



Patient-Centered Medical Home PATIENT AND CENTER RIGHTS AND RESPONSIBILITIES

Welcome to The Clinic at Central Oklahoma Family Medical Center (COFMC). Our goal is to provide patient-centered, comprehensive, coordinated, accessible, quality and safe health care to people in this community, regardless of their ability to pay. As a patient, you have rights and responsibilities. COFMC also has rights and responsibilities. We want you to understand these rights and responsibilities so you can help us provide better health care for you. Please read and sign this statement and ask us questions you might have.

A. Human & Civil Rights

You have a right to be treated with respect regardless of race, color, marital status, religion, sex, national origin, ancestry, physical or mental handicap or disability, age, veteran status, or other grounds as applicable by federal, state, and local laws or regulations.

COFMC complies with applicable Civil Rights Laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or gender identity.

If you speak Spanish or are hard of hearing/deaf, there are language assistance services available to you, at no additional cost. Please contact our Medical Case Manager/Civil Rights Coordinator at 580-925-3286, ext. 500, or via e-mail at assistance@cofmc.org.

B. Payment for Services

1. You are responsible for giving staff accurate information about your present financial status and any changes in your financial status. The staff needs this information to decide how much to charge you and/or so they can bill private insurance, Medicaid, Medicare, or other benefits for which you may be eligible. If your income is less than the federal poverty guidelines, you will be charged a discounted fee.
2. You have a right to receive explanations of COFMC's bill. You must pay, or arrange to pay, all agreed fees for services. If you cannot pay right away, please let staff know so they can provide care for you now and work out a payment plan.
3. Federal law prohibits COFMC from denying you primary health care services which are medically necessary solely because you cannot pay for these services.
4. If your primary care provider (PCP) gives you a referral for a service that is not covered under your insurance plan, you will have to pay for it.

C. Privacy

A complete discussion of your privacy rights will be given to you along with this document and is named COFMC's Notice of Privacy Practices. Staff will request that you acknowledge your receipt of our Notice of Privacy Practices. The Notice of Privacy Practices sets forth the ways in which your medical records may be used or disclosed by COFMC and the rights granted to you under the Health Insurance Portability and Accountability Act (HIPAA).

D. Patient-Centered Medical Home

1. You are responsible for providing COFMC complete and current information about your health or illness, so we can give you proper health care. You have a right, and are encouraged, to participate in decisions about your treatment.
2. You have a right to information and explanations in the language you normally speak and in words that you understand. You have a right to information about your health or illness, treatment plan, including the nature of your treatment, its expected benefits, its inherent risks and hazards (and the consequences of refusing treatment), the reasonable alternatives, if any (and their risks and benefits), and the expected outcome, if known. This information is called obtaining your informed consent.
3. You have the right to receive information regarding “Advance Directives.” If you do not wish to receive this information, or if it is not medically advisable to share that information with you, we will provide it to your legally authorized representative.
4. You are responsible for appropriate use of center services, including following staff instructions, making and keeping scheduled appointments, and requesting a “walk in” appointment only when you are ill.
5. If you are an adult, you have a right to refuse treatment or procedures to the extent permitted by applicable laws and regulations. In this regard, you have the right to be informed of the risks, hazards, and consequences of your refusing such treatment or procedures. Your receipt of this information is necessary so that your refusal will be “informed.” You are responsible for the consequences and outcome of refusing recommended treatment or procedures. If you refuse treatment or procedures that your healthcare providers believe is in your best interest, you may be asked to sign a Refusal to Permit Medical Treatment or Services form or Against Medical Advice form (as appropriate).
6. You have a right to health care and treatment that is reasonable for your condition and within our capability, however COFMC is not an emergency care facility. You have a right to be transferred or referred to another facility for services that COFMC cannot provide. COFMC does not pay for services that you receive from another healthcare provider.
7. If you are in pain, you have a right to receive an appropriate assessment and pain management, within our limitations, or referred as necessary.
8. Primary Care Provider (PCP): Each patient has an on-going relationship with a personal provider of the patient’s choice trained to provide a first contact, and continuous and comprehensive care. Patients may also switch providers should it deem necessary.
The personal provider leads a team of individuals at the practice level who collectively take responsibility for the on-going care of patients for all healthcare needs including referrals to specialists if needed. Care facilitated by health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a manner and language appropriate to needs. Your PCP will refer you to a specialist as needed. You will get a referral only if indicated by your PCP. Do not ask your PCP to do a referral AFTER you have been seen by a specialist. This must be done BEFORE the appointment.
9. The provider will not give a prescription if he/she does not determine it is needed/necessary.
10. Enhanced access to care is available through systems such as open scheduling, expanded hours, and new options for communication between patients, their personal providers, and practice staff. Quality and safety are the hallmarks of the medical home.

E. Center Rules

1. You have a right to receive information on how to appropriately use COFMC’s services. You are responsible for using COFMC’s services in an appropriate manner. If you have any questions, please ask us.
2. You are responsible for conducting yourself in a manner which is respectful of others while present at COFMC.

3. You are responsible for the supervision of children you bring with you to COFMC. You are responsible for your children's safety and the protection of other patients and our property.
4. You have a responsibility to keep your scheduled appointments. Missed scheduled appointments cause delay in treating other patients. If you do not keep scheduled appointments, you may be subject to disciplinary action pursuant to COFMC's policies and procedures.
5. Be aware of office hours so you will know when you can be seen.
6. Call for an appointment as early as possible.
7. Call your PCP if your problem gets worse before your scheduled visit. Ask to speak with the nurse. Tell the nurse what symptoms you have and ask if you should be seen sooner because of them. If you have an appointment, you may have to wait past that time to see your PCP. If you cannot wait, please ask to reschedule.
8. Provider will arrange for call coverage when unavailable to patients and patients may call for medical advice 24 hours/day, seven days/week.
9. If you think you have a medical emergency, go to the nearest emergency room or call 9-1-1.

F. Patient Satisfaction

1. We will routinely ask patients questions regarding their satisfaction with our services.
2. If you are not satisfied with our services, please tell us. We want suggestions so we can improve our services. Staff will tell you how to file a complaint. If you are not satisfied with how the staff handles your complaint, you may complain to COFMC's Board of Directors.
3. If you make a complaint, no center representative will punish, discriminate, or retaliate against you for filing a complaint, and COFMC will continue to provide you services.

G. Termination

If COFMC decides that we must stop treating you as a patient, you have a right to advance written notice that explains the reason for the decision, and you will be given thirty (30) days to find other health care services. However, COFMC can decide to stop treating you immediately, and without written notice, if you have created a threat to the safety of the staff and/or other patients. You have a right to receive a copy of COFMC's Discharge of Patient Policy and Procedure. Reasons we may stop seeing you include:

1. Failure to obey center rules and policies, such as keeping scheduled appointments;
2. Intentional failure to accurately report your financial status;
3. Intentional failure to report accurate information concerning your health or illness;
4. 4. Intentional failure to follow the health care program, such as instructions about taking medications, personal health practices, or follow-up appointments, as recommended by your provider(s);
5. Creating a threat to the safety of the staff and/or other patients; and/or
6. Behaving in a disrespectful manner.

F. Appeals

If COFMC has given you notice of termination of the patient and center relationship, you have the right to appeal the decision by following the Grievance/Incidents procedure. Unless you have a medical emergency, COFMC will not continue to see you as a patient while you are appealing the decision.