



## **Patient Rights and Responsibilities Statement**

**Ohio Hills Health Services is committed to providing patients with compassionate, high-quality care. If you have questions, problems, safety concerns or unmet needs, please let us know.**

### **Patient Rights:**

1. To be treated with courtesy, respect, dignity and be provided quality services, appropriate health care and timely delivery of care.
2. If an interpreter is needed, the health center will provide an interpreter.
3. The right of confidentiality of health records and health information as required by law.
4. The right to participate in the decisions involving their healthcare.
5. The right to voice complaints or concerns about Ohio Hills Health Services.
6. The right to receive information from health care providers and to discuss benefits, risks and costs of appropriate treatments.
7. The right to participate in OHHS sliding discount program if eligibility requirements are met.

### **Patient Responsibilities:**

1. The responsibility to treat staff and other patients with respect.
2. The responsibility to come to scheduled appointments on time or cancel/reschedule in advance.
3. The responsibility to request information or clarification about your health status or treatment.
4. The responsibility to cooperate with the treatment plan that you and your health provider agree upon.
5. The responsibility to pay for services (insurance co-pay, discount fee or full payment) at the time of your visit and pay remaining balance on bill after insurance payment.
6. The responsibility to bring my medication bottles to appointment.

### **Health Policies**

- OHHS does not discriminate in the provision of services to any individual based on the patient's ability to pay, the patient's health insurance source by Medicare or Medicaid or the patient's race, color, sex, national origin, disability, religion, age or sexual orientation.
- If you are not seen by one of OHHS providers in 3 years, you are considered a new patient.
- A patient is considered a "no show" if you fail to show for scheduled appointment, you do not cancel your appointment at least 24 hours prior to appointment or you arrive 10 minutes late for your appointment. OHHS reserves the right not to schedule future appointments for patients who have repetitive "no-show" appointments documented. Repetitive considered: Medical - 3 "no-shows" in 12 month period, Dental – 2 "no-shows" in 12 month period.



- OHHS reserves the right to reschedule your appointment or dismiss you from the practice should a patient fail to comply with the Patient Rights and Responsibilities or have repetitive “no-show’s”.

### **Financial Policy Summary**

Patients are responsible for providing all insurance cards and information along with any copays that may be due at the time of appointment. It is patient’s responsibility to notify Ohio Hills Health Services of any changes to their insurance coverage. Ohio Hills Health Services will bill patient’s insurance whether it is Medicare, Medicaid, or other commercial insurance. If you do not have insurance, you may consult with our marketplace consultant. You may be eligible for one of the marketplace insurances or Medicaid depending on income.

Patients are responsible for all copays, deductibles, or co-insurance that is due after insurance or any balance/service that may not be covered by insurance. Please refer to your insurance policy. Patients will be billed for any outstanding balance after insurance. Patient statements are sent monthly for any outstanding balances. If no payment is made after the third statement, the claim will be turned over to internal collections. The Patient Accounts Counselor will attempt to contact the patient and/or send a letter asking patient to make a payment or set up a payment plan. If there is no response the claim will be sent to an external collection agency.

Patients may also be eligible under our sliding discount program whether they have insurance or not. For those with insurance this will help with copay, deductibles, or co-insurances. This is based off the patient’s household and income. All patients are asked to give income information. Since we are a Federal Qualified Health Center (FQHC), we are required to ask patients for their income information. This helps us receive the grants to help run our facility and provide services to our patients.



**Patient Rights and Responsibilities Statement Signature Sheet**

As a patient of OHIO HILLS HEALTH SERVICES, I agree to the Patient Rights and Responsibilities as given to me.

\_\_\_\_\_ Date: \_\_\_\_\_  
Patient name (Please print)

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient/Guardian/Parent