

NOTICE OF PATIENTS' RIGHTS

Each South Cove Community Health Center (SCCHC) patient shall have the right:

1. To a prompt and adequate response to reasonable requests and needs for treatment or service within the capacity of SCCHC without discrimination on account to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.
2. To accept or refuse to be examined, observed or treated by students or any other SCCHC staff without jeopardizing access to psychiatric, psychological or other medical care or attention.
3. To informed consent to the extent provided by law.
4. Upon request, to obtain from SCCHC the name and specialty, if any, of the physician or other person responsible for his or her care or the coordination of such care.
5. Upon admission, to information about SCCHC's policy regarding patient rights and responsibilities.
6. Upon request, to receive any information which the health center has available relative to financial assistance and free health care.
7. Upon request, to obtain an explanation as to the relationship, if any, of SCCHC, or any physician practicing at SCCHC, to any other health care facility or educational institution, insofar as said relationship relates to the patient's care or treatment.
8. To refuse to serve as a research subject or to refuse to accept any care or examination when the primary purpose is educational or informational rather than therapeutic.
9. To privacy during medical treatment or other rendering of care within SCCHC's capacity.
10. To confidentiality of records and communications, as prescribed by law.
11. Upon request, to inspect his or her medical record and to receive a copy thereof, as prescribed by law.
12. Upon request, to receive a copy of any itemized SCCHC bill or other statement of charges submitted to a third party for the patient's care.
13. To complete information on all medically viable alternative treatments in the case of patients suffering from breast cancer.
14. To appropriate assessment and management of pain.
15. To a SCCHC medical interpreter, at no cost to you.
16. If refused treatment because of economic status or the lack of a source of payment, to prompt and safe transfer to a facility which agrees to receive and treat such patient. Said facility refusing to treat such patient shall be responsible for: ascertaining that the patient may be safely transferred; contacting a facility willing to treat such patient; arranging the transportation; accompanying the patient with necessary and appropriate professional staff to assist in the safety and comfort of the transfer, assure that the receiving facility assumes the necessary care promptly, and provide pertinent medical information about the patient's condition; and maintaining records of the foregoing.
17. If the patient is a female rape victim of childbearing age, to receive medically and factually accurate written information prepared by the commissioner of public health about emergency contraception; to be promptly offered emergency contraception; and to be provided with emergency contraception upon request.

To ensure the best possible care for all patients, SCCHC asks each patient to accept the following responsibilities:

1. To keep appointments, or telephone SCCHC when you cannot keep a scheduled appointment.
2. To provide to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives and other matters relevant to health or care.
3. To inform SCCHC promptly if you do not understand any matter relating to your care or treatment or instructions with which you cannot comply.
4. To be considerate of other patients during your visit.
5. To observe SCCHC's smoke-free policy.
6. To abide by the SCCHC's rules and regulations.
7. To provide SCCHC with necessary information regarding coverage of your health center charges.
8. Patients are responsible for their actions if they refuse treatment or do not follow their practitioner's instructions.

If you have concerns regarding your care and treatment, you have the right to file a grievance with South Cove Community Health Center. Please call the Administrative Office at **617-521-6713** or fill out a Patient Complaint Form. You also have the right to file a grievance with:

- The Massachusetts Department of Public Health, Bureau of Health Care Safety and Quality 67 Forest Street, Marlborough, MA 01752; **617-753-8000**
- The Joint Commission, Office of Quality Monitoring, 1 Renaissance Boulevard, Oakbrook Terrace, IL 60181; call **800-994-6610** or email complaint@jcaho.org