

Do you Know your RIGHTS?



As a patient of Clarity Healthcare you have the RIGHT to:

- **Courteous and respectful treatment, including sensitivity toward your cultural values, personal values, beliefs, and preferences.**
- **Receive appropriate health care based on your needs and continuity of care from different health care professionals.**
- **Receive adequate current information about your treatment so that you can make informed decisions.**
- **Receive information in plain language; appropriate assistance will be provided if you cannot read or speak English or if you have a communication impairment.**
- **Refuse or terminate services or treatment (as permitted by law).**
- **Know information about the professionals you work with, including qualifications.**
- **Information about fees, the method of billing, insurance coverage, and a right to reasonable notice of changes in services or charges.**
- **A referral when you need services we cannot provide; we will also make a referral when you ask us to do so. Including a coordinated transfer when there will be a change in the provider of services.**
- **Privacy related to your health care: case discussion, consultation, examination and treatment are confidential and conducted discreetly.**
- **Confidentiality of your records, as provided by law. This and other rights and restrictions concerning the privacy of your records are described in the Notice of Privacy Practices.**

As a patient of Clarity Healthcare you have the RESPONSIBILITY:

- **To provide accurate and complete information about current and past illnesses, medications, financial, and other matters pertaining to your health.**
- **To follow the treatment plan recommended by your healthcare provider or to express concerns regarding your ability to comply.**
- **To fully participate in decisions involving your treatment plan.**
- **To make it known whether you clearly understand your medical condition, results of tests and procedures, orders for medication, the course of your medical treatment, and how you are expected to participate in your treatment plan.**
- **For your actions if you refuse treatment or do not follow the healthcare provider's instructions.**
- **To arrive as scheduled for appointments and to cancel in advance appointments you cannot keep.**
- **To become informed of the scope of basic services offered, the costs, and the necessity for medical insurance, and to actively seek clarification of any aspect of participation in Clarity Healthcare services and programs (including cost) that is not understood.**
- **To provide staff with available documents relating to your health (i.e., advance directives, care decisions, living wills, etc.).**
- **Financial responsibility for all services rendered. Also, to know and pay your co-pay, deductible and sliding fees at the time of service.**

For questions or to report a potential violation of your rights:

Email: help@clarity-healthcare.org

Contact Local Director: Mark Conover 573-603-1460

Contact Chief Operations Officer: Bontiea Goss ; (417) 869-8911