Diversity Health Center

preserving your health enhancing our community

Patient's Rights & Responsibilities / Patient-Provider Agreement

Patient Name _____ **Date:**_____

S.S.N. _____

As a patient of Diversity Health Center, Ins. (DHC) medical clinics, I have both rights and responsibilities.

My RIGHTS are:

1. **I have the right to be respected and supported.**
2. **I have the right to be informed about and involved in all aspects of my health care.**
3. **I have the right to complete confidentiality regarding my medical records.**
4. **I have the right to care that is considerate and respectful of my personal beliefs and values.**
5. **I have the right to select or change to any qualified provider that works for DHC.**

My RESPONSIBILITIES are:

1. **I have the responsibility to report all of my significant health-related conditions that may be relevant to the ability of DHC providers to provide effective patient care.**
2. **I have the responsibility to truthfully and accurately report earnings, assets, and the insurance status (including Medicaid or Medicare eligibility) of everyone living in my household.**
3. **I have the responsibility to attend all scheduled appointments and comply with all treatments, referrals, and follow-up recommendations of my healthcare providers.**
4. **I have the responsibility to behave appropriately towards all DHC staff members.**
5. **I have the responsibility to notify my healthcare providers of any changes in my condition that may necessitate a change in my treatment plan.**
6. **I have the responsibility to contact the clinic *AT LEAST 1 (ONE) WEEK PRIOR* to running out of medication which is provided through the assistance of DHC.**
7. **I have the responsibility to supply the required documentation needed to receive medication assistance.**

DHC – *DOES NOT* TAKE WALK-INS FOR MEDICATION REFILLS!

I have read and fully understand all of my rights and responsibilities and agree to comply with the requirements of DHC.

_____ _____

Signature of patient/parent/guardian ***Date*** ***DHC Witness*** ***Date***