

## PATIENT RIGHTS AND RESPONSIBILITIES

Central Care Cancer Center is dedicated to providing you with high quality services that exceed your expectations. We encourage you to review this information. By understanding your rights and responsibilities as a patient, you are better equipped to benefit from your relationship with Central Care Cancer Center.

We also encourage you to let us know how we're doing and how we can improve the patient experience for you. You can call us at [1-800-592-5110](tel:1-800-592-5110). We would love to hear from you!

### *You Have the Right to:*

- » Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of service.
- » Be treated with dignity, courtesy, and respect, recognizing that each person is a unique individual.
- » Be informed, orally and/or in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible.
- » Receive information about the scope of services that the organization will provide and specific limitations on those services.
- » Participate in the development and periodic revision of the plan of care.
- » Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- » Know the identity and job title of the staff member that you are working with and, if requested, speak with their supervisor.
- » Be free from mistreatment and neglect, as well as verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property.
- » Voice grievances/complaints regarding treatment or care.
- » Recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- » Expect confidentiality and privacy of all your protected health information (PHI) and information contained in your medical record as described in the Notice of Privacy for Protected Health Information, which is consistent with state and federal laws.
- » Be informed of any financial benefits when referred to an organization.
- » Be fully informed of your responsibilities.

### *You Have the Responsibility to:*

- » Participate in your care plan by asking questions about your medications and/or treatment.
- » Follow the instructions for taking your medication.
- » Care for and safely use medications for the purpose for which they were prescribed and only for the individual for whom they were prescribed.
- » Provide, to the best of your knowledge, a complete and accurate medication and health history and notify the provider of changes in this information.
- » Notify the Oral Medication Center or your preferred pharmacy via telephone when your medication supply is running low so coordination of a refill can be made promptly especially if you have less than 7 days of medication remaining, and you have not received a call from our staff.
- » Immediately notify the clinic and/or Oral Medication Center of any change in insurance coverage, address, or telephone, whether temporary or permanent.
- » Co-payments for treatments must be paid at time of service and/or shipping of oral medications.
- » Notify the Oral Medication Center if you are going to be unavailable for the scheduled delivery times of your medication.
- » Treat all personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.

