

## PATIENT RIGHTS AND RESPONSIBILITIES

### Patient Rights

**We are committed to providing our patients with prevention-oriented, compassionate, quality healthcare. Without regard to gender or to cultural, economic, educational, or religious background, or the source of payment for care, you have the right to:**

- Be treated with dignity, respect, and consideration.
- Full consideration of privacy throughout your visit and the right to be advised of the reason for the presence of any individual while you are receiving care. Unless you consent, people not involved in your care will not be present during your examination or treatment.
- Confidential treatment of all communications and records pertaining to your care. We require written permission from you before release of medical information not authorized by law. Our clinical records will be protected from unauthorized disclosure or use.
- Know the names and preparation levels of the professionals who are involved in your care and treatment.
- Receive information concerning your diagnosis, evaluation, treatment, prognosis, and outcomes of care (including any unanticipated outcomes) in a language and/or terms you can understand. When it is medically inadvisable to provide such information to you, the information is provided to a person designated by you or to a legally authorized person.
- Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse the treatment or procedure.
- Participate in decisions involving your health care and in resolving conflicts about your care decisions.
- Change providers if other qualified providers are available.
- Receive appropriate referrals to other healthcare providers, as necessary.
- Be advised in advance of any experimental treatment or research. You have the right to refuse to participate in any proposed research project.
- Timely and appropriate responses to any reasonable request for service.
- Examine and receive an explanation of any charges, regardless of your source of payment.
- Receive information about living wills or medical power of attorney and to receive assistance in formulating advance directives.

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- Have access to appropriate aids and services, including qualified interpreters and written information in various formats, for people with disabilities.
- Have reasonable access to foreign language assistance services, including translated documents and oral interpretation
- Provide feedback and input into the evaluation of the organization's services.

Feedback including compliments and suggestions can be submitted by:

1. Filling out a comment card and placing in the suggestion box located at the Joseph F. Sullivan Center and Clemson Health Clinic-Walhalla.
  2. Contacting us at 864-656-3076 and requesting to speak to a supervisor or CRH administration.
- Voice grievances or complaints about your healthcare without fear of coercion, discrimination, reprisal, or unreasonable interruption of services for doing so.

If you or your legal representative have a concern about any aspect of your care at CRH, we encourage you to let us know. To address your concerns, you may speak to your healthcare team or speak to a supervisor. We encourage you to communicate concerns to the individuals involved.

If you or your legal representative's concern cannot be resolved in the manner above, you may submit a formal verbal or written complaint by calling 864-656-3076 or by filling out a Complaint Form. Complaint forms can be requested from any CRH staff member. Submit your complaint forms to us by dropping off at any CRH clinic location or mailing to:

Clemson Rural Health  
Joseph F. Sullivan Center  
101 Edwards Hall  
Clemson, SC 29634

or

Clemson Rural Health  
Clemson Health Clinic – Walhalla  
200 Booker Drive  
Walhalla, SC 29691

You or your representative will be provided a timely response.

**To address discrimination concerns, you may also file a civil rights complaint to the U.S. Department of Health and Human Services:**

Office for Civil Rights  
200 Independence Ave, SW  
Room 509F, HHH Building  
Washington, DC 20201

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1-800-368-1019, 1-800-537-7696 (TDD)

[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

## Patient Responsibilities

**We consider you a partner in your health care. When you are well informed, participate actively in health care decisions and communicate openly and honestly with your health care team, you help make your care as effective as possible. Your responsibilities are to:**

- Arrive as scheduled for appointments or cancel in advance if you cannot keep an appointment.
- Provide accurate and complete information about your health, including current and past illnesses, medications, including over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters related to your health.
- Follow the treatment plan recommended by the provider or inform your provider if you believe you cannot follow through with the recommended treatment and take responsibility for the results if you choose to act against advice.
- Participate in your care and ask questions when you do not understand information or instructions.
- Provide a responsible adult to provide transportation home and to remain with them as directed by the provider or as indicated on your discharge instructions.
- Treat all providers, staff, clients, and visitors with courtesy and respect.
- Recognize the effect of lifestyle on your personal health and engage in behaviors which promote your health, such as good nutrition and adequate physical activity.
- Express complaints in an appropriate and timely manner.
- Accept personal financial responsibility for any charges not covered by insurance.
- Pay for services when care is rendered or as soon as possible.
- Follow procedures for any COVID-19 or other public health related emergencies as necessary for the protection of other patients, staff, healthcare workers and our community.