

# RESPONSIBILITIES

*You, the patient, have the responsibility to:*

- Participate actively in your health care and ask questions of any health care staff when a diagnosis or prescribed treatment is not understood.
- Provide health care staff accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters related to a medical and or health history and life style choices.
- Report perceived risks in care and unexpected changes in your condition.
- Accept consequences for the outcomes if you do not follow the care, treatment and service plan.
- Show respect and consideration of the organization's staff and property as well as other patients and their property.
- Observe health center policies and the rights of health center staff and other patients.
- Keep appointment times and if not able to do so, cancel at least 24 hours before the scheduled appointment whenever possible.  
(See the Patient Appointment Agreement)
- Follow the treatment recommended by your health care staff and notify the staff of any changes in your health.
- Make sure you pay your bill or make arrangements to do so. This responsibility includes providing information for sending in insurance claims including: updating address and phone number. Ask questions if you do not understand payment policy.

***If you have any questions or concerns about your care at MyCare Health Center please contact the Compliance Officer at the following number:  
(586) 619-9986***



## CENTER LINE

6900 10 Mile Road • Center Line, MI 48015

**Medical** - Phone (586) 756-7777 • Fax (586) 756-7788

**Dental** - Phone (586) 467-0980 • Fax (586) 756-7788

## CLINTON TOWNSHIP

43740 N. Groesbeck Highway

Clinton Township, MI 48036

**Phone (586) 493-0961 • Fax (586) 493-1001**

## MT. CLEMENS

18 Market Street, Suite C • Mount Clemens, MI 48043

**Phone (586) 783-2222 • Fax (586) 783-6280**

***MyCareHealthCenter.org***



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# PATIENT RIGHTS AND RESPONSIBILITIES



**MyCare**  
HEALTH CENTER



# ***PATIENT RIGHTS*** *You, the patient, have the right to:*

- Considerate and respectful care regardless of race, color, national origin, age, sex, disability or status as a veteran.
- Receive information in a manner you understand including having an interpreter provided during your visit if needed.
- Be presented all necessary information which will allow you to make informed decisions regarding your health care. This includes receiving complete information concerning diagnosis and treatment in understandable terms from your Medical/Dental care provider. You also have the right to refuse treatment or health care and be informed of Medical/Dental consequences of your actions.
- Know the identity, professional status and affiliation to MyCare Health Center of the individuals providing your care. It is your right to choose the Medical/Dental care provider of your choice.
- Know where to call in case of emergency or when health center is closed.
- Have every consideration of privacy and confidentiality concerning your care and information related to your health.
- Receive information about patient rights and be informed of policies, rules and regulations that apply to you as a patient
- Have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
- Be informed about the outcomes of care, treatment and services including unanticipated outcomes.
- Be involved in decisions about care, treatment and services provided. Be involved in resolving dilemmas about care, treatment and services.
- Receive appropriate, clinically approved methods to alleviate pain when those methods are available, necessary and meet your health needs.
- Identify a surrogate decision maker, as allowed by law that approves decisions about care, treatment and services.
- Have family, as appropriate and as allowed by law, involved in care, treatment and service decisions. Information about diagnosis and prognosis is provided to you and your family based on your wishes.
- Be informed of any experimental or other research/educational projects that may be utilized in your treatment and to refuse such experimental or research-based treatment.
- Receive an explanation of your bill for services regardless of the source of payment.
- Present a complaint and receive a response about any aspect of your care or treatment. Presentation of a complaint will not compromise a patient's access to care or future service.
- Be involved in ethical considerations that arise in your care.
- Maintain personal dignity.

