



White Cloud Health Center

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White Cloud, KS 66094
Phone: (785) 595-3450
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PATIENT BILL OF RIGHTS

WHEN YOU ARE SEEN AT THE WHITE CLOUD HEALTH CENTER YOU HAVE THE RIGHT:

- ❖ To be treated with consideration, respect, and equality.
- ❖ To have the confidentiality of your medical information protected; and to have your 'Privacy Act' regulations enforced.
- ❖ To be informed and to refuse services from a student, trainee, or volunteer involved in your health care.
- ❖ To have privacy during case discussion, counseling, examination and treatment.
- ❖ To review your medical records, if you request it.
- ❖ To have your pain assessed by a healthcare provider.
- ❖ To know the name and qualification of staff members providing you with care.
- ❖ To know your diagnosis, health problems, test results and the potential advantages and risks of treatment or procedures in language you can understand.
- ❖ To have a second medical opinion, if you request it.
- ❖ To expect that no treatment procedure or transfer will take place without your informed consent-except in emergencies.
- ❖ To refuse participation in any investigational or research activities.
- ❖ To participate in treatment, discharge, or referral planning.
- ❖ To have access to patient complaint procedures.
- ❖ To refuse treatment to the extent permitted by law and to be informed of the medical consequences.

PATIENT BILL OF RESPONSIBILITIES

WHEN YOU ARE SEEN AT THE WHITE CLOUD HEALTH CENTER YOU HAVE THE RESPONSIBILITY:

- ❖ To treat staff with consideration, respect and equality.
- ❖ To understand that your lifestyle affects your health.
- ❖ To take an active part in your healthcare.
- ❖ To follow the treatment plan to which you agree and if for some reason you cannot, to inform medical staff.
- ❖ To observe the facility rules that are for the safety and consideration of all patients and staff.
- ❖ To respect the property as if it were your own.