Patient Bill of Rights and Responsibilities

CIFC Health is committed to providing high quality care that is necessary, responsive, and accountable to the needs of our patients and their families. We are committed to providing our patients and their families with a means to not only receive appropriate health care and related services, but also to address any concerns they may have regarding such services. We encourage all our patients to be aware of their rights and responsibilities and to take an active role in maintaining and improving their health and strengthening their relationships with our health care providers. A written statement of patient rights and responsibilities shall be posted and made available to patients.

We encourage anyone with questions or concerns regarding CIFC Health "Bill of Rights and Responsibilities" to contact an operations manager.

EVERY PATIENT HAS A RIGHT TO:

- Receive high quality care based on professional standards of practice, regardless of their ability to pay for such services.
- Obtain services without discrimination on the basis of race, ethnicity, national origin, sex, age, religion, physical or mental disability, sexual orientation or preference, marital status, socio-economic status or diagnosis/condition.
- Be treated with courtesy, consideration and respect by all CIFC Health staff, at all times, in a manner that respects his or her dignity and privacy.
- Be informed of CIFC Heath's Privacy Policies and Procedures, as they relate to individually identifiable health information.
- Expect that CIFC Health will keep all medical records confidential and will release such information only with his or her written authorization, in response to court order or subpoenas, or as otherwise permitted or required by law.
- Access, review and/or copy his or her medical records, upon request, at a mutually designated time (or, as appropriate, a legal custodian) and request amendment to such records.
- Know the name and qualifications of all individuals responsible for his or her health care and be informed of how to contact these individuals.
- Request a different health care provider if he or she is dissatisfied with the person assigned to him or her by CIFC Health. CIFC Health will use best efforts, but cannot guarantee that re-assignment requests will be accommodated.
- Ask questions and receive a complete, accurate, easily understood and culturally and linguistically competent explanation of (and, as necessary, other information regarding) any diagnosis, treatment, prognosis, and/or planned course of treatment with alternatives (including no treatment), and associated risks/benefits.
- Receive information regarding the availability of support services, including translation, transportation and education services.
- Receive sufficient information to participate fully in decisions related to his or her health care and to give informed consent prior to any diagnostic or therapeutic procedure. If a patient is unable to participate fully, he or she has the right to be represented by parents, guardians, family members or other designated surrogates.
- Refuse any treatment (except as prohibited by law), after being informed of the alternatives and/or consequences of refusing treatment. However, if it is determined that the condition of the patient is of an extremely critical nature, an emergency measure may be taken, without consent, to provide proper patient safety. This may include CIFC Health having to inform the appropriate authorities of this decision.
- Obtain another medical opinion prior to any procedure.
- Be informed if any treatment is for the purpose of research or is experimental in nature and be given the opportunity to provide his or her written informed consent before such research or experiment will begin (unless such consent is otherwise waived).
- Develop advance directives and be assured that CIFC Health care providers will comply with those directives in accordance with law.
- Designate a surrogate to make health care decisions in the event he/she becomes incapacitated.
- Ask for and receive information regarding his or her financial responsibility for the services.
- Receive an itemized copy of the bill for his or her services, and an explanation of charges that will be charged to his/her insurance.
- Request any additional assistance necessary to understand and/or comply with CIFC Health's administrative procedures and rules, access health care and related services, participate in treatments, or satisfy payment obligations by contacting an operations manager.
- File a grievance or complaint about CIFC Health or its staff without fear of discrimination or retaliation and have it resolved in a fair, efficient and timely manner.
- Informed consent for treatment in writing that describes the specific terms for which consent is given (in cases of minors informed consent is given by the legal guardian).

CIFC Health

EVERY PATIENT IS RESPONSIBLE FOR:

- Providing accurate personal, financial, insurance and medical information (including all current treatments and medications) prior to receiving services from CIFC Health and its health care providers.
- Following all administrative rules and procedures posted within the CIFC Health facility(s).
- Behaving at all times in a polite, courteous, considerate and respectful manner to all CIFC Health staff and patients, and respecting the privacy and dignity of other patients.
- Familiarizing himself or herself with his or her health benefits and any exclusions, deductibles, co-payments and treatment costs.
- Supervising his or her children while in the CIFC Health facility(s).
- Refraining from abusive, harmful, threatening, or rude conduct towards other patients and/or CIFC Health staff.
- Not carrying any type of weapons or explosives onto the CIFC Health facility(s).
- Keeping all scheduled appointments and arriving on time.
- Notifying CIFC Health no later than 24 hours (or as soon as possible within 24 hours) prior to the time of an appointment that he/she cannot keep the appointment as scheduled. Failure to follow this policy may result in being charged for the visit and/or being placed on a waiting list for the next visit.
- Participating in and following the treatment plan recommended by his or her health care provider, to the extent he or she is able, and working with the provider to achieve desired health outcomes.
- Asking questions if he or she does not understand the explanation of (or information regarding) his or her diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives or associated risks/benefits, or any other information provided to him or her regarding services.
- Providing an explanation to his or her health care providers if refusing to (or unable to) participate in treatment and clearly communicating wants and needs.
- Informing his or her health care providers of any changes in or reactions to medication and/or treatment.
- As applicable, making a good faith effort to meet financial obligations, including promptly paying for services provided.
- Advising CIFC Health of any concerns, problems, or dissatisfaction with the services provided or the manner in which (or by whom) they are furnished.
- Utilizing all services, including grievance and complaint procedures, in a responsible, non-abusive manner, consistent with the rules and procedures of CIFC Health (including being aware of CIFC Health's obligation to treat all patients in an efficient and equitable manner).
- Complying with the smoke-free policy.
- Assisting by alerting staff when another patient is having any difficulty.
- Presenting for treatment not under the influence of illegal drugs or alcohol. Patients presenting under the influence of illegal drugs or alcohol will not be treated.
- As applicable, complying with drug monitoring as requested by their clinician.
- As applicable, not wearing sunglasses during individual or group therapy sessions unless (1) therapy occurs outdoors in a natural setting or (2) the patient has documented medical condition requiring the use of sunglasses indoors.
- As applicable, arranging for childcare of their children over age 1 during their behavioral health treatment sessions. Patients presenting for behavioral health treatment with their provider who have not made adequate arrangements for child care for their children over the age of 1 will not be seen.

ACKNOWLEDGMENT AND SIGNATURE

I acknowledge that I have received, read, and understand the CIFC Health Patient Bill of Rights and Responsibilities.

Patient Name: **Date of Birth (mm/dd/yyyy):** _____ / _____ / _____

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Signature of Patient or Parent/Legal Guardian: **Today's Date:** _____ / _____ / _____

_____ _____

Printed Name of Parent/Legal Guardian (if signed above):

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