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## **PATIENT BILL OF RIGHTS AND RESPONSIBILITIES**

### **PATIENT RIGHTS:**

1. All patients have the right to choose their primary care provider (PCP) or to change their PCP as desired within the FNCH's Primary Care Medical Home (PCMH) (for more information, please ask the front desk for FNCH's PCMH Brochure). Access to immediate appointments and services may be limited by the availability of that provider. FNCH respects the patients' right to obtain care from another provider, seek a second opinion from another provider or seek specialty care.
2. All patients have the right to choose their dental provider. Access to immediate appointments and services may be limited by the availability of that provider. FNCH respects the patients' right to obtain care from another provider, seek a second opinion from another provider or seek specialty care.
3. All patients have the right to choose their behavioral health provider that is qualified to address their behavioral health needs. Access to immediate appointments and services may be limited by the availability of that provider. FNCH respects the patients' right to obtain care from another provider, seek a second opinion from another provider or seek specialty care.
4. All patients have the right to accessible, impartial, considerate and respectful care within FNCH's capacity, regardless of race, creed, gender, age, national origin, source of payment or ability to pay for services.
5. All patients have the right to receive the necessary information to make decisions regarding care. Information shall include, at a minimum, an explanation of specific procedures or treatment, its value and significant risk, as well as, alternatives to treatment including non-treatment of the condition.
6. All patients have the right to receive information that is relative to their age, language and ability to understand.
7. All patients have the right to receive interpretive or translation services when necessary.
8. All patients have the right to refuse any procedure or treatment. Should patients refuse treatment; the provider will explain the consequences of their refusal. Patients will be responsible for their actions if they refuse treatment or do not follow instructions. If patients decide to refuse treatment or not follow treatment instructions, patients have the responsibility of signing a consent form stating their refusal. FNCH will seek patients' consent to receive treatment and care at FNCH.
9. All patients have the right to be informed or and refuse to participate in research.
10. All patients have the right to privacy and confidentiality of their records pertaining to their treatment, except necessary requests for referral of care, third party payment contracts, and situations otherwise to be provided by law. Access will be granted upon written request and with concurrence by the provider unless otherwise restricted by law. If a copy of the medical record is requested, once approval has been received, patients will be provided one and charged for any applicable costs for its reproduction.
11. All patients have the right to be informed of the identity, title and qualifications of the individuals providing care/services to them including those who have direct patient contact.
12. All patients have the right to receive from their provider complete and current information concerning diagnosis, treatment, and known prognosis in terms the patient and/or their family/care-giver can understand.
13. All patients have the right to family involvement in their care and decision making, as desired.
14. All patients have the right to expect a reasonably safe and comfortable environment of care. This includes protection from abuse, neglect, or exploitation within an organization and the rights to report any allegations to management for investigation. Our facilities are drug-free, weapon-free, and smoke-free.
15. All patients have the right to examine, receive an explanation of their bill regardless of source of payment and to request a payment plan that meets their financial capabilities.
16. All patients have the right to receive prompt and reasonable responses to questions and/or requests for information.
17. All patients have the right to receive appropriate assessment and management of diagnosis within the scope of the provider.
18. All patients have the right to be informed of FNCH's grievance policy and to voice grievances regarding their treatment or care.
19. All patients have the right to be informed of rules and regulations that apply to their conduct as a patient.
20. All patients have the right to be informed of and consent to any recording or filming for purposes other than identification, diagnosis or treatment.
21. All patients have the right to be treated with dignity, respect and consideration.
22. All patients have the right to participate in decisions regarding their treatment planning and to have their questions answered.

23. All patients have the right to be informed of all of FNCH's services (for more information, please ask the front desk for FNCH's list of services).
24. All patients have the right to access the afterhour's emergency services line at 505-715-4206.
25. All patients have the right to provide feedback, including complaints, about the services received.
26. All patients have the right to file advance directives.
27. All patients are allowed to receive information about FNCH including its other services, fees for services, payment policies, credentials of health care professionals and absence of malpractice coverage.

**PATIENT RESPONSIBILITIES:**

1. All patients are responsible for providing accurate, complete information regarding present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health status.
2. All patients are responsible for reporting unexpected changes to their condition(s) and welfare to the provider.
3. All patients are responsible for requesting additional instructions if they are unclear regarding instructions given to them by the provider or nurse.
4. All patients are responsible for following the treatment plan as agreed upon by the patient and their provider as well as instructions given by the provider, provider's nurse and/or support staff and any established self management goals. This includes keeping appointments and informing the provider if they are unable to do so.
5. All patients are responsible for their actions if they refuse treatment or do not follow provider instructions
6. All patients are responsible for assuring the financial obligations of their health care are fulfilled within the time frame as agreed upon and for any charges not covered by their health insurance.
7. All patients are responsible for being considerate and respectful of the rights of other patients and clinic personnel.
8. All patients are responsible for not bringing in weapons within the boundaries of the health center properties.
9. All patients are responsible for their own vehicles and any personal items brought with them including purses, strollers, medications, etc.
10. All patients are expected to take an active part in their treatment planning and treatment plan.
11. All patients are expected to follow the treatment recommendations of the staff.
12. All patients are expected to be considerate and respectful of the rights of both other patients and staff.
13. All patients are expected to honor the confidentiality and privacy of other patients.
14. All patients are expected to inform FNCH staff if they feel their rights are being violated.
15. All patients are expected to keep appointments, notify staff in advance of their actual appointment if appointment changes are necessary and cooperate with the staff. FNCH will adhere to its No Show policy.
16. All patients are expected to abstain from the use of alcohol, and all mood and mind altering drugs before or during sessions.
17. All patients are expected to participate in the maintenance of a clean and safe environment by not littering, cleaning up spilled items, returning reading books, etc. .
18. All patients are responsible for payment of services including completing all forms necessary for payment of their treatment at FNCH.
19. All patients with children less than 18 years old are expected to supervise their children at all times.
20. All patients are expected to provide updates to their contact information including address and phone number(s), patient information, emergency contacts, and any changes with their insurances at each visit.
21. All patients are expected to sign a Release of Information so providers can obtain and consult with other providers involved in their care.

**VIOLATION RULES THAT MAY RESULT IN CARE TRANSFER, SUSPENSION OR TERMINATION:**

In order to protect the safety and wellbeing of FNCH's staff and patients, FNCH reserves the right to transfer, suspend and/or terminate care when any of the following conditions occur.

1. Possession and/or use of alcohol or chemicals other than prescribed by your provider on FNCH grounds.
2. Verbally or physically abusive behavior to staff or patients.
3. Inappropriate sexual behavior including verbal language or physical behaviors towards staff or patients.
4. Verbally or physically threatening staff and/or fellow patients.
5. Possession of weapons of any kind on FNCH's grounds.

I hereby acknowledge in writing that I have received the FNCH's Patient Rights and Responsibilities and Violation Rules, and that I understand my rights and responsibilities as a patient in the First Nations Community HealthSource. Questions or concerns may be directed to the Front Desk Supervisor at (505)262-2481.

Print Name of Patient: \_\_\_\_\_ Patient #: \_\_\_\_\_  
 Signature of Patient/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_