



Community Health Center of Burlington, Inc.

PATIENT BILL OF RIGHTS and RESPONSIBILITIES

The Community Health Center of Burlington is happy to have you as our patient. In order to provide you with exceptional health care, both of us have rules we need to follow. Listed below is what you can expect from us and what we expect from you:

YOU HAVE THE RIGHT

- To receive considerate and respectful care regardless of your sex, age, race, religion, color, national origin, sexual orientation or other personal characteristics including source of payment of your care.
- To receive the necessary information to participate in decisions about your care and to give your informed permission before any diagnostic or therapeutic procedure is performed.
- To receive the information you need about your health and medical conditions in a way you can understand.
- To be involved in plans and decisions about your medical treatment.
- To expect reasonable continuity of care and have a medical provider of your choice who is responsible for coordinating your care.
- To expect that your medical record will be kept confidential and released only with your written consent for your treatment with other medical providers, payment of charges or health care operations EXCEPT in cases of medical emergency, in response to court orders, suspected abuse of children, or if you threaten to harm yourself, others or property. The members of your health care team will share among themselves the information that is necessary to guide their care of you. (For more information about your right to privacy, please read carefully your HIPAA statement and Notice of Privacy, and consent to treat forms.)
- To know the names and positions of people involved in your care by official name tag or personal introduction.
- To receive interpreter services if you need them.
- To ask and receive an explanation of any charges made by CHCB, even if they are covered by insurance.

YOU CAN EXPECT THAT WE WILL

- Respond to any reasonable request courteously and promptly.
- Respect your privacy.
- Provide care that takes into consideration your personal, spiritual, and cultural values.

YOU HAVE A RESPONSIBILITY

- To provide honest and complete information about your past health medical history so that we can provide the right care.
- To provide the necessary information so we can complete your file.

- To ask questions if you do not understand the explanation of your illness or any instructions we give you.
- To speak and behave respectfully to CHCB staff and other patients.
- To respect the privacy of other CHCB patients.
- To pay your CHCB bills or, if you are having difficulty, call us to arrange a payment plan.
- To arrive on time for scheduled appointments.
- To call at least 24 hours in advance of your appointment to cancel and/or reschedule.
- To provide CHCB with at least 24 hour notice when you or a family member are in need of medications or a prescription.
- To recognize the effect of your life-style on your personal health and try to make healthier lifestyle choices.