



PATIENT RIGHTS AND RESPONSIBILITIES

BENEFITS:

1. To be treated with dignity and respect with recognition of my personal, spiritual, and cultural beliefs.
2. To be informed by my doctor or my medical provider of my diagnosis, prognosis, and a plan of treatment in terms which I can understand.
3. To receive the necessary information to participate in decisions about my care and to give informed consent before any diagnostic or therapeutic procedure is performed.
4. To refuse treatment, except where prohibited by law, and be informed of the consequences of my decision(s).
5. Confidential handling of all communications of medical information maintained in clinical records as provided by law and professional medical ethics.
6. All medical information is kept confidential unless I provide my written consent for release.
7. Know the names and positions of all providers involved in my care as each of my providers will be wearing a badge with such information.
8. Ability to obtain another medical opinion prior to any procedure (Second opinion will be at the patient's cost and effort).
9. To have access to my medical records created and maintained by OBFHC regarding my treatment and care. (Five days advanced notice for routine copies of records is required).
10. To express a concern, verbally or in writing, and receive a response in a timely manner. To initiate the grievance procedure if not satisfied with the decision regarding my concern.

RESPONSIBILITIES: As an Orange Blossom Family Health Center patient, I am responsible for:

1. Providing accurate and truthful information about my past and current health, insurance, housing, personal and financial status as necessary for the completion of my medical chart.
2. Reporting any changes with my insurance, health, housing, or demographics to the health center's staff as soon as possible.
3. Providing necessary information to the Orange County Medical Clinic for Secondary Care Services when appropriate.
4. Asking questions if I do not understand the explanation of my diagnosis, treatment, prognosis or any instructions given by Orange Blossom Family Health Center's staff and volunteers.
5. Complying with my treatment plan as outlined by my medical care provider which includes, but is not limited to, keeping all primary care and secondary care appointments, taking and maintaining medications as prescribed, returning for routine care appointments, etc.
6. Scheduling my follow-up appointment prior to the expiration of medication.
7. Presenting with the necessary financial assessment for services at each visit if applicable.
8. Calling the health center's phone number for instructions (407-428-5751) in the event of an after hours emergency.
9. Calling to cancel all scheduled appointments that I am unable to keep within 24 hours of my appointment time (Three missed appointments within one year could result in discharge from the health center).
10. Completing my primary care eligibility prior to the expiration of my current eligibility. If not, no primary care or secondary care services will be provided.
11. Expressing my opinions, complaints, or concerns in a constructive manner to the appropriate staff.
12. Showing respect and consideration to other patients, families, staff, and volunteers.
13. Applying for other medical services that may be available, which include but are not limited to Medicaid, Medicare, Orange County Health Department, Veterans Administration (VA), and private health insurance.
14. Allowing seven days for delivery of medical records after consent is complete.
15. Avoiding illegal substances and remaining completely free of the influence of illegal drugs or alcohol when presenting to the health center or its partnering agencies for services.
16. Remaining in areas designated for patients unless instructed otherwise by a staff member.
17. Presenting to the clinic with acceptable hygiene.
18. OBFHC staff and providers reserve the right to deny medical care to patients who are not in compliance to the health center's policies and procedures.