran status, or disability. In exchange, we ask that you recognize the responsibilities that come with being a patient.

### 1. Patient rights

1. **You have the right** to safe, high-quality, medical care without discrimination, that is compassionate and respects your personal dignity, values, beliefs, and that is in terms you can understand.
2. **You have the right** to participate in and make decisions about your care and pain management, including refusing care, to the extent permitted by law. Your care provider (such as a doctor or nurse) will explain the medical consequences of refusing recommended treatment.
3. **You have the right** to have your illness, treatment plan, alternatives, and outcomes explained in a way that you can understand, including in your native language if at all possible
4. **You have the right** to know the name(s), role(s) and credential (s) of your care team members. You have a right to ask for a second opinion or change providers if other qualified providers are available.
5. **You have the right** to know the services provided by Stamps Health Services.
6. **You have the right** to request that a family member, friend, and/or physician be notified that you are under our care.
7. **You have the right** to receive any visitors whom you designate, including, but not limited to, your spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. However, it may become clinically or otherwise reasonably necessary, due to a patient's care, safety, or well-being, to impose restrictions on visitation. Reasons to limit visitation, if deemed necessary, may include, but are not limited to:
  - a. To prevent interference with certain treatments, particularly for substance abuse or mental health
  - b. Infection control
  - c. The care of other patients
  - d. Disruptive, threatening, or violent behavior by a visitor
  - e. The need for privacy
  - f. Space limitations or specific time period restrictions
8. **You have the right** to a complete explanation if you will be transferred to another facility or organization, including alternatives to the transfer.
9. **You have the right** to receive information about continuing your health care at the end of your visit.
10. **You have the right** to know the policies that affect your care and treatment.
11. You have the right to participate in research or decline to participate in research. You may decline at any time without compromising your access to care, treatment, and services.
12. **You have the right** to privacy, private and confidential treatments, communications, and medical records, to the extent permitted by law.
13. **You have the right** to access your medical records in a reasonable time frame, to the extent permitted by law.
14. **You have the right** to know about fees and to receive counseling on the availability of resources to help you pay for your health care.
15. **You have the right** to access advocacy, and a right to be free from abuse.
16. **You have the right** to have your concerns and complaints addressed. Should you or your designated guardian, advocate, support person, or representative feel, at any time, that your rights as a patient have

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been violated or you wish to share a compliment, concern, or complaint you or your representative may speak to the Director, Health Operations or designee. Sharing your concerns and complaints will not compromise your access to care, treatment, and services.

### 2. Patient Responsibilities

1. **You are responsible** for understanding the scope and range of available services and make appropriate use of these services and related provider time
2. **You are responsible** for providing us with as much information as possible about your health, medical history, and insurance benefits.
3. **You are responsible** for asking your care provider for help or clarification when you do not understand medical words or details about your care plan.
4. **You are responsible** for following your care plan. If you are unable/unwilling to follow your care plan, then you are responsible for telling your care team. Your care team will explain the medical outcomes of not following their recommended treatment. You are responsible for the outcomes of not following your care plan.
5. **You are responsible** for providing an adult to transport you home from the facility and remain with you for 24 hours, if required by a provider.
6. **You are responsible** for following your care facility's rules and regulations.
7. **You are responsible** for acting in a manner that is respectful of other patients, staff, and facility property.
8. **You are responsible** for meeting your financial obligation to the facility (e.g., charges incurred / and charges not covered by insurance.)
9. **You are responsible** for keeping your appointment at the scheduled time, or notifying SHS staff if you cannot keep it by rescheduling or cancelling the appointment through the electronic scheduling system or by calling SHS.