



Patient Rights and Responsibilities

About your rights and responsibilities:

Community of Hope believes that the best health care results from a partnership between you and your health care provider. In that spirit of cooperation, we want to inform you of your rights and responsibilities.

As a Community of Hope Patient, you have the right to:

Be treated with respect, including for your personal beliefs and values.

Participate in your health care. This includes the right to the information that you need to accept or refuse a recommended treatment. This information includes the diagnosis, if any, of a health complaint, the recommended treatment, other treatment options, and the risks and benefits of the treatment options. We will make this information as clear as possible to help you understand it. You can say “no” to treatment, which means you also accept the effects of your decision.

An interpreter, if you need one.

Receive copies of your medical records according to Community of Hope’s Notice of Privacy Practices.

Have access to care and treatment. You have the right to all medically indicated treatment, regardless of your race, religion, sex, sexual orientation, national origin, cultural background, disability, or financial status.

Privacy and confidentiality. You have the right to be treated with respect and dignity. We will honor your need for privacy and will not to release your medical information without your authorization, except as required or permitted by law.

Be told about the cost for services and payment options, whether you have insurance or not.

Use the internal grievance process when you believe any of your rights have been violated or you are unhappy with your care. You may write us, ask to speak to the Practice Manager, or call the

Compliments and Complaints line: 202-470-3073. You can expect a quick and fair response to any complaint.

You have the responsibility to:

Identify yourself. You are responsible for providing complete and correct information about who you are and how we can reach you.

Keep appointments and be on time. You are responsible for promptly canceling or rescheduling any appointment that you do not need or cannot keep.

Provide correct and complete information. You are responsible for providing information about your present and past medical conditions, as you understand them. You should report unexpected changes in your condition to your Health Care Provider.

Understand your health, ask questions and participate in developing treatment goals.

Follow the treatment plan. You should inform your provider if you do not clearly understand your treatment plan and what is expected of you. If you believe you cannot follow through with your treatment, you are responsible for telling your Health Care Provider.

Recognize the effect of your lifestyle on your health. Your health depends not only on care provided by Community of Hope, but also on the decisions you make in your daily life.

Respect the rights and privacy of other patients and COH staff and to treat them with respect and courtesy.

I acknowledge receipt of a copy of COH Patient Rights and Responsibilities.

Name of Patient (Printed): _____

Signature of Patient: _____ Date: _____

If needed:

Name of Patient Representative (Printed): _____

Relationship to Patient: _____

Signature of Patient Representative: _____ Date: _____