

KONZA PRAIRIE COMMUNITY HEALTH & DENTAL CENTER
CLIENT RIGHTS
PATIENT RIGHTS & RESPONSIBILITIES

YOUR RIGHTS AS A PATIENT

1. You have the right to considerate and respectful care regardless of race, color, age, gender, religion, national origin, handicap status, or the existence of Advance Directive.
2. You have the right to a safe and private environment for patient care. This includes both personal privacy and informational confidentiality. Case discussion, consultation, examination, and treatment are to be carried out with discretion.
3. You have the right to information regarding your medical care and treatment. Konza Prairie Community Health Center will rely on the provider and/or nurse to keep you informed concerning your progress, diagnosis and treatment modality. You, and when necessary, your surrogate decision-maker, should participate in decisions relating to your care.
4. You have the right to receive from your provider the information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. You have the right to know the name of the person responsible for the procedure and/or treatment.
5. You and your surrogate decision-maker have the right within legal boundaries, to refuse treatment and be informed of the medical consequences of your action.
6. You have the right to request information and assistance to prepare Advance Directives consistent with Kansas Law.
7. You have the right to expect that within its capacity, Konza Prairie Community Health Center will make reasonable response to your request for services. The Health Center will provide evaluation services, and/or referral as indicated by the urgency of the case.
8. You have the right to consent or refuse to participate in experimental, investigational, educational, or research activity related to your care.
9. You have the right to have explained to you the Konza Prairie Community Health Center rules, regulations, policies, procedures, and charges that relate to your care.
10. You have the right to express concerns, complaints, or care-related concerns. You have the right to access Konza Prairie Community Health Center's Ethics Committee when necessary.

In many situations, Konza Prairie Community Health Center will not release patient-identifiable medical information outside this institution without your written authorization. You may revoke your authorization at any time by notifying Konza in writing. However, in circumstances defined by law, health care providers are required to report information to the appropriate persons. For example, it must be reported when there are suspicions of child abuse or neglect, or threat of harm to self or others.

YOUR RESPONSIBILITIES AS A PATIENT

1. You are responsible to provide accurate and complete information about your present and past health problems and illnesses, hospitalizations, medications, and your response to current treatment.
2. You are responsible to learn about your illness and care, to ask about care alternatives including the risks and benefits of each and to make your preference clear to the health professionals involved in your care.
3. You are responsible to follow the treatment plan recommended by medical personnel attending your care. You are responsible for the consequences for failure to follow instructions for refusal of treatment or for failure to follow recommendations for your continuing care when referred from Konza Prairie Community Health Center to a specialty medical service provider.
4. You are responsible to follow Konza Prairie Community Health Center rules and regulations affecting patient care and personal conduct.
5. You are responsible to be respectful and considerate of the rights of other patients and Konza Prairie Community Health Center's personnel and property.
6. You are responsible to express concerns, complaints, or care-related conflicts to your provider or a member of Konza Prairie Community Health Center staff.
7. The undersigned and guarantees payment in accordance with clinic payment policies.

I understand the information above and I have had the opportunity to ask questions and have them answered to my satisfaction. I agree to all the conditions for treatment at Konza Prairie Community Health Center as described above. If I am not the patient, I certify that I am authorized by law to agree to these conditions of Treatment on the patient's behalf.

Patient/Guarantor/Guardian Signature

Date