



# Patient Bill of Rights and Responsibilities

Carolina Health Centers, Inc. (CHC) is committed to providing high quality care that is fair, responsive, and accountable to the needs of our patients and their families. We are committed to providing our patients and their families with a means to not only receive appropriate health care and related services, but also to address any concerns they may have regarding such services. We encourage all of our patients to be aware of their rights and responsibilities and to take an active role in maintaining and improving their health and strengthening their relationships with our health care providers.

Anyone with questions or concerns regarding your rights and responsibilities as a patient of CHC may contact our Corporate Compliance Officer, who will be happy to assist you.

## EVERY PATIENT HAS A RIGHT TO:

1. Receive high quality care based on professional standards of practice provided by qualified, competent staff, regardless of his or her ability to pay for such medically necessary services.
2. Be treated with dignity, respect, and consideration, and be provided customer service that is consistent with CHC's promise that all of our employees will be respectful, responsible, and responsive.
3. Receive high quality, medically necessary care regardless of his or her ability to pay for such services, and be informed of and assisted with applying for CHC's income based sliding fee program.
4. Obtain services without discrimination on the basis of race, ethnicity, national origin, sex, age, religion, physical or mental disability, sexual orientation or preference, marital status, socio-economic status, or diagnosis/condition.
5. Be informed of CHC's Notice of Privacy Practices that outline how we protect identifiable personal health information, in what circumstances we can or must release identifiable personal health information, and how you or your representative may access, review, and/or copy your medical records.
6. Know the name and qualifications of all individuals responsible for his or her health care and be informed of how to contact these individuals.
7. Request a different health care provider if he or she is dissatisfied with the person assigned to him or her by CHC. CHC will use our best efforts, but cannot guarantee that re-assignment requests will be accommodated.
8. Receive a complete, accurate, easily understood, and culturally and linguistically competent explanation of (and, as necessary, other information regarding) any diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives (including no treatment), and associated risks/benefits, and be given the opportunity to ask questions about your care.
9. Receive information regarding the availability of support services, including translation, transportation and education services.
10. Receive sufficient information to participate fully in decisions related to his or her health care and to provide informed consent prior to any diagnostic or therapeutic procedure (except in emergencies). If a patient is unable to participate fully, he or she has the right to be represented by parents, guardians, family members or other designated surrogates.
11. Refuse any treatment (except as prohibited by law), be informed of the alternatives and/or consequences of refusing treatment, which may include CHC having to inform the appropriate authorities of this decision, and express preferences regarding any future treatments.
12. Obtain another medical opinion prior to any procedure.
13. Be informed if any treatment is for purposes of research or is experimental in nature, and be given the opportunity to provide his or her informed consent before such research or experiment will begin (unless such consent is otherwise waived).
14. Develop advance directives and be assured that all health care providers will comply with those directives in accordance with law.
15. Designate a surrogate to make health care decision if he or she is or becomes incapacitated.
16. Ask for and receive information regarding his or her financial responsibility for the services.
17. Receive an itemized copy of the bill for his or her services, an explanation of charges, and description of the services that will be charged to his/her insurance.
18. Request assistance with all aspects of care or service provided by CHC by calling the Administration Office and being directed to the appropriate member of the management team.

## EVERY PATIENT IS RESPONSIBLE FOR:

1. Providing accurate personal, financial, insurance, and medical information (including all current treatments and medications) prior to receiving services from CHC and its health care providers.
2. Following all administrative and operational rules and procedures posted within CHC facility(s), which includes refraining from carrying any type of weapons into any CHC facility.
3. Behaving at all times in a polite, courteous, considerate and respectful manner to all CHC staff and patients, including respecting the privacy and dignity of other patients, and refraining from abusive, harmful, threatening, or rude conduct towards other patients and/or CHC staff.
4. Supervising his or her children while in CHC facility(s).
5. Keeping all scheduled appointments and arriving on time. If he/she has an appointment that they cannot keep as scheduled, notifying CHC no later than 24 hours (or as soon as possible within 24 hours) prior to the time of that appointment.
6. Participating in and following the treatment plan recommended by his or her health care providers, to the extent he or she is able, and working with providers to achieve desired health outcomes.
7. Asking questions if he or she does not understand the explanation of (or information regarding) his or her diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives or associated risks/benefits, or any other information provided to him or her regarding services.
8. Providing an explanation to his or her health care providers if refusing to (or unable to) participate in treatment, to the extent he or she is able, and clearly communicating wants and needs.
9. Informing his or her health care providers of any changes or reactions to medication and/or treatment.
10. Familiarizing himself or herself with his or her health benefits and any exclusions, deductibles, co-payments, and treatment costs.
11. As applicable, making a good faith effort to meet financial obligations, including promptly paying for services provided.
12. Advising CHC of any concerns, problems, or dissatisfaction with the services provided or the manner in which (or by whom) they are furnished.
13. Utilizing all services, including grievance and complaint procedures, in a responsible, non-abusive manner, consistent with the rules and procedures of CHC.

To ask questions, express concerns, or offer suggestions please contact:  
Carolina Health Centers, Inc.  
Administrative Office  
864-388-0301 [chc@carolinahealthcenters.org](mailto:chc@carolinahealthcenters.org)