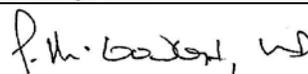


UW Neighborhood Clinics Policy

Policy Title	Patient Rights and Responsibilities Statement
Policy Number	upol020
Date Established	6/27/1998
Date(s) Reviewed/ Revised	09/2001; 09/2005; 04/2008; 07/2011; 07/2012; 07/2014; 09/2015; 06/2017
Content Owner	Network Operations

APPROVALS

Executive Director	
Chief Medical Officer	

OBJECTIVE

This policy states patients' rights and responsibilities during care at UWNC Clinics.

POLICY

The UW Neighborhood Clinics are committed to respecting the rights of patients, and include patients in healthcare decisions. The information below about Patient Rights and Responsibilities is made available to patients.

UW Neighborhood Clinics Patient Rights and Responsibilities

Welcome to UW Neighborhood Clinics

The UW Neighborhood clinics strive to set the standard for delivering primary health care throughout the Puget Sound region. The UW Neighborhood Clinics are a Network of primary and urgent care clinics located throughout the Puget Sound region. In the tradition of UW Medicine, we contribute to the mission of education, research and patient care.

Your Health Care Team

Our health care is delivered through teams of medical professionals led by board-certified physicians who are clinical faculty members of the UW School of Medicine. Teams are composed of doctors, nurse practitioners, physician assistants, registered nurses, and other health care experts. Each care team emphasizes quality patient interactions and responsiveness to patient needs.

A Commitment to Excellence

We are dedicated to providing excellent care and service to our patients. Our success is founded on compassion and respect for the people we serve. We are committed to care for patients regardless of race, national origin, immigration status, gender, sexual orientation, religion, age, or income level. Staff members are sensitive to patient cultural, linguistic, ethnic and religious backgrounds, as well as to physical impairments.

Patient Rights – Your Health Care Decisions

We are committed to respecting the rights of patients. We respect your role in making decisions about medical treatment and other aspects of your care.

- You will be given complete, current and clear information about your health and your care.
- You will receive information about maintaining your health and preventing disease and disability.
- Your diagnosis, treatment, and the probable course and outcome of a condition will be fully explained, as well as the likely outcome if you choose not to treat your condition. You will be informed of the benefits, risks and recovery time of treatment, and given the same information on any medically reasonable alternatives. If it is medically inadvisable to provide this information to you directly, the information will be provided to a person you have designated, or to another legally authorized person.
- You will be contacted promptly if there are any test results of concern.
- You have the right to refuse to participate in research. Such refusal will not jeopardize your access to medical care or treatment.
- Care will only be provided with your consent. You have the right to participate in decisions regarding your health care and treatment.
- You can expect reasonable continuity of care. You will be informed by caregivers of available and realistic options if you need services or specialty care beyond the scope of primary or urgent care available through the UW Neighborhood Clinics. You have the right to a second opinion regarding diagnosis or treatment.
- You have the right to change your provider at any time.
- Your provider is available to discuss advance directives with you when appropriate.
- You will be provided with information regarding services available and how to seek care after clinic hours; this information is available in the Care Options and Patient Information brochures.
- Health care students will participate in your care only with your permission

Patient Rights – Privacy and Dignity

- You will receive appropriate care and be treated with respect, consideration, and dignity.
- You have the right to know the names and credentials of the members of your care team.
- You have the right to privacy. UW Neighborhood Clinics will make every effort to provide appropriate privacy during case discussion, consultation, examination, and treatment.
- Your records are treated confidentially and you will be given the opportunity to approve or refuse their release, except when release is required by law.
- You can expect that we will keep confidential all communications and records relating to your care, as required by law. You can expect that we will emphasize the importance of patient confidentiality when entitled parties, such as insurance companies, are allowed to review your records.
- You have access to your medical record and may have the information in your record explained as necessary, except when doing so is restricted by law. The information in the record is yours, but the entire medical record—including results of x-ray and laboratory reports—is the property of the UW Neighborhood Clinics. Copies of the record may be sent, at your written request, to doctors, hospitals, and other appropriate places. The chart is a legal document and neither you nor the UW Neighborhood Clinics have the right to destroy, alter, or delete from the record or any portion thereof.
- Parents will be given full information about their minor children, except in cases when such access is restricted by state law for children ages 13-18 in some situations.
- You have the right to be informed of UW Neighborhood Clinics policies and practices that relate to patient care and responsibilities. Copies of our “Patient Information” brochure are available in each clinic.
- You have the right to make complaints regarding your care, and to be informed of the guidelines for resolving disputes. We work hard to provide good service, but sometimes problems occur. If you have a complaint, please discuss it immediately and directly with your Provider; with the Manager of the UW Neighborhood Clinic where you are seen; with the Clinic Chief of the clinic where you are seen; or with our Medical Director. If your complaint is not resolved to your satisfaction, you may submit a verbal or written grievance to the UW Neighborhood Clinics Quality Improvement Committee. Expressing a concern, complaint, or grievance will in no way compromise your care; in fact, we appreciate this feedback because it is one of our primary methods for improving our care and service.

- You have the right to have reasonable access to an interpreter if you do not speak or understand English.
- You have the right to be informed of the cost for procedures and treatments, and of payment options. You will receive an itemized bill, and you have the right to a detailed explanation if requested. For payment policies, fees, or billing questions, please call UW Physicians billing at (206) 543-8606 or 1-888-234-5467.

Patient Responsibilities

We believe you share in the responsibility for your own care.

- You are required to provide complete and accurate information, to the best of your ability about your health, including any prescription medications, over-the-counter products or dietary supplements you are taking, and any allergies or sensitivities you are aware of. Please report any changes in your condition to your health care provider. It is your responsibility to provide previous records or medical history, upon request. You may be asked to give written permission for certain treatments or procedures.
- Your participation improves your health care. Please take part in discussions about your care, and ask any questions you might have.
- Once you agree to a treatment plan, you are responsible for following it. You have the responsibility to inform caregivers if you do not understand a proposed care plan or what is expected of you.
- You are asked to be on time for scheduled appointments, or to notify the clinic when you cannot honor a scheduled appointment. If you are delayed, your appointment may have to be rescheduled, out of respect for other patients. If you must change an appointment, please notify us at least 24 hours in advance.
- You are responsible to pay for the care you receive. You may be required to make a partial or full payment at the time of service.
- If you have active health insurance coverage, you will be asked to provide that information and your photo identification at the time of registration and at each visit.
- You are required to show consideration, courtesy, and respect to other patients and staff. This includes making arrangements for supervision of children not being seen as patients who accompany you to an appointment.
- You are required to inform your provider about any living will, durable power of attorney or other directive that could affect your care.

If you have any questions about these rights and responsibilities, your caregiver will be happy to talk to you.