

As a patient you have the right...

Personal Privacy/Access to Care

- To be treated with consideration, respect, and dignity.
- To receive care regardless to your age, race, color, national origin, culture, ethnicity, language, socioeconomic status, religion, physical or mental disability, sex, sexual orientation, or gender identity or expression, or manner of payment.
- To be informed of the name of the provider who has primary responsibility for coordinating your care and the names and professional relationship of other providers and staff who provide care and treatment.
- To receive information about medical procedures or treatments that require consent, including risks involved, probability of success and alternative treatments that may be available.
- To refuse care or any treatment plan, as long as you understand the particular medical situation and the potential risks and benefits that you are assuming.
- To be given individual privacy during interviews, examinations, and treatment. This includes the patient's right to request that a person of their own sex be present during certain parts of physical examination, procedure, or treatment.
- To be informed of the charges for services, assistance in determining eligibility for third-party reimbursements and, when applicable, informed of the availability of discounted cost care.
- Receive an itemized copy of your bill upon request
- Request an accommodation to overcome unreasonable barriers to services.
- To have your medical records, diagnosis, care, and method of payment kept confidential. This information will not be released to other individuals without you or your legal guardian's written consent, unless otherwise permitted by or required by law. The Health Insurance Portability & Accountability Act (HIPAA) provides you additional privacy rights, please see the "Notice of Privacy Practices."

Access to Information

- Obtain from your healthcare provider, or their delegate, complete and current information concerning your diagnosis, treatment, and prognosis in terms you can be reasonably expected to understand.
- Appoint someone you trust as a personal representative.
- To make advance directives and have them followed, subject to limitations required by applicable law or medical standards.
- Access or amend your health record as allowed by privacy laws.
- Privacy and confidentiality of all information and records pertaining to your treatment.
- Approve or refuse the release or disclosure of contents of your health record except as required or allowed by law.

Pain Management

- Receive care in an environment where pain and/or suffering can be expressed with comfort and dignity.

Concerns, Complaints or Grievances

Resources to share complaints or concerns and resolve issues include:

- Any staff member at PCHS
- The PCHS Internet page: pchsak.org/forms, or
- The Compliance/Privacy Officer at (907) 268-5973

Voice grievances and recommend changes in policies and services to PCHS staff, administration, and the Alaska State Department of Health without fear of reprisal.

Express complaints about care and services provided and to have such complaints investigated. PCHS is responsible for providing a written response within 30 days, if requested, indicating the findings of the investigation. PCHS is also responsible for notifying you or your designee that if you are not satisfied with the response, you may register a complaint to the following locations:

Alaska State Department of Health and Human Services

Phone: (907) 465-4722

Email: dhss.alaska.gov

Centers of Medicare and Medicaid Services (CMS)

Contact KEPRO the local Quality Improvement Organization for CMS

Phone: (888) 305-6759

Email: <https://www.keproqio.com>

As a patient you have a responsibility to...

Provision of Pertinent Information

- To provide your health care provider complete and accurate information about your health, including your previous medical history and all the medications you are taking.
- To inform your provider of changes in your condition or symptoms, including pain.

Be an Active Participant in Care

- To actively participate in your care to the fullest extent possible.
- To follow the treatment plan recommended by your health care provider. This may include following the instructions of health care personnel as they carry out the coordinated plan of care and implement the health care provider orders.

Refusing Treatment and Accepting Consequences

- To follow your providers instructions and advice, understanding that you must accept the consequences if you refuse.

Explanation of Financial Charges

- For assuring that the financial obligation of your health is fulfilled as promptly as possible. You are responsible for providing information needed to PCHS to secure payment.

Following Rules and Regulations

- To follow clinic rules and regulations affecting patient care and conduct.
- To keep appointments and, when unable to do so for any reason, to follow the terms of the appointment policy.

Respect and Consideration

- To be considerate of the rights of other patients and personnel.
- To be respectful of the property of PCHS and others.

Recording and Filming

- To request consent prior to the making of recordings, films or other images that may be used externally.

PCHS Contact Information:

PCHS Medical-Soldotna
(907) 262-3119

PCHS Medical-Kenai
(907) 262-3119

PCHS Dental
(907) 283-7759

PCHS Behavioral Health – Soldotna
(907) 262-3119