

**ATASCOSA HEALTH CENTER, INC.**  
**Doing Business As**

- Atascosa Health Center     Karnes Community Health Center     Lytle Community Health Center  
 Live Oak Community Health Center     McMullen Community Health Center     Wilson Community Health Center  
 Poteet Community Health Center

**PATIENT RIGHTS AND RESPONSIBILITIES**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Welcome to your community health center. Our goal is to provide health care to qualified people in this community based on a sliding fee schedule. As a patient, you have rights and responsibilities. The Center and staff also have rights and responsibilities. We want you to understand these rights and responsibilities. Please read this statement and ask questions, if you have any.

**A. Human Rights**

You have the right to be provided services in a timely manner and be treated with respect and dignity regardless of race, age, religion, sex, handicap, color, or national origin (including limited English proficiency). The Center staff has a right to be treated with respect and dignity. A “Non-Discrimination” statement is posted for public viewing as is other information as required by HHSC Civil Rights Office including language assistance services are available free of charge and you are not obligated to provide your own interpreter or translator.

**B. Payment for Services**

1. You are responsible for giving us accurate information about your present financial status and any changes in your financial status. We require this information to determine charges or to bill private insurances, Medicaid, Medicare or other benefits you may be eligible for. If your income is less than the federal poverty guidelines, you will be charged a small fee. Depending on your income, you may be eligible to receive other services.
2. You have a right to receive an explanation of your bill. Charges are due immediately after services are received. Other payment arrangements are available. You need to accept personal financial responsibility for any charges not covered by insurance.
3. Federal law prohibits us from denying services, which are medically necessary, solely because you cannot pay for those services.

**C. Privacy**

You have a right to have your interviews, examinations and treatment in privacy. Your medical records are also private. Only legally authorized persons will review your records unless you give us written permission to provide information about your treatment to someone else. A complete discussion of your privacy rights known as “Notice of Client Privacy Rights” is being provided to you. The Notice details the various rights granted to you by the Health Insurance Portability and Accountability Act.

**D. Health Care**

1. You are responsible for providing us accurate, complete and current information about your health so that we can give you proper health care. This includes providing information to the best of your ability about your health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities. You have a right and are encouraged to participate in decisions about your treatment.
2. You have a right to information and explanations in the language you normally speak and in words that you understand. You have a right to information about your health or illness, treatment plan, including the nature of your treatment; its expected benefits; if inherent risks and hazards (and the consequences of refusing treatment): the reasonable alternatives, if any (and their risks and benefits); and the expected outcome, if known. This information is called obtaining your informed consent.
3. You have the right to receive information regarding “Advanced Directives.” If you do not wish to receive this information, or if it not medically advisable to share that information with you, we will provide it to your legally authorized representative.
4. You are responsible for appropriate use of our services, which includes following the agreed-upon treatment plan prescribed by your provider and participate in your care., making and keeping scheduled appointments, and only requesting a “walk in” appointment when you are ill. We may not be able to see you unless you have an appointment. If you cannot follow the staff’s instructions, please tell us so we can help you.
5. If you are an adult, you have a right to refuse treatment or procedures to the extent permitted by applicable laws and regulations. In this regard, you have the right to be informed of the risks, hazards, and consequences of your refusing.

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such treatment or procedures. Your receipt of this information is necessary so that your refusal will be “informed.” You are responsible for the consequences and outcome of refusing recommended treatment or procedures. If you refuse treatment or procedures that your healthcare providers believe is in your best interest, you may be asked to sign a Refusal to Permit Medical Treatment or Services Form or Against Medical Advice Form (as appropriate).

6. You have a right to health care and treatment that is reasonable for your condition and within our capability, however, the center is not an emergency care facility. You have a right to be transferred or referred to another facility for services that we cannot provide. But we do not pay for services that you receive from another healthcare provider.
7. If you are in pain, you have a right to receive an appropriate assessment and management, as necessary.
8. You have a right to change providers if other qualified providers are available.
9. You are responsible to provide a responsible adult to provide transportation home and to remain with you if directed by the provider or if indicated on discharge instructions.

**E. Center Rules**

1. You have a right to receive information on the health services we provide, personal conduct, rules, and the use of our property and resources. You are responsible for obeying these rules. If you have any questions, please ask us.
2. You are responsible for the supervision of children you bring with you to the Center. You are responsible for their safety and the protection of other patients and our property.
3. You have a responsibility to keep your scheduled appointments. Missed scheduled appointments cause delays in treating other patients. If you do not keep scheduled appointments, you may be subject to meet with the CEO or designee to determine whether you can continue services at the center.
4. You are responsible to behave respectfully toward all health care professionals and staff, as well as other patients and visitors.

**F. Complaints**

1. If you are not satisfied with our services, please tell us. We welcome your suggestions so we can improve our services. As an Atascosa Health Center Inc., patient, you have the right to file a grievance and be involved in the resolution of conflicts concerning care decisions. We will tell you how to file a complaint. In case of questions concerning complaints or desire to file a complaint please contact Chief Operations Officer.
2. If you make a complaint, no center representative will punish, discriminate or retaliate against you for filing a complaint, and the center will continue to provide you services. As a Health Care Organization, we have posted information on how to file a complaint with the Texas Department of State Health Services and/or with the accrediting body. If you have questions on how to file a complaint, please ask one of our staff members.

**G. Termination**

If we decide that we must stop treating you as a patient, you have a right to advance notice that explains the reason for the decision, and you will be given 30 days to find other health care services. However, we can decide to stop treating you immediately and without notice if you have created a threat to the safety of the staff and/or other clients. You have a right to receive a copy of the Center’s termination of the Patient and Center Relationship policy.

**Reasons for which we may stop seeing you include:**

1. Failure to obey center rules and policies, such as keeping scheduled appointments.
2. Intentional failure to report accurate information concerning your health or illness.
3. Intentional failure to follow your health care program, such instructions about taking medications personal health practices, or follow-up appointments, as recommended by your provider.
4. Creating a threat to the safety of the staff and/or patients.

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**H. Appeals**

If we make the decision to terminate you as a patient, you have the right to appeal our decision to the Board of Directors. While you are appealing our decision, we will not see you as a patient, unless you experience an emergency.

**I have read, understand, and agree to follow the above.**

\_\_\_\_\_  
**Signature of Patient, Guardian or Legal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date