



816 Middle Street, Pittsburgh, PA 15212
525 Mt. Pleasant Road, Pittsburgh, PA 15214

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The staff at North Side Christian Health Center (NSCHC) wants every patient to receive the best possible care. We believe that patients who understand and participate in their treatment achieve better results. We encourage you to take part in your treatment choices by being well informed and involved in your care decisions.

Please take a moment and familiarize yourself with the information below. These guidelines will help you understand your rights as a NSCHC patient and the responsibilities that you need to meet to assist NSCHC to be able to provide quality, patient-centered care.

YOUR RIGHTS

As a NSCHC patient, you have the right to:

1. Receive care without discrimination due to race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, handicap or source of payment.
2. Take part in your health care and make decisions about treatments.
3. Receive care in a safe, clean environment.
4. Receive care from qualified personnel.
5. Know the names of the people that are caring for you.
6. Receive care in a private setting.
7. Have your health information managed in a confidential manner.
8. Know about our privacy practices.
9. Be informed about your illness and available treatment options, with assistance with understanding care received at other facilities.
10. Change your medical providers at NSCHC.
11. Get another opinion about your illness and/or treatments.
12. Refuse treatments and/or services as allowed by law.
13. Talk with the clinic manager about any questions or problems with your care.
14. File a complaint without fear of retribution, using the grievance process.
15. Know about the full range of services available through NSCHC.
16. Know about our legal reporting requirements.
17. Review and receive a copy of your health care records.
18. Ask for special arrangements if you have a disability.
19. Know the cost of your care and ways in which you can pay for your care.
20. Ask for help to create a living will or advanced directive.
21. Have treatments and procedures explained to you in terms that you can understand.
22. Refuse to be included in any research programs.
23. Include family members in discussions about your care.

YOUR RESPONSIBILITIES

As a North Side Christian Health Center patient, you have the responsibility to;

1. Tell your provider about present and past illnesses, hospitalizations, medications and other matters relating to your health history, including care obtained at other facilities.

2. Ask questions about your care and treatment and be actively involved in the management of your health.
3. Show respect to our staff, facility and other patients.
4. Watch your children while you are in our facility.
5. Encourage others that accompany you to the center to behave in a respectful manner towards our staff, visitors and facility.
6. Cancel or reschedule appointments that you will not keep, so that others may use the time slot to receive care.
7. Pay your bills on time.
8. Use medication or medical devices prescribed by your NSCHC provider for yourself only.
9. Inform the medical provider if your condition worsens or if you have an unexpected reaction to a medication or treatment.
10. Inform the medical provider if you have been seen by other providers or in the emergency room since your last visit.
11. Give written permission to release your records to NSCHC when necessary.
12. Provide NSCHC with a copy of your living will or durable power of attorney for health care.
13. Provide NSCHC with your correct address and phone number; and to update it whenever it changes.

We reserve the right to postpone or cancel treatment for patients whose condition may make treatment unsafe or inadvisable.

We reserve the right to refuse service to anyone who appears to be impaired, confrontational, aggressive, and/or interferes with the functioning of this facility in any way.

LEAVING THE PRACTICE

1. If you decide to leave the practice, please contact our medical records department and we will send your records to your new PCP.

2. There are some instances when a patient will be asked to leave the practice for the safety of our staff. These include violence or threats of violence, aggressive behavior, sexual impropriety, and/or verbal abuse towards NSCHC staff, volunteers or other patients. In these instances, you will be discharged immediately.

3. There may be situations in which we cannot maintain a therapeutic relationship. In instances where we have ongoing differences that cannot be reconciled or repaired, such as problems with compliance, excessive no-shows for appointments, or significant disagreements with your care

management that threaten severe harm to you or create a liability to NSCHC, we will assist you with finding another PCP and provide emergency care and refills for 30 days.

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Contact us at 412-321-4001 for more information about your rights and responsibilities or if you want to file a complaint about rights or responsibilities violations.

You can also contact the PA Department of Health if you feel your rights have been violated:

1. Call 1-877-PA-HEALTH or send a letter to The Pennsylvania Department of Health, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120

The information in this brochure is based on guidelines established by the federal Patient Bill of Rights and Responsibilities and Pennsylvania State laws governing patient care.

I have received and understand this form.

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