



## **Isleta Health Center Patient Rights and Responsibilities**

### **The Patient has the Right to:**

1. Be treated with respect, consideration and dignity.
2. Personal privacy.
3. Receive care in a safe setting.
4. Be free from all forms of abuse or harassment.
5. Be free from any act of discrimination or reprisal and receive service(s) without regard to age, race, color, sex, sexual orientation, marital status, national origin, cultural, economic, educational, or religious background or the source of payment for care.
6. Voice grievances regarding treatment or care that is (or fails to be) provided.
7. Be fully informed about a treatment or procedure and the expected outcome before it is performed and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment.
8. Receive information concerning your diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to the person designated by the patient or to a legally authorized person.
9. Have their rights exercised by the person appointed under state law to act on the patient's behalf, if the patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction.
10. Have their rights exercised by any legal representative or surrogate designated by the patient in accordance with state law, if a state court has not adjudged them incompetent.
11. Be provided, or your representative, or surrogate be provided verbal and written notice of the patient's rights in a language and manner that ensures the patient, the representative or the surrogate understands. The rights must include the address and telephone number of the state agency to which patients may report complaints, as well as the website for the Office of the Medicare Beneficiary Ombudsman.
12. Be provided a list of the physician owners who have a financial interest.
13. Be provided with written information concerning the Centers policy on advance directives, including a description of applicable state health and safety laws, and if requested, official State advance directive forms.
14. Be provided with information to make informed decision regarding their care.
15. The right to have documentation in a prominent part of the patient's current medical record, whether or not the individual has executed and advance directive.
16. Be informed of their right to change providers if other qualified providers are available.
17. Communicate with people inside and outside of the Center. If you do not speak English, you have the right to have access to an interpreter. If you have a hearing impairment, you will have access to a Telecommunication Device for the Deaf or an interpreter.

**The Patient has the Responsibility to:**

1. Provide complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
2. Follow the treatment plan prescribed by your provider and participate in your care.
3. Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
4. Accept personal financial responsibility for any charges not covered by your insurance.
5. Be respectful of all the health care professionals and staff, as well as other patients.

**Ownership:** *ISLETA HEALTH CENTER* is owned by *PUEBLO OF ISLETA*

**Advance Directive Policy:** All patients have the right to participate in their own healthcare decisions and to make Advance Directives or Powers of Attorney that authorize others to make decisions on their behalf based on the patient's express wishes when the patient is unable to make decisions or unable to communicate decisions.

The Center respects and upholds those rights, however; it is the policy of the Center that our personnel will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital in the event of deterioration. A copy of your Advance Directives, if provided to the Center, will be provided to the acute care hospital and further treatment will continue in accordance with your Advance Directive or Power of Attorney. Your agreement with this policy does not revoke or invalidate any current health care directive.

**If you have a Complaint or Concern...**

The Administration is committed to protecting patients' rights and providing quality care. If you have any complaints or concerns, please ask to speak to administration.

*Dominic Trujillo, Patients' Rights and Responsibilities Chair  
1 Sagebrush St.  
Isleta, NM 87022  
505-869-4468*

OR

*Bernalillo County Department of Public Health  
2400 Wellesley Dr. NE  
Albuquerque, NM 87104  
505-841-4100*

OR

*Accreditation Association for Ambulatory HealthCare  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
(847) 853-6060*

OR

*Office of the Medicare Beneficiary Ombudsman*

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>