

ALLUVION

HEALTH

PATIENT RIGHTS AND RESPONSIBILITIES

Welcome to Alluvion Health. We are pleased that you have chosen us as your health care provider. We want you to be as involved as possible in your health care decisions. To help you make these decisions, we want you to be aware of your **RIGHTS** and **RESPONSIBILITIES** as a patient at our clinic.

YOU HAVE THE RIGHT TO:

- Be treated with dignity and respect.
- Be seen in a timely manner. Your time is valuable.
- Ask questions to our staff about your appointment, health care, treatment plan, or other concerns you may have about the clinic.
- Friendly, **affordable** family health care. We provide health care for all members of our community **regardless of income, insurance or ability to pay**. Whether or not you have insurance, **you may qualify for our Sliding Fee Discount Program, which is based on your income**. We also accept Medicaid and Medicare.
- High quality health care that meets current medical and social standards. Our medical providers are trained in the current standards of family practice medicine and are able to meet the challenges of a diverse population with varying medical needs.
- Read and ask questions about our *Notice of Privacy Practices*. The *Notice of Privacy Practices* describes how your medical information will be used and disclosed for purposes of treatment, payment, and other health care operations.
- Inspect, receive copies, and request corrections to your confidential health care record as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

YOU HAVE THE RESPONSIBILITY TO:

- Treat our staff with courtesy and respect (Failure to do so could result in dismissal from care at Alluvion Health).
- Keep your appointments. If you cannot come to your scheduled appointment, please notify us at least 24 hours in advance to cancel.
- Arrive for your appointment on time.
- Let our receptionist know if you move, change your name or phone number, or if you have a change in insurance coverage.
- Bring your Medicare, Medicaid, or other medical insurance card to each medical visit.
- Bring proof of your income if you wish to qualify for our Sliding Fee Discount Program. You may use any one of the following to verify your income: 3 consecutive pay stubs; last year's 1040 income tax form; or a copy of your benefit letter.
- Pay your bill for services promptly.
- Ask questions about your treatment plan or other health care issues you do not fully understand.
- Let us know if we are not meeting your expectations.