

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Wise Choices Pregnancy Resource Center (WCPRC) recognizes your rights while you are receiving medical care and asks that you respect the center's right to expect certain behavior on the part of its patients. You may request a copy of this from the center.

PATIENT RIGHTS

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has a right to receive considerate care that is respectful of his/her personal beliefs, and cultural and spiritual values.

A patient has the right to have all things explained in terms that they can understand and for a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to be assured of the confidential treatment of disclosures in their record and to have the opportunity to approve or refuse the release of information, except when release of specific information is required by law.

A patient has the right to receive care in a secure and private environment so that the experience is positive and supportive.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to be heard when they have a concern regarding quality of care or patient safety.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information, and necessary counseling on the availability of known financial resources for his or her care.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, or physical handicap.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, through the grievance procedure of the center which served him or her and to the appropriate state licensing agency.

PATIENT RESPONSIBILITIES

A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

A patient is responsible for asking questions if they do not understand the directions being given.

A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for being on time and keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

Questions or Concerns?

You and your family should feel you can always voice your concerns. If you share a concern or complaint, you care will not be affected in any way. The first step is to discuss your concerns with the Director of Client services. If you have concerns that are not resolved, please contact the Executive Director/CEO at 940-627-6924.

Wise Choices Pregnancy Resource Center Notice of Privacy Practices

1. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

BECAUSE WE ARE A MEDICAL CARE PROVIDER THAT DOES NOT ENGAGE IN ANY TRANSACTIONS THAT INVOKE COVERAGE OF THE HIPPA PRIVATE ACT, THE PRIVACY PRACTICES AND TERMS DESCRIBED IN THIS NOTICE ARE VOLUNTARILY UNDERTAKEN. THEREFORE, NOTHING IN THIS NOTICE SHOULD BE CONSTRUED AS CREATING ANY CONTRACTUAL OR LEGAL RIGHTS ON BEHALF OF PATIENTS. WE RESERVE THE RIGHT TO MODIFY OUR PRIVACY PRACTICES AND THIS NOTICE AT ANY TIME.

2. Safeguarding Your Protected Health Information. Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We will extend certain protections to your PHI. This Notice explains how, when, and why we must use or disclose the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

3. How May We Use and Disclose Your Protected Health Information. We use and disclose PHI for a variety of reasons. We may use and/or disclose your PHI for purposes of treatment for health care operations. For uses beyond that, we will ordinarily obtain your written authorization. The following offers more description and some examples of the potential uses and disclosures of your PHI:

Uses and Disclosures Relating to Treatment or Health Care Operations. We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. Your PHI may be shared with outside entities performing ancillary services to your treatment. Also, we may use and/or disclose your PHI as may be reasonably necessary in the course of operating our medical help clinic. We may also send or communicate appointment reminders but subject to our normal confidentiality policies and any special instructions that you have given.

Uses and Disclosures for Which Special Authorization Will be Sought. For uses beyond treatment and operations purposes, we will ordinarily seek to obtain your authorization before disclosing your PHI. However, disclosure of your PHI may be made without your consent or authorization when required by law, when required for public health reasons, when necessary to avert a threat of harm to you or a third person, or when other circumstances may require or reasonably warrant such disclosure.

4. How You May Have Access to or Control of Your Protected Health Information. The following is a description of the steps you may take to access or to otherwise control the disposition of your PHI:

To request restrictions on uses/disclosures: You may ask that we limit how we use or disclose our PHI. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to such restrictions, we will abide by such restrictions except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You may ask that we send you information at an alternative address or by alternative means. We **do not** release your Protected Health Information to anyone. This applies even with a signed authorization from you. **You must pick up your Protected Health Information in person with a photo ID. This is our policy.**

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you will be permitted to inspect your protected health information upon written request. We will respond to your request within 30 days. If we deny your request for access, we will give you written reasons for the denial. If we approve the request for amendment, we will change the PHI and so inform you. We will also inform any others who have a need to know about such changes.

To find out what disclosures have been made. You may request for us to provide you with a list of all disclosures of your PHI which we made except for such disclosures as have been made in connection with your treatment, our health care operations, or as specifically required by law. We will respond to your request within 60 days of receiving it.

To receive this notice: You may receive a paper or electronic copy of this notice upon request.

Contact Person: If you have any questions or concerns about your privacy practices, WISE CHOICES PRC @ 940-627-6924