



## PATIENT RIGHTS AND RESPONSIBILITIES

*At Swope Health, we are committed to providing you quality medical, dental, optometry, and behavioral health services.*

*As a patient, you have certain rights. Understanding those rights will help you get the best possible care.*

### You have the right:

1. To receive compassionate and respectful care regardless of age, sex, race, national origin, religion, disability, sexual orientation, or communicable disease.
2. To be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.
3. To be well informed from their doctor/designee about the diagnosis, treatment, and chances for recovery in understandable terms. This information should include the specific treatment, medical risks, benefits, side effects.
4. To select the primary care provider of your choice and to know the names, roles, and credentials of people providing medical treatment.
5. To receive interpreting services in the language of your choice during the delivery of all significant healthcare services.
6. To accept or refuse recommended treatment, and to be told what will happen medically if that is the patient or client's choice.
7. To be notified about Swope Health's Privacy Practices.
8. To privacy and confidentiality of all records pertaining to treatment, except as required by law or third-party payment.
9. To have your medical record accessed only by individuals who are directly involved in or supervising your treatment, monitoring the quality of the treatment provided, investigating or responding to patient complaints or requests, or authorized by law or regulation.
10. To have access to information contained in your medical record.
11. To request your medical record be amended if there is information you believe to be incorrect.
12. To give or withhold informed consent to take part in research, investigation, experimentation, or clinical trials.
13. To give or withhold informed consent for Swope Health to produce or use recordings, films, or other images of you for purposes other than your care.
14. To formulate an Advance Directive, express your choices about future care and appoint someone to make decisions for you if you are unable to make decisions for yourself.
15. To access protective services or information regarding protective services. If you would like additional information about obtaining help for child abuse, elder abuse, or domestic violence, you may ask any staff member working with you.

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16. To refuse to perform any service (work) for Swope Health programs or patients/clients unless the services are a component of your treatment to which you have agreed. For instance, Clients receiving Behavioral Health services in Residential Care Facilities and/or the CPRC program are encouraged to take responsibility for maintaining their own living quarters, and/or treatment environment on a day to day basis. This shall include, but is not limited to, making beds, maintaining personal belongings in an orderly manner, and maintaining a reasonably neat and sanitary room and/or treatment environment. This is not work for which you will be paid, but rather is an integral part of your treatment program.
17. To know which agencies survey or accredit the organization and the department(s) within which you may be a patient or client.
18. To have a guardian speak and make decisions for you if you cannot appreciate the consequences of decisions, and/or assign a personal representative of your choice to be involved in your healthcare.
19. To express verbally or by letter any complaints or recommendations concerning services, you may call the manager of the Swope Health clinic or program involved directly, submit the feedback form found at the Swope Health website: [www.swopehealth.org](http://www.swopehealth.org), or call or write the **Swope Health Risk Manager, 3801 Blue Parkway, Kansas City, MO 64130**. Phone: **816-923-5800**.

You can contact the Joint Commission directly by accessing their website: [www.complaint@jointcommission.org](http://www.complaint@jointcommission.org) or by calling **1-800-994-6610**.

If you are utilizing Behavioral Health services from Swope Health, you may call the department directly at **816-922-1070**, or file a formal grievance with the **Department of Mental Health, 1706 E. Elm Street, P.O. Box 687, Jefferson City, MO 65102**. Phone: **573-751-4122**.

*You are expected to act in a cooperative manner with healthcare providers, including communicating openly and honestly, following treatment plans, and respecting the facility standards of conduct.*

### You are responsible for:

1. Following facility rules.
2. Providing accurate and complete information about current symptoms, past illnesses, hospitalizations, medications, advance directives, and any other matters related to care.
3. Following instructions that the you and your healthcare provider have agreed upon.
4. Asking questions about your care that you may not understand or have questions about, including risks of procedures, outcomes, and costs of treatment.
5. Making informed decisions about care and treatment.
6. Knowing what medications or drugs you are taking, why you are taking the medication, and the proper way to take the medication, according to your provider's instructions.
7. Keeping scheduled appointments, arriving on time for scheduled appointments, and for calling as soon as possible to cancel or reschedule when you cannot keep a scheduled appointment.
8. Advising Swope Health of any changes in the following:
  - Address
  - Income
  - Insurance Information
  - Phone Number
  - Family Size
9. Respecting and considering other people, associates, the property of others, and property of Swope Health.
10. Attending and supervising any children you bring with you while you and/or the children are in the facility.
11. Paying bills and fees promptly.