

# **Vermont Patient Bill of Rights and Responsibilities**

As a Federally Qualified Health Center, North Star Health strives to provide affordable, accessible, high quality, patient-centered healthcare services to individuals and families. To that end, patients of any North Star Health practice can expect to be treated with respect and dignity and encounter staff and providers who genuinely care for your health and wellbeing.

In order to provide you with exceptional care, both you and North Star Health have rules we need to follow. These rules govern the conduct and responsibilities of our health center employees and patients. These rules are defined as the "Patient Bill of Rights and Responsibilities."

### YOU HAVE THE RIGHT TO:

- Receive service(s) without regard to age, race, color, sexual orientation, marital status, religion, sex, national origin, or other personal characteristics including source of payment for your care;
- Be treated with consideration, respect and dignity including privacy in treatment;
- Be informed of the services available at the health center;
- Be informed of the provisions for off-hour emergency coverage;
- An interpreter and translation services, assistive devices, and communication aids and services, at no cost to you.
- Be informed of and receive an estimate of the charges for services, view a list of the health plans and hospitals that the center participates with; eligibility for third-party reimbursement and, when applicable, the availability of free or reduced cost care;
- Receive an itemized copy of his/her/their/their account statement, upon request;
- Obtain from his/her/their health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her/their/their diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand;
- Receive from their clinician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
- Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her/their action;
- Refuse to participate in experimental research;
- Voice grievances and recommend changes in policies and services to the center's staff, the operator, and the Vermont State Department of Health without fear of reprisal;
- Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her/their designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her/their designee that if the patient is not satisfied by the center response, the patient may complain to the appropriate external agency;
- Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- Approve or refuse the release or disclosure of the contents of his/her/their/their/their medical record to any health-care practitioner and/or healthcare facility except as required by law or third-party payment contract;
- Access to and receive an accounting of disclosures regarding your own health information as permitted under applicable law.

## To provide safe and comprehensive services, North Star Health asks its patients to adhere to the following responsibilities:

## HEALTH CENTER RULES AND REGULATIONS

- Inform the Health Center personnel of any changes in your treatment or condition. •
- Supply accurate and complete information whenever possible to your provider regarding all factors • and changes affecting your health status.
- Cooperate with those providing care.
- Avoid discrimination in any form against Health Center personnel and other patients and visitors. •
- Ask questions if you do not fully understand your care. •
- Inform the Health Center staff if you need to cancel a scheduled visit, preferably 24 hours prior to the visit.
- Provide the Health Center with the name, address, and phone number of the person to contact in • case of emergency.
- Inform the Health Center of any changes affecting your financial status and/or need for service. •
- Arrive at the Health Center in advance of your appointment, as directed, so all necessary papers can be completed with the patient or designee prior to the visit with the provider.
- Understand that arriving considerably late for an appointment means the provider may not be able to see you. It will be considered a missed appointment, and it may be rescheduled.
- Observe all rules and regulations of the health Center, particularly those relating to safety. The • health Center has an obligation to make this information known to you.

#### **RESPECT AND CONSIDERATION**

- Be considerate of the rights and privacy of staff and other patients by helping control noise and refraining from recording devices in the health center.
- Be courteous to staff & other patients and refrain from being verbally or physically abusive. • Threatening statements or behavior towards staff or other patients may result in you no longer receiving services from North Star Health.
- Not bring weapons within the boundaries of the health center property •
- Follow the No Smoking policy. •
- Be respectful of the property of other people and of North Star Health. •

#### COMPLIANCE WITH INSTRUCTIONS

- Follow the mutually agreed upon prescribed course of treatment. This may include following the nurse's or other personnel's instructions as they carry out your coordinated plan of care.
- Understand and accept the risks associated with refusing treatment or not following provider instructions. This includes failure to follow through on recommended screenings, referrals, orders, and tests.

#### **PROVISION OF INFORMATION**

- Communicate, to the best of your knowledge, an accurate and complete medical history to the providers and others providing health care services.
- Report any changes in your condition promptly to the provider, nurses and others providing health care services.
- Make it known whether you clearly understand explanations or instructions given and for stating your inability to follow completely any instruction given.

#### PAYMENT OF SERVICES

Provide all necessary information including insurance card and policy number to assure timely processing of your bill and to make appropriate arrangements for the payment of your bills. You are also responsible for understanding the limitations of your insurance coverage and you must present any co-pay or other personal obligations at the time service is rendered.

Please note that patients who behave in a disruptive manner so as to threaten their own or another's safety, or who are verbally and/or physically threatening or abusive will be asked to leave the premises. In these cases, patients will be subject to the actions and decisions of the North Star Health Executive Leadership Team. These decisions and actions may include notification to law enforcement or other of the North Star Health Executive Leadership Team. These devisions and devisions and devision may mean and devision may legal authorities, and/or discharge from North Star Health practices and/or denial of future non-emergency care. May 2025 | Page 2 of 2