



CLIENT AND PATIENT RIGHTS

As a client or patient of Health Services, you have the right to:

Respectful Treatment

1. Considerate, respectful, professional, confidential, and timely care in a safe, patient-centered environment.
2. Equal and unbiased care, regardless of race, color, national origin, sexual characteristics, sexual orientation, sex assigned at birth, gender identity, gender otherwise recorded, age, disability, or genetic information.
3. Services and information in your own language and in words you understand that respects your culture or background, with interpretation, auxiliary aids, and other reasonable services made available at no-cost to you.
4. Services free from verbal, emotional, and/or physical abuse and/or inappropriate sexual behavior or harassment.
5. An appeal process to re-establish care if you are discharged from the Center.

Competent, High-Quality Care

6. Care provided by competent, qualified professionals that follow standards of care, based on published evidence, clinical guidelines, and federal, state, and contractual requirements.
7. The names of physicians, nurses and other staff involved in your care.
8. Information about the qualifications and experience of your providers.
9. Appropriate care or referrals to other medical, mental health, or other care services.
10. Access to a second opinion.

Make Treatment Decisions

11. Receive complete, up-to-date information about your diagnosis, treatment options, medications, and possible outcomes (including common side effects, complications, and risks).
12. Discuss with and ask questions to your providers about choices and options available for your treatment.



Health Services Client and Patient Bill of Rights and Responsibilities

13. Make the final decision about which choice and option is best for you after getting all the information you need about these choices and the clear recommendations from your providers.
14. Refuse recommended treatments after being told about potential effects on your health when you refuse treatments, yet know you have the right to later change your mind.
15. Be told about and given the chance to use other care and support services from the Center, including but not limited to clinical research studies.
16. Refuse any offered service or end participation in any program without that choice impacting other services you get from the Center.
17. Be told about the Client Relations process for handling situations where you disagree, don't understand, or are unsatisfied with services.
18. Receive a response to any complaint or grievance within 30 days of filing it.
19. Be told how to access independent ombudsman or advocacy services outside the Center, or the Center for Medicare and Medicaid Services (CMS) complaint center, for help with resolving problems or grievances.

Confidentiality and Privacy

20. For your health information to be kept confidential to the greatest extent possible, including limited use of sensitive information like HIV test results.
21. A copy of our agency's Notice of Privacy Practices (you will be asked to sign a document to show that the Notice was made available to you).
22. Be provided with information about when and how your information is used, changed, or released.

Billing Information and Assistance

23. Receive information and explanation of all charges that you may have to pay for the care, treatment, and services received from the Center, as well as information about its payment policies.
24. Receive information about any programs or benefits that you may be eligible for to help you pay for services.
25. Choose to pay cash for services instead of using your health insurance, knowing that your information about those services will not be shared with your health plan and that you shall be responsible for paying the full cost of services, including the part typically paid by your health insurance.



CLIENT AND PATIENT RESPONSIBILITIES

As a client or patient of Health Services, you are responsible for the following. Violating these responsibilities may cause Health Services to stop providing service to you.

1. Keep your appointments or tell us within 24 hours of your appointment if you need to cancel it.
2. Participate in your care, treatment, and service planning to the extent that you are able.
3. Follow treatment plans you agree to, accepting the results or effects on your health when you do not follow treatment plans.
4. Tell your provider when you do not understand information provided to you.
5. Tell your provider if you need interpreter or translation services (such as sign language), auxiliary aids, or written materials in alternative formats to support effective communication with you.
6. Tell your provider about reasonable adjustments to its policies, practices, or procedures that you need to get health care services from the Center.
7. Only use the patient portal, Center phone numbers, Center email addresses, and Center mailing addresses to contact your Center provider or Center staff about your care or services.
8. Provide, to the best of your knowledge, accurate and complete information about your current and past health conditions, other medical and mental health providers, and medications or drugs you use that are not prescribed by your Center providers; all of this may affect your care.
9. Provide and update complete, accurate information about your insurance coverage, financial information, billing information, and other information needed to provide or pay for services.
10. Provide and keep updated information about how to confidentially reach you by phone, mail, email, and other means.
11. Provide prompt payment for services rendered.
12. Accept care from qualified staff members and providers referred to for services without regard to their race, color, place of origin, gender, sexual orientation, age, or ability status.



**Health Services
Client and Patient Bill of Rights and Responsibilities**

13. Treat Center staff, clients, patients, visitors, and other providers that you are referred to for services with dignity and respect when receiving services, which includes:
 - 13.1. Cooperating with or following the directions of Center staff.
 - 13.2. Not using profanity.
 - 13.3. Not being physically or verbally abusive, hostile, threatening, harassing, sexually harassing, intimidating, or disruptive to others.
 - 13.4. Not stealing or vandalizing anything at the Center.
 - 13.5. Not using alcohol or drugs while visiting the Center.
 - 13.6. Not carrying or using any weapons.
14. Do not alter, modify, or falsify any records, documents, or information provided to you from the Center that may misrepresent diagnoses, observations, or other information from your providers.
15. Use the Client Relations process and satisfaction surveys to share your disagreements, concerns, or feedback about the care or services from the Center's Health Services programs.
16. Maintain the confidentiality of everyone receiving or providing care or services at our agency by never recording services (audio or video), never mentioning to anyone about other clients or patients you see at Health Services clinics without their permission, and never approaching other patients outside of the Center if you do not already have a personal relationship with them.

My signature below is an acknowledgement that I have read and understand my rights and responsibilities as a client or patient of the Health Services Department of the Los Angeles LGBT Center.

Signature: _____

Date: _____