

YOUR CARE AND TREATMENT

As a NeighborHealth patient you have the right to:

- Polite, respectful treatment. NeighborHealth does not discriminate based on age, race, ethnicity, religion, culture, language, physical or mental disabilities, socio-economic status, sex, sexual orientation and gender identity and/or expression.
- Prompt life-saving treatment in the event of an emergency without regard to your ability to pay or to your economic status.
- Adequate, prompt response to reasonable requests and your need for treatment, whenever possible.
- Have your pain evaluated and managed.
- Services of a medical interpreter at no cost to you.
- Reasonable privacy during medical treatments, medical care, and conversations.
- Confidentiality of your medical history and treatment records to the extent provided by law.
- Have your doctor or other provider explain the facts about your illness; your treatment options, benefits and risks of each option; and possible outcomes of each choice.
- Accept or refuse treatment once you have learned about the benefit and risk of each option.
- Work with your providers to develop and carry out a plan for your care.
- Ask and receive names and specialties of any providers taking care of you.
- Refuse to be observed, examined or treated by medical students or other staff members without risking your access to care and treatment.
- Specify those to be allowed to visit you. NeighborHealth will limit visits by anyone deemed to pose a safety or health risk to you, other patients or staff.
- The presence of your chosen support person unless it infringes on the rights of others or poses a safety or health risk to you, other patients or staff.
- Complete an advance directive form (such as a Health Care Proxy or medical power of attorney), instructing NeighborHealth and your providers about your treatment choices and naming your designated "health care agent." NeighborHealth will respect the wishes of your chosen health care agent in the event that you are unable to speak for yourself. If you have not named a health care agent and cannot speak for yourself, NeighborHealth will accept the assertion of your spouse or domestic partner, parent or other family member who claims to be your representative. If more than one professes to be your representative, NeighborHealth will request supporting documentation from each in order to make its determination.
- Choose to enroll in a research study if invited. You also have the right not to enroll without affecting your medical care.

YOUR MEDICAL RECORDS

As a NeighborHealth patient you have the right to:

- Request an inspection of your medical record or for a reasonable fee, to receive a copy of your record
- Receive a copy of your medical record at no cost if the request supports a legal claim or appeal under the Social Security Act in any federal or state financial needs-based benefit program.
- Have portions of your medical record sent to a physician at another institution at no charge to you, provided you complete the required request form.
- Request in writing that an amendment or correction be made to your record if you believe it to be inaccurate. You will receive a response within 30 days.

FINANCIAL ISSUES

As a NeighborHealth patient you have the right to request and receive:

- Information about financial assistance and free health care.
- Copies of itemized bills and other statements of charges submitted to third-party payers (insurance companies).

RIGHTS TO INFORMATION AND MEDIATION

You have the right to:

- Receive information about NeighborHealth's policies, rules and regulations about your rights and responsibilities as a patient.
- Request and receive information about the relationship of NeighborHealth and your providers with any other health care facility or educational institution as it relates to your care.
- Contact the NeighborHealth Administration or the Chief Medical Officer at 617-568-4570 to report concerns, problems or complaints about your care or service. If you wish assistance from the health center in resolving a dilemma relating to your health care, please call NeighborHealth Administration or the Chief Medical Officer at 617-568-4570. If your concerns cannot be resolved by first talking with your providers, you may file a formal complaint or grievance. If you remain dissatisfied with the outcome, you may also contact:

The Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
800-377-0550 | 781-876-8200
www.massmedboard.org

MassPRO (If you have Medicare)
245 Winter Street
Waltham, MA 02451
800-252-5533
www.masspro.org

**Massachusetts Department of Public Health,
Division of Health Care Quality: Complaint Unit**
99 Chauncy Street, 11th Floor
Boston, MA 02111
800-462-5540 | 617-753-8150
www.mass.gov/dph/dhcq

The Joint Commission Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
800-994-6610
www.jointcommission.org

PATIENT RESPONSIBILITIES

NeighborHealth requests that as a patient you accept the responsibility to:

- Arrive on time for scheduled appointments or telephone the provider's office when you are not able to keep your scheduled appointment.
- Provide accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, advanced directives and other matters concerning your health or care.
- Inform your providers if you do not understand instructions relating to your care or treatment or if you are unable to follow the instructions.
- Be considerate of other patients.
- Make sure your visitors at NeighborHealth are considerate of others with respect to noise, and privacy.
- Observe NeighborHealth's smoke-free campus rules.
- Provide NeighborHealth with information about your insurance or financial coverage for visit charges.
- Accept responsibility for your actions if you refuse treatment or do not follow your provider's instructions.