

AS A PATIENT I HAVE THE RIGHT TO...

1. Considerate and respectful care.
2. Know the name of the provider who has primary responsibility for coordinating my care and the names and professional relationships of other physicians and non-physicians who will see me.
3. Obtain current information concerning my diagnosis, treatment, and prognosis in terms I can easily understand.
4. Receive information from my provider necessary to give informed consent prior to the start of any procedure and/or treatment (where medically significant alternative for care or treatment exist); and have the right to request information concerning medical alternatives; and the right to know the name of the person responsible for the procedures and/or treatment.
5. Be informed of benefits and risks of my treatment options and agree to treatment by informed consent or refuse a course of treatment.
6. 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. You have the right to leave the facility against the advice of healthcare providers, to the extent permitted by law.
7. Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions including a request for or rejection of any or all options to relieve pain, including opiate medication when appropriate.
8. Have written instructions through an advanced directive about my care, including a designated decision-maker, in the event I am unable to make my wishes known. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on the patient's behalf.
9. Expect that all communications and records pertaining to my care are treated as confidential.
10. Expect that within its capacity, PHC must make reasonable response to the request of a patient for services.
11. Be advised if PHC is proposed to engage in or perform clinical trials or research affecting my treatment and have the right to refuse to participate.
12. Expect reasonable continuity of care.
13. Examine and receive an explanation of my bill regardless of source of payment.
14. Know that health policies apply to my conduct as a patient.
15. File a complaint without fear of compromising access to or quality of care. Grievances may be completed by calling 707/559-7500 or by writing to: Patient Advocate, 1179 North McDowell Boulevard, Petaluma, CA 94954
16. File a complaint with the state Department of Health Services regardless of whether he/she uses Petaluma Health Center's grievance process. The Department of Health Services' phone number and address is:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Licensing and Certification
2170 Northpoint Parkway,
Santa Rosa, California 95407,
707-576-6775

AS A PATIENT I AM EXPECTED TO...

1. Provide complete and accurate health information.
2. Follow the plan of care, and to communicate my understanding of instructions and procedures.
3. Be responsible for consequences of refusing treatment.
4. Follow health center regulations to maintain a safe environment.
5. Do not come for services under the influence of alcohol or drugs.
6. Be considerate of the rights of other patients and health center personnel.
7. Be responsible for assuring that the financial obligations of care are met.

Petaluma Health Center prohibits unlawful discrimination by any employee, towards any employee and/or patient. This includes race, color, national origin, ancestry, sex, gender, pregnancy, childbirth or medical condition, mental or physical disability, marital or domestic partnership status, veteran status, sexual orientation, or any other status protected by state or federal law.