



Patient/Client Rights and Responsibilities

Each patient/client and/or patient/client's family shall be informed of their Rights and Responsibilities. You shall be given a copy of these and shall sign a copy to be kept in your file. We recognize that each patient/client has unique health care needs, and we encourage a partnership between the patient/client and the health care team. We advise patients/clients or their legally designated representative to participate in discussions and decisions about their treatments, options, alternatives, risks, and benefits.

As a participant in Ryan White Services, or as a patient/client at the Sunshine Family Care Clinic you have the **RIGHT**:

1. To receive quality services from qualified personnel, as defined by agency standards.
2. To be treated with respect, dignity, consideration, compassion, and appropriate privacy.
3. To receive services free of discrimination on the basis of race, color, sex/gender, ethnicity, national origin, religion, age, class, sexual orientation, physical ability, or mental ability at a service site that is accessible to you.
4. To participate in creating a plan for services and to Make decisions regarding your medical care and receive information about any proposed treatment or procedure in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
5. To request the services of an interpreter if needed at no cost to you.
6. To be informed about services and options available to you, any costs for services, and timelines when you will be notified of your eligibility for services.
7. To reach an agreement about the frequency of contact you will have either in person or over the phone.
8. To withdraw your voluntary consent to participate in services. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services or to refuse to cooperate with the care necessary for your safety based on the plan of care. You have the right to reasonable responses to any reasonable requests made for service.
9. Leave SFCC against the advice of health care providers, to the extent permitted by law.
10. Be advised if your health care providers propose to engage in or perform research affecting your care or treatment. You have the right to refuse to participate in such research proposals and any refusal will not jeopardize your access to treatment or services



11. To appropriate assessment and management of your pain, information about pain, pain relief measures, and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe or chronic pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.
12. To formulate an **Advance Health Care Directive**. This includes designating a decision-maker to make health care decisions for you if for any reason you are unable or unwilling to speak for yourself. A decision-maker has the same rights and responsibilities as a patient. SFCC health care providers will comply with these directives to the extent their existence is known and to the extent required by law.
13. To have your medical records and services records treated confidentially and to have personal privacy respected. You have the right to be told the reason for the presence of any individual. You have the right to have non-health care provider visitors leave prior to an examination and when treatment issues are being discussed. You have the right to restrict non-SFCC visitors. You have the right to confidential treatment of all communications and records pertaining to your care during your appointment to the extent required by law. You will receive a separate “**Notice of Privacy Practices**” that explains your privacy rights in detail and how we may use and disclose your protected health information.
14. Receive information about your health status, diagnosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care and to receive information about the continuity of your care. If you need an interpreter or have special needs, let our staff know. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment. You may consult with an ethics committee member regarding ethical questions and concerns by asking the nurse or physician or by calling 810-620-0250.
15. Know the name of the physician/provider who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
16. To have access to your records according to the policies of the agency providing the service.
17. To have information released only in the following circumstances:
 - When you sign a written release of information.
 - When there is a medical emergency.
 - When there is a clear and immediate danger to you or others.
 - When there is a possible child or elder abuse.
 - When ordered by a court of law.



18. To file a grievance about services you are receiving or about denial of services. The grievance procedure shall be on file with the service provider. File a complaint or grievance including a discrimination complaint or grievance based on a physical or mental disability by writing or calling: Sunshine Family Care, Dr. Leyda Su Ham at 810-620-0250. You have the right to be informed of the outcome or response to your complaint or grievance within a reasonable time and without affecting the quality of your care. A grievance committee will review each grievance and provide you with a written acknowledgment as well as a written resolution. The response will include the name of a contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the process was completed. Concerns regarding quality of care or premature discharge will also be referred to the appropriate quality control committee. You may also file a privacy complaint externally with Department of Licensing and Regulatory Affairs at Call the toll-free Complaint Hotline at 800-882-6006 and for Ryan White Patients/Clients contact Michigan Department of Health and Human Services at 517-241-5904.
19. To Receive care in a safe setting, free from mental, verbal, physical or sexual abuse and neglect, exploitation, or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
20. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
21. To Be informed by the physician or the delegate of the physician of continuing health care requirements following discharge from a hospitalization. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may also be provided this information.
22. To designate visitors of your choosing, including a person to be present with you for emotional support during your appointment whether or not the visitor is related by blood or marriage, unless:
 - No visitors are allowed.
 - You have told the health facility staff that you no longer want a particular person to visit.

SFCC may restrict visitors to ensure the health and safety of patients, staff, and visitors. Visitation privileges may be restricted or terminated under circumstances that include, but are not limited to, the following: inappropriate, abusive or threatening behavior; violation of any SFCC policy, including but not limited to smoking, drug or alcohol policies; interference with the care of patients; infection control; court order limiting or restraining contact; excessive numbers of visitors; performance of a medical procedure; pandemic or infectious disease outbreak; substance abuse protocols requiring restricted visitation; the patient's need for privacy or rest; or the need for privacy or rest by another individual in the patient's shared room.



In determining the appropriateness of visitation restriction, the health care providers and staff may exercise their best judgment, taking into account all aspects of patient health and safety. Individual unit hours may vary, please check with unit staff for any specific visitation or restrictions.

23. Examine and receive an explanation of SFCC's bill regardless of the source of payment.

As a participant in Ryan White services, or as a patient/client at the Sunshine Family Care Clinic you have the **RESPONSIBILITY:**

1. **To follow SFCC's rules, regulations and policies affecting patient care and conduct, as well local, state, and federal laws, and regulations.**
2. To be considerate of SFCC facilities and equipment and to use them in such a manner so as not to abuse them.
3. To respect the rights and property of other patients and SFCC personnel. Just as you want privacy, a quiet atmosphere and courteous treatment, so do other patients. You have the responsibility to honor SFCC's right to restrict visitors as noted above, comply with SFCC's policies prohibiting smoking and use of illicit or non-prescribed drugs or alcohol, and to use the telephone, television, and lights courteously so that you do not disturb others.
4. To conduct yourself in a respectful manner in communications and interactions with SFCC staff, patients, and visitors. This includes refraining from inappropriate, discriminatory, harassing, or abusive language and behavior.
5. To report, to the best of your knowledge, accurate and complete information regarding any matters pertaining to your health to the physicians and other health care professionals who care for you.
6. To be informed and to ask questions by making an effort to understand your health care needs and by asking your health care provider for information relating to your treatment. Your health care provider may not know when you are confused or uncertain or just want more information. If you don't understand the medical words they use, ask for a simpler explanation.
7. To recognize that SFCC participates in teaching, and SFCC has a commitment to the education of future health care professionals. Patients receiving care at SFCC are a part of this process.
8. To cooperate with the members of SFCC's health care team who provide care to you.
9. To follow the treatment plan recommended by the health care provider responsible for your care. This includes following the instructions of the other health team members, such as nurses and physical therapists, as they carry out the coordinated plan of care. It is your responsibility to tell your health care provider whether or not you can and want to follow the treatment plan recommended for you. The most effective plan is one in which all participants agree is best and which is carried out exactly.
10. To understand how to continue your care after you leave SFCC, including when and where to get further treatment and what you need to do at home to help with your treatment.



11. To accept the consequences of your own decisions and actions if you choose to refuse treatment or not to comply with the instructions given by your health care provider.
12. To keep appointments and cooperate with your health care provider. If you need to cancel an appointment, you should do so at least 24 hours before your appointment time or within the time frame required by your health care provider.
13. To pay bills promptly to ensure that your financial obligations for your health care are fulfilled. Late payments increase overall charges. You are responsible for working with your account representative to make payment arrangements and providing the information necessary to determine how your health care bill will be paid.
14. To provide SFCC with a copy of your active or current insurance card at every visit along with picture identification and at time proof of income.
15. To provide SFCC with a copy of your Advance Health Care Directive if you have one.
16. To protect the confidentiality of other clients encountered at the facility.
17. To participate as much as you are able to in creating a plan
18. To provide accurate and complete information relevant to eligibility of services
19. To stay in communication with your service provider by informing him or her of changes in your address or phone number and responding to the provider's calls or letters to the best of your ability
20. To let your service provider know any concerns you have about your service plan or changes in your needs.

It is the policy of SFCC Medical Center not to engage in discrimination against or harassment of any person employed or seeking employment or patient care with SFCC Medical Center on the basis of race, color, national origin, religion, sex, gender identity, gender expression, pregnancy, physical, mental, or other disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship or status as a covered veteran (special disabled veteran, Vietnam-era veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). Non-discrimination information is available in an alternative form of communication to meet the needs of persons with sensory impairments.

If you have any questions about these Patient Rights and Responsibilities, you may contact:

Leyda Su Ham, DO, MPH
G3169 Beecher Road, Suite 100
Flint, MI 48532
Phone 810-620-0250
Fax 810-620-0255

My signature below documents I have read and received a copy of these Rights and Responsibilities:

Patient/Client Name: _____

Patient/Client Signature _____ **Date** _____