



**PATIENT RIGHTS AND RESPONSIBILITIES**

Welcome to Coastal Health & Wellness . Our mission is to provide access to high quality primary care to any Galveston County resident. As a patient, you have rights and responsibilities. Also, the clinic has rights and responsibilities. We want you to understand these rights and responsibilities so you can help us to provide health care to you. Please read this statement and inform us if you have any questions.

**Human Rights:**

- You have a right to be treated with respect and dignity regardless of race, religion, sex, national origin or ability to pay for services.

**Payment for Services**

- You are responsible for giving us accurate information about your present financial status and any changes in your financial status. Coastal Health & Wellness (CHW) needs this information to determine how much you pay or private insurance, Medicaid, Medicare pays, or to determine other benefits you may be eligible for. If your income is less than the federal poverty guidelines, we will only charge you a small fee.
- You have a right to receive an explanation of your bill. You must pay, or arrange to pay all agreed fees; if you cannot pay right away please contact our billing office at 409-938-2204 so that we can provide care for you now and work out a payment plan.
- Please review the Coastal Health & Wellness Financial Guide.

**Privacy:**

- You have a right to have interviews, examinations and treatment in private. Your medical records are also private. Only legally authorized persons will see your records unless you ask us to show them to someone else with a signed authorization to release your protected health information. A complete discussion of your privacy rights is included in the Notice of Privacy Practices. This notice details the various rights granted to you under the Health Insurance Portability and Accountability Act (HIPAA).

**Health Care:**

- You are responsible for providing CHW accurate, complete and current information about your health so that we can give you proper health care. You have a right and are encouraged to participate in decisions about your treatment.
- You have the right to information and explanations in the language you normally speak and in words you understand. You have a right to information about your health or illness, treatment plan (including benefits and risks), and expected outcomes, if known. If you do not wish to receive this information or if it is not medically advisable to share that information with you, we will provide it to a legally authorized person.
- If you are an adult, you have a right to refuse treatment to the extent permitted by law, and to be informed of the risk of refusing such care. You are responsible for the outcome of refusing treatment.
- You have a right to health care treatment that is reasonable for your condition and within our capability. You have a right to be transferred or referred to another facility for services that we cannot provide. But, we do not pay for services provided elsewhere.
- You have a right to the appropriate assessment and management of pain within the available resources of the clinic.

**Rules**

- You have a right to receive a copy of our patient information about the health services we provide, personal conduct, and the use of our property and resources. You are responsible for obeying these rules.
- You are responsible for appropriate use of clinic services, which includes following our staff's instructions. You have a responsibility to keep your scheduled appointment and to arrive on time. If you show up as a walk-in there is no guarantee you will be seen.
- You have a responsibility to be courteous and respectful to Coastal Health & Wellness staff and other patients.
- You are responsible for the supervision of young children you bring with you to Coastal Health & Wellness. You are responsible for their safety and the protection of other clients and our property.

**Compliments and Complaints**

- CHW wants to hear what you like and don't like. Voice your compliments or concerns by calling or emailing [boardinformation@gchd.org](mailto:boardinformation@gchd.org). We expect your experience to be a great one. Let us know how we may gain your satisfaction. If you are not satisfied , please tell us. CHW wants suggestions so we can improve our services. Staff will tell you how to file a complaint. We will not punish you for filing a complaint, and will continue to see you as a patient.

**Warnings and Terminations**

- If you are reported to show inappropriate behavior, you may receive a letter warning you that such behavior will not be tolerated and you may be terminated as a Coastal Health & Wellness patient.
- If you commit a major infraction you will receive a letter terminating you as a Coastal Health & Wellness Patient.
- **Reasons for which Coastal Health & Wellness may stop providing health care services to you:**
  - Failure to follow Coastal Health & Wellness rules and requirements.
  - Intentional failure to report accurate information concerning your health.
  - Intentional failure to follow the health care program such as instruction about taking medications, personal health practices, or follow-up appointments, as recommended by your provider.
  - Creating a threat to the safety of the staff and/or other clients.
  - Forging or altering a prescription and/or other criminal acts.
  - Intentional failure to accurately report your financial status.
  - Failure to contact us to set up a payment plan on your outstanding bill.
- If you are issued a termination letter you will have a right to appeal the decision to the Coastal Health & Wellness Governing Board by writing the CHW Executive Director at PO Box 939, La Marque, TX 77568. You will also be informed whether or not your termination is for one year (non-criminal infraction) or permanently (criminal infractions). All criminal infractions will be reported to the police.