

Our Commitment to You

BCHC will promote considerate, courteous, and respectful care and treatment for all patients.

We recognize that you are a vital participant in your treatment plan.

You have both rights and responsibilities regarding that treatment.

Your rights and responsibilities are outlined in this brochure.

Especially for you...

Patient Rights And Responsibilities

Berks Community Health Center

at Penn Street
838 Penn Street
Reading, PA 19602
(610)988-4838

at Oakbrook
1040 Liggett Avenue
Reading, PA 19611
(484)220-2955



Access to Care

You have the right to:

- 1) Expect quality care with an emphasis on safety.
- 2) Receive fair, considerate treatment regardless of age, gender, race, creed, national origin, economic status, lifestyle, or disability.
- 3) Request communication assistance if necessary.
- 4) Participate in the development and implementation of your care plan.

You have the responsibility to:

- 1) Keep appointments and notify us 24 hours prior to scheduled appointment, if unable to keep scheduled appointment.
- 2) Complete and sign a current "Consent to Treatment" form.
- 3) Notify us prior to an appointment regarding any special assistance necessary to clearly communicate with physicians, providers or nurses.
- 4) Be involved and follow the plan of care.

Privacy and Confidentiality

You have the right to:

- 1) Receive privacy concerning your medical care and personal health information including diagnosis or condition, treatment and medical records, to the extent required by law.
- 2) Be provided the opportunity to talk privately with medical personnel and others when clinically and medically possible.
- 3) Obtain a written copy of BCHC's Notice of Privacy Practices.
- 4) Grant or deny permission of presence to those not directly involved as care providers.

You have the responsibility to:

Acknowledge receipt of BCHC Notice of Privacy Practices addressing certain additional patient rights.

Decision-Making

You have the right to:

- 1) Know the name of the provider/nurse responsible for your care.
- 2) Obtain from the provider/nurse complete and understandable information regarding your

diagnosis, treatment, outcome, complications, possible risks and follow-up care and expected recuperation time.

- 3) Be advised if the provider/nurse proposes to engage in or perform human experimentation or research affecting his or her care or treatment, and to refuse if desired to participate in such experimentation or research.
- 4) Be informed of known alternative treatments and to choose among the alternatives, including the right to refuse treatment.
- 5) Inspect and obtain a copy of your medical record (for a reasonable fee) as allowed by law.
- 6) Expect reasonable continuity of care and be informed of any continuing health care requirements.

You have the responsibility to:

- 1) Provide a complete medical history, including past illnesses, hospitalizations, medications and other matters relating to your health.
- 2) Inform the provider/nurse of any changes in your health condition.
- 3) Provide a copy of your Medical Advance Directive and/or Medical Power of Attorney (if applicable and in effect).
- 4) Ask questions about specific problems and request information when not understanding your illness or treatment.

Refusal of Treatment

You have the right to:

Refuse treatment to the extent permitted by law and to be informed of the potential medical consequences of refusal.

You have the responsibility to:

Accept results or consequences if you refuse treatment, do not follow the provider's recommendations or leave BCHC against medical advice.

Respect and Consideration:

You have the right to:

- 1) Be free from acts of coercion, discipline, inconvenience, or retaliation by staff.

- 2) Appropriate assessment and management of pain.
- 3) Sensitivity addressing issues related to care at the end of life.
- 4) Have your personal dignity respected at all times.
- 5) Considerate and respectful care that honors psychosocial, spiritual and cultural values and beliefs.
- 6) Have an Advance Directive, Medical Power of Attorney or Out-Of-Hospital Do Not Resuscitate order with the expectation that clinical staff will honor the documents as allowed by law.

You have the responsibility to:

- 1) Respect the rights of other patients and BCHC personnel.
- 2) Respect BCHC property and property of other patients.
- 3) Ensure that all minors in your charge observe and respect BCHC property and other patients and visitors rights while on BCHC premises and keep minors with you and safe at all times.
- 4) Refrain from smoking on BCHC property.

Payment for Care:

You have the right to:

- 1) Receive information regarding BCHC guidelines explaining fee schedule, the sliding fee scale, and payment policies upon becoming a patient of BCHC.
- 2) Examine and receive an explanation of any billing/costs upon request.
- 3) Be informed of the existence of business relationships among the hospital, other educational institutions or health care providers and payers that may influence your treatment.

You have the responsibility to:

- 1) Make prompt payment at the time of service, including co-pay, co-insurance, deductibles, and any other uncovered charges.
- 2) Provide required information to qualify for BCHC's income-based sliding fee scale and update this information if your financial circumstances change.
- 3) Request information about payment options.
- 4) Report changes in address, telephone number and any other insurance information.