



**R.O.A.D.S.**  
COMMUNITY CARE CLINIC

## **Patient Bill of Rights and Responsibilities**

The ROADS COMMUNITY CARE CLINIC is happy to have you as our patient. We are committed to treating you with consideration and respect, honoring your legal rights, and working to meet your health care needs. In order to make this a mutually beneficial and positive experience and to help our skilled and caring staff to treat you, we have listed your rights and responsibilities as a patient at The ROADS COMMUNITY CARE CLINIC.

### **You Have the Right to:**

- Take part in your health care treatment.
- Know the names of the people caring for you.
- Be treated with respect and dignity in a safe and private setting.
- Be informed about your illness and treatment, including options for your care.
- Request a change of medical providers.
- Get another opinion about your illness or treatment.
- Privacy of your health records.
- Have a cultural, social, spiritual and personal beliefs respected.
- Know about legal reporting requirements.
- An interpreter if you have any difficulty hearing, speaking or understanding English.
- Ask for special and reasonable accommodation if you have a disability.
- Ask for help with a living will or durable power of attorney for health care.
- Refuse treatment, care and services as allowed by law.
- Know the cost of your care and ways you may pay your care.
- Talk in person with a The ROADS COMMUNITY CARE CLINIC manager if you have a complaint.
- It is the policy of The ROADS COMMUNITY CARE CLINIC to afford its patients the opportunity to pursue a resolution to any concerns in a structured format that provides fair and equitable process. Bring concerns in writing to the Patient Grievance Committee, 121 S. Long Beach Blvd. Compton, CA 90221.

## **The ROADS COMMUNITY CARE CLINIC Agrees to:**

- Provide health care to anyone in need regardless of ability to pay.
- Offer a sliding fee discount for uninsured and under-insured patients who earn less than 200% of the Federal Poverty Level and for those who are homeless.
- Inform you about the services we offer.
- Provide timely care, within our resource constraints.
- Provide clear diagnosis and treatment options when we can, and be frank with you when we don't know or aren't sure.
- Provide clear boundaries with respect to the care we will provide to you and treatments we don't advise or will not do.
- Value you as a patient and person.

## **You Have the Responsibility to:**

- Take part in your health care treatment.
- Give us information so that records are accurate and complete.
- Help us get a copy of your health records from your past providers if needed.
- Tell your health provider about your illness or problems.
- Ask questions about your illness or care.
- Arrive for appointments ahead of the scheduled time.
- Cancel or reschedule appointments so that another person may have that time slot.
- Use medications or medical devices as prescribed and for yourself only.
- Inform the medical provider if you become worse or you have an unexpected reaction to a medication.
- Call at least two working days ahead to refill your prescription.
- Speak and behave respectfully to all staff, patients, and visitors.
- Respect the privacy of other patients.
- Pay your bills on time, or if you're having difficulty, arrange a payment plan.



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## **Acknowledgment of Receipt of Patient's Bill of Rights**

### ***Acuse de Recibo de la Declaración de Derechos del Paciente***

I have been presented with a copy of the Patient's Bill of Rights for the ROADS Community Care Clinic, detailing my rights and responsibilities.

*He sido presentado con una copia de la carta de derechos de la paciente de la ROADS Community Care Clinic, detallando mis derechos y responsabilidades.*

**Signed/Firmado:** \_\_\_\_\_ **Date/Fecha:** \_\_\_\_\_

If not signed by patient, please indicate relationship to patient (e.g., mother) and patient's name.

*Si no está firmado por el paciente, indicar relación con el paciente (por ejemplo, la madre) y nombre del paciente.*

**Patient/Paciente:** \_\_\_\_\_

**Relationship/Relación:** \_\_\_\_\_