RIGHTS AND RESPONSIBILITIES

We are pleased you have chosen Family Health Centers of San Diego. We want to provide you with exceptional health care services. As a health care patient, you have choices, rights and responsibilities.

YOU HAVE THE RIGHT TO . . .
1. Be treated with dignity and respect and acknowledged as an individual with unique health care needs.
2. Not be discriminated against for any reason, including but not limited to race, color, national origin, religion, physical and mental disability sex, including pregnancy, childbirth and related medical conditions, age, genetic information, citizenship status, marital status, sexual orientation and identity, AIDS/HIV, medical condition, political activities or affiliations, military or veteran status, or status as a victim of domestic violence, assault, or stalking, unless required by the eligibility guidelines for services.
3. Receive care in a clean and comfortable environment.
4. Have cultural, ethnic, psychological, spiritual and personal beliefs, values and preferences, learning needs and language preferences acknowledged and respected.
5. Know the name, education and title of the staff member serving you.
6. Receive an understandable explanation of your health condition or status.
7. Be actively involved in decisions regarding your treatment plan, obtain copies of all referrals and have your care needs coordinated by our interdisciplinary team.
8. Consent to or refuse any care or treatment.
9. Accept or refuse participation in any offered clinical research opportunity that is offered.
11. Involve family members and/or significant others in care decisions as you request and as appropriate.
12. Have your medical and personal information treated confidentially.
13. Be involved in resolving conflicts about care decisions or service perceptions.
14. Be encouraged to share questions and concerns about safety, quality and ethical issues.
15. Receive upon request information about surrogate decision-making and advance health care directives.
16. Seek second opinions; we encourage you to discuss this with your primary care provider.
17. Receive services regardless of ability to pay and on a sliding scale basis.

YOU ALSO HAVE THE RESPONSIBILITY TO . . .
1. Treat Family Health Centers of San Diego staff with courtesy and respect, and show appreciation for their cultural, ethnic, psychosocial, spiritual and personal values.
2. Be honest about your medical, dental, sexual and mental health history.
3. Ask questions until you understand what you need to know about your health care.
4. Follow health advice and medical instructions and express any concerns about your ability to follow the proposed plan of care.
5. Accept the consequences and outcomes if you do not follow the care, treatment and service plan.
6. Report any changes in your health condition to your medical provider.
7. Provide feedback about your service needs and expectations.
8. Respect clinic staff and property and comply with the clinic’s rules and regulations.
9. Keep appointments or cancel at least 24 hours in advance.
10. Accurately represent and report your true financial situation and earnings.
11. Pay patient fees when services are rendered, or take personal responsibility to make payment arrangements.
12. Disclose a complete health history and all current medications to your primary care provider.

Since you have selected us as your health care provider, we want to meet your needs.
When you want to know ……. ASK.
When you have a question ……… SPEAK UP.
When you have a problem ……… ASK to see the clinic director.
When you like what happens ……. FILL OUT fhcsd.org/patient-satisfaction-survey.

QUESTIONS, PROBLEMS OR CONCERNS
If you have questions or would like to express any concerns about your care or service, please contact your clinic directly to speak with the clinic director. If your concerns and questions cannot be resolved at this level, they will be reviewed by our care coordination team. All complaints and concerns are also reviewed by our executive team.

If you still have concerns, please contact the Joint Commission:
(800) 994-6610 (phone)
(630) 792-5636 (fax)
complaint@jointcommission.org

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
www.jointcommission.org