



Seattle Indian Health Board

PATIENT RIGHTS AND RESPONSIBILITIES

The Seattle Indian Health Board shall operate to enhance the dignity of all clients and protect their human legal rights.

RIGHTS OF PATIENTS:

1. Be treated with respect and dignity.
2. Considerate and respectful care, free of physical, emotional and sexual abuse or harassment.
3. Complete and current information concerning your diagnosis, treatment, and prognosis in terms which can be reasonably understood.
4. Develop a plan of care and services which meets your unique needs, including family participation in care decisions.
5. Refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Act, Chapters 71.05 and 71.34 RCW and be informed of any consequences of refusing treatment.
6. Have prior knowledge if the provider proposes the use of unapproved therapy in your care and the RIGHT to refuse the use of these therapies. Have prior knowledge of treatments which are a part of the research project and the RIGHT to refuse treatment.
7. Be informed of self-care within your capabilities.
8. The right to appropriate assessment and management of pain.
9. Receive care which does not discriminate against you and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation.
10. Have the services of a certified language or sign language interpreter and written materials and alternate format to accommodate disability consistent with Title VI of the Civil Rights Act.
11. Die with dignity and in a way consistent with personal values within the legal boundaries of the law.
12. Make an advance directive, stating your choices and preferences regarding your physical and mental health treatment if you are unable to make informed decisions.
13. Confidentiality, as described in relevant statutes (Chapters 70.02, 71.05 and 71.34 RCW) and regulations (Chapters 27-54, 275-55 and 275-57 WAC). You also have the right to approve or refuse the release of your records, except where required by law.
14. Privacy in the discussion and delivery of your health care.
15. Expect reasonable continuity of care and to know in advance the times and places health care services are offered.

16. Review your case record. Your provider will assist you if you request this review.
17. Receive an explanation of all medications prescribed, including effect and possible side effects.
18. Know what rules and regulations apply to your conduct as a patient.
19. Examine and receive an explanation of the bill for services rendered regardless of the source of payment.
20. Refuse care by a student or intern.
21. Be informed of what steps to take in the grievance/complaint procedure.
22. Patients receiving mental health services may lodge a complaint with the Ombuds person, RSN or provider if you believe your rights have been violated. If you lodge a complaint or grievance, you shall be free of any act of retaliation. The Ombuds person may, at your request, assist you in filing a grievance. The Ombuds person's phone is: 1.800.790.8049.
23. If you are receiving mental health services and are Medicaid eligible, receive all services which are medically necessary to meet your care needs. In the event that there is a disagreement, you have the right to a second opinion from a provider within the regional support network about what services are medically necessary.

RESPONSIBILITIES OF PATIENTS:

1. To actively participate in decisions regarding your health and health care.
2. Be accurate and complete as possible when you are asked information about your health history.
3. Let your provider know if you cannot or will not follow a certain treatment plan or if you do not understand the treatment plan.
4. Notify your provider if you notice any changes in your health.
5. Not to use any drugs/alcohol, unless prescribed by your provider, before coming into the clinic. If you do, you may be asked to return at a later date.
6. Conduct yourself in a cooperative manner that is not abusive, either physically or verbally, while receiving care.
7. Keep appointments or, if unable to do so, give twenty-four (24) hours advance notice of cancellation.
8. Pay for services rendered according to SIHB sliding fee scale, or any coverage you have under Medicaid, Medicare or private insurance.
9. That all benefit payments which are made directly to you for services received at the Seattle Indian Health Board must be forwarded to us for credit to your account.