



Tule River Indian Health Center, Inc.
380 N. Reservation Rd., Porterville, CA 93257
Phone: (559) 784-2316, Fax: (559) 781-6514

PATIENT RIGHTS AND RESPONSIBILITIES

AS A PATIENTS OF TULE RIVER INDIAN HEALTH CENTER, INC. YOU HAVE THE RIGHT TO:

1. Be given information about your rights and responsibilities for receiving health care services.
2. Receive a timely appointment with your provider.
3. Be given information regarding policies, procedures, and charges for services.
4. Be given information regarding available services, including after-hours and emergency services.
5. Choose and/or change your provider.
6. Be given appropriate and professional care without discrimination against your race, creed, color, religion, sex, national origin, sexual orientation, handicap, or age.
7. Be treated with courtesy, respect, consideration, and dignity.
8. Be free from physical or mental abuse and neglect.
9. Be identified properly by name and title.
10. Be given complete and current information concerning your diagnosis, treatment, alternatives, risks, and prognoses as required by your physician's legal duty to disclose, in terms and languages that you will understand.
11. A unique healthcare plan to meet your needs.
12. Participate in the development of your plan.
13. Be given an assessment and update of your healthcare plan as necessary.
14. Be given privacy and confidentiality.
15. Review your clinical record upon request as outlined by Tule River Indian Health Services, Inc. policies and procedures.
16. Be given information regarding the anticipated transfer of care to another facility and/or termination of services to you.
17. Voice concerns regarding your care and the staff without being threatened, restrained or discriminated against.
18. Refuse treatment within the confines of the law.
19. Refuse to participate in experimental research.
20. Be given information concerning the consequences of refusing treatment or not complying with treatment plans.

AS A PATIENT OF TULE RIVER INDIAN HEALTH CENTER, INC. YOU HAVE THE RESPOSIBILITY TO:

1. Give accurate and complete information concerning past illnesses, hospitalizations, medications, allergies, and other pertinent information.
2. Assist in maintaining a safe environment.
3. Inform the health center when you will not be able to keep a scheduled appointment.
4. Request further information concerning anything you do not understand.
5. Follow the "agreed-upon" treatment plan you had made with your provider.
6. Voice any and all healthcare concerns with a health care provider.
7. Arrange transportation to and from each of my appointments, with a responsible adult.
8. Provide a responsible adult to transport you home and remain with you for 24 hours if required and/or requested by the provider.
9. Accept personal financial responsibility for any charges not covered by insurance.
10. Behave respectfully toward all health care professionals and staff, as well as other patients.

I HAVE REVIEWED AND UNDERSTAND MY PATIENT RIGHTS/RESPONSIBILITIES AS DESCRIBED ABOVE.

Printed Patient Name

Patient or Guardian Signature

Date

Approved: 02/07/2024 (MSC:6-0-0)