



Ko-Kwel
Wellness Center

Patient Rights & Responsibilities

Ko-Kwel Wellness Center patients, family, caregivers, and patient representatives have the right to...

- Considerate, respectful, and compassionate care in an environment that is free of all forms of discrimination, abuse, or harassment, regardless of age, race, ethnicity, national origin, religion, culture, language, disability, socioeconomic status, gender, sexual orientation and gender identity or expression.
- Care that preserves personal dignity and respects personal values, beliefs, and preferences and addresses psychological, spiritual, social, and intellection needs.
- Be well informed about your condition, possible treatments, and the likely outcomes of these treatments. The right to receive information about your medical evaluation, in a manner or language you understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient to a legally authorized person.
- Participate in developing, decision making, and implementing a plan for your care, except when such participation is contradicted for medical reasons.
- **Emergency Treatment:** to seek emergency medical care or after-hours care whenever necessary. Emergency care does not require approval or referral from the Ko-Kwel Wellness Center. If present in the clinic, receive an appropriate emergency medical screening examination, stabilizing treatment within facility capabilities, and transfer to a higher echelon of care after receiving an explanation concerning the need for, and the alternatives to such a transfer.
- **Pain Management:** Have your pain assessed and managed appropriately, including feedback on pain control. This may constitute outside referral or emergency care.
- **Change providers** if other qualified providers are available and consult with another provider at your own request and expense.
- **Accept or refuse a treatment**, as permitted by law, to include seeking a second opinion at your own cost.
- **Safety:** to receive care in a safe and secure environment which incorporates current standards of practice for patient care, environmental safety, infection control, and security. Know that, to enhance patient safety, that some video or audio monitoring and recording is done in the facility, non-patient examination areas.
- **Research:** Choose whether to participate in research effort or have a student involved in your care.
- **Medical Records:** to access, review, request amendments to and, obtain a copy of your medical records and other health information and have the information explained to you by a qualified clinical staff member in a manner or language you understand, unless access is restricted by law.
- **Privacy & Confidentiality:** The right to privacy and confidentiality of your personal and health information. Information about your treatment is protected under the Ko-Kwel Wellness Center Notice of Privacy Practices and guaranteed under 42 U.S. Code of Federal Regulations and applicable Confidentiality Statutes as identified by Indian Health Services (IHS).
- **Advanced Directives:** Have in effect and documented in your medical record the presence of any Advanced Directives, Living Will, medical powers of attorney, or Physicians Orders for Life Sustaining Treatment (POLST) and be informed of ability, training, and equipment of Ko-Kwel Wellness Center to implement it. Receive treatment, which is not conditioned upon having an advance directive, POLST, or an order with drawing or withholding life support such as a Do Not Resuscitate (DNR).
- **Complaint/Grievance:** Express concerns to your care team or department or clinic management. To provide feedback, including suggestions or complaints. If not resolved, you have the right to file a grievance, verbally or in writing. A client complaint process form and procedures policy can be provided to you upon request and is available on our website.
- **Financial Information:** Receive an explanation of your financial charges and our payment policies that outlines the services provided and cost expectations and have this explained to you in a manner and language that you understand and, be informed about how to apply for financial assistance to help with your medical bills.

What we expect of you as our patient

All Ko-Kwel Wellness Center patients are responsible to:

- Provide accurate and complete information about your health problems and medical history, to include any medications taken, over the counter products, dietary supplements, and any allergies or sensitivities. Accurately complete any intake forms necessary for your care team.
- Follow the agreed-upon treatment plan prescribed by your provider and be an active participant in your care. You are encouraged to ask questions when you do not understand information or instructions. Let your provider know if you believe you cannot follow through with your treatment or, if you have any concerns about your care or treatment plan.
- Tell your provider if you have any pain.
- Recognize that refusing treatment or instructions may do harm to your health.
- Recognize the effect that your lifestyle has on your health and make healthy choices.
- Be considerate and respectful of others by not using inappropriate language or behavior that is disrespectful to visitors, providers, staff members and other patients.
- Ensure you have coordinated a responsible adult to provide transportation home and to remain with you as directed by your provider or as indicated on the discharge instructions.
- Provide current insurance information and, when necessary, accept personal financial responsibility for any charges not covered by insurance, if applicable. Inform staff of any financial hardship so you can receive information about financial assistance.
- If you or your representative have concerns, we encourage you to notify the patient's care team, the department or clinic manager, or the nursing supervisor immediately. Communicating your concerns can help resolve issues quickly and effectively.
- Know that your personal and medical information will be treated as confidential. With the understanding you will be expected to have a signed designated release of information form on file and be held responsible for annually updating it.

Advance Directives

We would like to inform you of your rights to create Advance Directives regarding your medical care. An Advance Directive is a document that you create that lets the medical provider know your wishes regarding your medical care should you become incapacitated. In the state of Oregon there are three types of directives that you should be aware of:

Power of Attorney: This directive lets you identify the individual that you want to make health care decisions on your behalf in the event that you are unable to make those decisions.

Advance Directives: This directive identifies your preferences for medical care in the event you become incapacitated and are unable to make your preferences known.

Declarations for Mental Health Treatment: This directive identifies your preferences for psychiatric care in the event that you become incapacitated and are unable to make your preferences known.

The Ko-Kwel Wellness Center will provide you the recognized Oregon State templates if you desire to complete any, or all, of these directives. We will also provide you contact information for individuals and/or organizations that may assist you in completing these documents. We may not, however, directly assist you in completing the document(s) in that we are forbidden to do so by both state and federal law. If you are interested in initiating a directive, please notify the KWC receptionist. You may also contact the Oregon Advocacy Center as a resource at 800-452-1694.

If you currently have a living will, medical power of attorney, or any other directive that relates to your medical care it is your patient responsibility to inform your primary care providers and provide copies of the document to the Ko-Kwel Wellness Center.