

The Tuolumne Me-Wuk Indian Health Center, Inc. believes it's important for you to take an active part in your healthcare. That's why we've provided you with this Patient Rights and Responsibilities brochure.

By becoming familiar with these points, you can better participate in your care and act as a vital part of the healthcare team.

If you have any questions or concerns about your rights and responsibilities, patient care, or safety at any of our facilities, please contact the Compliance Officer by email at hotline@tmwihc.org, by calling 209-928-5425, or by confidential fax at 209-813-5689.



The Mission of the Tuolumne Me-Wuk Indian Health Center, Inc. is to provide high quality, comprehensive, primary care for Tuolumne Me-Wuk tribal members, other Native Americans, and residents of the surrounding communities.

Our Locations

Tuolumne Me-Wuk Indian Health Center, Inc.
18880 Cherry Valley Blvd., Tuolumne, CA.
(209)928-5400

Tuolumne Me-Wuk Pharmacy
18880 Cherry Valley Blvd., Tuolumne, CA
(209)928-5407

Tuolumne Me-Wuk Cedar Road Health Center
22044 Cedar Road, Sonora, CA
(209)532-0028

Tuolumne Me-Wuk Dental Clinic
19969 Greenley Rd., Ste D, Sonora, CA
(209)532-0034

MEWU:YA (A Family Healing Place)
18670 Carter St., Tuolumne, CA
(209)928-3350

Tuolumne Me-Wuk Indian Health Center
Medical Billing Department
1311 Sanguinetti Rd. Ste. C, Sonora, CA
(209)928-5452

Tuolumne Me-Wuk Indian Health Center
Dental Billing Department
1311 Sanguinetti Rd. Ste. C, Sonora, CA
(209)928-5449



Tuolumne Me-Wuk Indian Health Center, Inc.

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▶ **“Serving all residents of Tuolumne County and the surrounding communities.”**

Patient Rights and Responsibilities

As a patient at TMWIHC, you have the right to:

- Be informed of your rights and review the policies regarding them.
- To receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin, sponsor.
- Express your opinion regarding the services received and to voice suggestions for improvement of the quality of care.
- File a complaint and to receive a response in a timely manner without fear of discrimination or reprisal.
- Receive considerate and respectful care in a safe and secure environment with respect and regard for your privacy, individuality, personal beliefs and cultural traditions.
- Accessible services and timely referrals to staff and services consistent with quality professional practice.
- Refuse treatment and be fully informed of the possible consequences of such refusal.
- Participate in decisions affecting your care and treatment according to your own desires, needs, and understanding, including consenting to have others participate in this process. TMWIHC may restrict other's participation to ensure the health and safety of patients, staff, and visitors. This privilege may be restricted or terminated under circumstances that include, but are not limited to the following: inappropriate, abusive, or threatening behavior; violation of any clinic policy, including, but not limited to smoking, drug, or alcohol policies; interference with the care of patients; infection control, and/or court order limited or restraining contact.

- Receive information about your illness and the course of treatment in terms you can understand.
- Approve and refuse the release of your own medical records. You also have the right to access your own records. You have the right to have the privacy and confidentiality of your records maintained in a secure and safe environment. TMWIHC follows all Federal and State guidelines regarding access to records. Only by law may records be released without patient permission.
- Know the name and professional status of the persons treating you and giving medical advice.
- Know in advance of service, the cost of service and any applicable payment policies, regardless of the source of payment.
- Receive timely and qualified care in a setting appropriate to your health care needs.
- Appoint a legal representative to make decisions regarding your health care.
- Appropriate assessment and management of your pain, information about pain, pain relief measures, and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe or chronic pain. The provider may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.
- Request services of an interpreter, if needed, at no cost to you.
- Request or refuse treatment, to the extent permitted by law. You do not have the right to demand inappropriate or medically unnecessary treatment or services, or to refuse to cooperate with the care necessary for your safety based on the plan of care.
- Reasonable responses to any reasonable requests made for service.
- Receive an accounting of disclosures regarding your PHI.

As a patient at TMWIHC, you have the following responsibilities:

- To actively participate in decisions regarding your health care and to follow your provider's health care instructions and advice.
- To inform your health care provider of information related to past illness, treatments, and medications.
- To respect the rights and property of the Health Center, health care professionals, employees, and other patients.
- To make and keep all scheduled appointments. Please call to cancel or change appointments 24 hours in advance.
- To pay for service at the time service is provided and to provide the patient registration office with accurate, complete, and current information pertaining to insurance coverage, your home address, telephone number, social security number, and Native American Indian verification.
- To discuss your health care problems, concerns, and personal needs with your provider(s) honestly and to inform the health care provider of any changes occurring in your health. You should ask questions when in need of further instructions or better understanding.
- To cooperate with various providers involved in your care and to conduct yourself in a polite and respectful manner.
- To let your provider know if you cannot or will not follow a certain treatment plan.
- You have the responsibility to exchange information in a non-abusive manner either physically or verbally while receiving care.
- To advise provider(s) of all changes in decisions concerning advanced directives and/or persons designated by you to make health care decisions for you.