

YOUR RIGHTS AS A BVCHC PATIENT

To be Informed of my rights during visit to BVCHC, or whenever a change in the rights statements, and upon verbal or written requests.

To be informed of my rights and receive services in a language and manner I understand.

To express a concern or complaint about services, staff or operation of the center and to have the concern investigated, and be given a resolution to these concerns.

To not have services denied due to race, religion, gender, sexual orientation, ethnic background, age, disability, source of financial support or any other handicap.

To be provided information about the cost of services proposed and rendered to myself or my family and to be provided upon request information regarding charges billed and payments made.

To be provided upon request, information about doctors and staff who are providing care

To treatment and services that are considerate and respectful of my values and beliefs.

To privacy, security and confidentiality of all information.

To be provided treatment and services in an environment free of abuse, neglect, mistreatment, humiliation, financial exploitation or any other human rights violation.

To be protected from being forced or compelled to do something I do not want to do.

To refuse treatment services or medication, except in an emergency situation, and to be advised of the potential risks and impact this may have on my treatment process.

To be informed about right to seek a second opinion

To be informed of the following before being asked to consent to participate in a research and experiments project

To refuse to participate in any research project without affecting my access to services

To be informed about what to expect during the treatment process

To be informed of the Center's responsibility to report abuse and/or neglect to the appropriate protection agencies.

To be present and actively participate in the development and review of my treatment and services.

To have a translator (Interpreter) if needed.

To have family, guardian or others speak for you, if you cannot.

To be offered information regarding enrollment in the Rhode Island Health Information Exchange (HIE) Current Care and BVCHC (MIRTH).

YOUR RIGHTS WHEN IT COMES TO YOUR HEALTH INFORMATION

To obtain a copy of BVCHC Notice of Privacy or review our notice on BVCHC website (www.bvchc.org)

To access, inspect and/or obtain a copy of your PHI unless it is determined clinically inadvisable and to be informed of any reason for denial to access, however, individual must make this request in writing and we charge a reasonable, cost-based fee.

To amend/correct your PHI.

To obtain a list of individuals to whom your PHI has been disclosed. Accounting of Disclosures. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee for additional requests.

To revoke an authorization to use or disclose PHI except when we have already processed the request. To file a complaint with BVCHC Privacy Officer or Compliance Officer, Office of Civil Rights (OCR), HHS or BHDDH, calling 1-877-696-6775 if you feel your rights have been violated.

YOUR RESPONSIBILITY AS A BVCHC PATIENT

To keep your scheduled appointment. If you cannot keep an appointment, you must call to cancel at least 24 hours in advance.

To make a minimum payment of \$20.00 dollars if you are placed in a sliding fee scale. Payment is due at the time services are rendered.

To arrive on time

To observe the no smoking policy

To not bring firearms or weapons to any BVCHC locations

To not bring any alcohol or drugs to BVCHC locations.

To report any information about your condition including changes in your health or reaction to medications

To follow your care plan as agreed upon by you and your provider

To notify BVCHC of any insurance changes and for making payments for any co-pays, unmet deductibles, and non-covered services agreed to in the care plan.

BVCHC is responsible to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information. We will follow the privacy practices described in this notice and give you a copy. We will not use or share your information unless it is to treat you, run our organization, comply with the law or bill for your services.