

Miami Beach Community Health Center, Inc.

Patient's Bill of Rights and Responsibilities

Miami Beach Community Health Center (MBCHC) is committed to providing high quality care that is fair, responsive and accountable to the needs of our patients and their families. We are committed to providing our patients and their families with a means to not only receive appropriate health care and related services, but also to address any concerns they may have regarding such services. We encourage all of our patients to be aware of their rights and responsibilities and to take an active role in maintaining and improving their health and strengthening their relationships with our health care providers.

We strongly urge anyone with questions or concerns regarding our "Bill of Rights and Responsibilities" to contact Sorangely Menjivar, SEVP of Patient Services who will be happy to assist you.

EVERY PATIENT HAS A RIGHT TO:

- 1. Receive high quality care based on professional standards of practice, regardless of his or her (or his or her family's) ability to pay for such services.
- 2.Obtain services without discrimination on the basis of race, ethnicity, national origin, sex, age, religion, physical or mental disability, sexual orientation or preference, marital status, socio-economic status or diagnosis/condition.
- 3. Be treated with courtesy, consideration and respect by all MBCHC staff, at all times and under all circumstances, and in a manner that respects his or her dignity and privacy.
- 4. Be informed of the MBCHC's Privacy Policies and Procedures, as the policies relate to individually identifiable health information.
- 5. Expect that MBCHC will keep all medical records confidential and will release such information only with his or her written authorization, in response to court order or subpoenas, or as otherwise permitted or required by law.
- 6.Access, review and/or copy his or her medical records, upon request, at a mutually designated time (or, as appropriate, have a legal custodian access, review and/or copy such records), and request amendment to such records.
- 7. Know the name and qualifications of all individuals responsible for his or her health care and be informed of how to contact these individuals.
- 8. Request a different health care provider if he or she is dissatisfied with the person assigned to him or her by MBCHC. Miami Beach Community Health Center will use best efforts, but cannot guarantee that re-assignment requests will be accommodated.



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- 9. Receive a complete, accurate, easily understood, and culturally and linguistically competent explanation of (and, as necessary, other information regarding) any diagnosis, treatment, prognosis, and/ or planned course of treatment, alternatives (including no treatment), and associated risks/benefits.
- 10. Receive information regarding the availability of support services, including translation, transportation and education services.
- 11. Receive sufficient information to participate fully in decisions related to his or her health care and to provide informed consent prior to any diagnostic or therapeutic procedure (except in emergencies). If a patient is unable to participate fully, he or she has the right to be represented by parents, guardians, family members or other designated surrogates.
- 12. Ask questions (at any time before, during or after receiving services) regarding any diagnosis, treatment, prognosis and/or planned course of treatment, alternatives and risks, and receive understandable and clear answers to such questions.
- 13. Refuse any treatment (except as prohibited by law), be informed of the alternatives and/or consequences of refusing treatment, which may include MBCHC having to inform the appropriate authorities of this decision, and express preferences regarding any future treatments.
- 14. Obtain another medical opinion prior to any procedure.
- 15. Be informed if any treatment is for purposes of research or is experimental in nature, and be given the opportunity to provide his or her informed consent before such research or experiment will begin (unless such consent is otherwise waived).
- 16. Develop advance directives and be assured that all health care providers will comply with those directives in accordance with law.
- 17. Designate a surrogate to make health care decision if he or she is or becomes incapacitated.
- 18. Ask for and receive information regarding his or her financial responsibility for the services.
- 19. Receive an itemized copy of the bill for his or her services, an explanation of charges, and description of the services that will be charged to his/her insurance.
- 20. Request any additional assistance necessary to understand and/or comply with MBCHC administrative procedures and rules, access health care and related services, participate in treatments, or satisfy payment obligations by contacting Sorangely Menjivar, SEVP of Patient Services.
- 21. File a grievance or complaint about MBCHC or its staff without fear of discrimination or retaliation and have it resolved in a fair, efficient and timely manner by contacting Dennis Cadiz, Compliance Officer.



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EVERY PATIENT IS RESPONSIBLE FOR:

- **1.** Providing accurate personal, financial, insurance, and medical information (including all current treatments and medications) prior to receiving services from MBCHC and its health care providers.
- **2.** Following all administrative and operational rules and procedures posted within MBCHC facility(s).
- **3.** Behaving at all times in a polite, courteous, considerate and respectful manner to all MBCHC staff and patients, including respecting the privacy and dignity of other patients.
- **4.** Supervising his or her children while in MBCHC facility(s).
- **5.** Refraining from abusive, harmful, threatening, or rude conduct towards other patients and/ or the MBCHC staff.
- **6.** Not carrying any type of weapons or explosives into MBCHC facility(s).
- **7.** Keeping all scheduled appointments and arriving on time.
- **8.** Notifying MBCHC no later than 24 hours (or as soon as possible within 24 hours) prior to the time of an appointment that he/she cannot keep the appointment as scheduled.
- **9.** Participating in and following the treatment plan recommended by his or her health care providers, to the extent he or she is able, and working with providers to achieve desired health outcomes.
- **10.** Asking questions if he or she does not understand the explanation of (or information regarding) his or her diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives or associated risks/benefits, or any other information provided to him or her regarding services.
- **11.** Providing an explanation to his or her health care providers if refusing to (or unable to) participate in treatment, to the extent he or she is able, and clearly communicating wants and needs.
- **12.** Informing his or her health care providers of any changes or reactions to medication and/ or treatment.
- **13.** Familiarizing himself or herself with his or her health benefits and any exclusions, deductibles, co-payments, and treatment costs.
- **14.** As applicable, making a good faith effort to meet financial obligations, including promptly paying for services provided.
- **15.** Advising MBCHC of any concerns, problems, or dissatisfaction with the services provided or the manner in which (or by whom) they are furnished.
- **16.** Utilizing all services, including grievance and complaint procedures, in a responsible, non-abusive manner, consistent with the rules and procedures of MBCHC (including being aware of MBCHC obligation to treat all patients in an efficient and equitable manner).