

Pit River Health Service, Inc.  
Patient Bill of Rights and Responsibilities

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### Your Rights

- YOU HAVE THE RIGHT to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- YOU HAVE THE RIGHT to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment
- YOU HAVE THE RIGHT to be told the names of your doctors, nurses, and all health care team members directing and/or providing your care.
- YOU HAVE THE RIGHT to be told by your doctor about your diagnosis and possible prognosis, the benefit and risks of treatment, and the expected outcome of treatment, including unexpected outcomes. You have the right to give written informed consent before any non-emergency procedure begins.
- YOU HAVE THE RIGHT to have your pain assessed and to be involved in decisions about treating your pain.
- YOU CAN EXPECT full consideration of your privacy and confidentiality in care discussions, exams, and treatments. You may ask for an escort during any type of exam.
- YOU HAVE THE RIGHT to make an advance directive and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and help you complete one.

- YOU CAN EXPECT that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records. You may add information to your medical record by contacting the Health Information Management Department. You have the right to request a list of people to whom your personal health information was disclosed.
- YOU HAVE THE RIGHT to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.
- YOU HAVE THE RIGHT to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your doctor, nurse manager, or a department manager. You may also contact the Quality Improvement Coordinator at (530)335-5090 or by email at [krizol.r@pitriverhealthservice.org](mailto:krizol.r@pitriverhealthservice.org).

### Your Responsibilities

- IT IS YOUR RESPONSIBILITY to provide complete and accurate information, including your full name, address, home telephone number, date of birth, social security number, insurance carrier and employer when it is required.

- IT IS YOUR RESPONSIBILITY to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products and any other matter that pertain to your health, including perceived safety risks.
- IT IS YOUR RESPONSIBILITY to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.
- IT IS YOUR RESPONSIBILITY to ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care, treatment, and service plan.
- IT IS YOUR RESPONSIBILITY to keep appointments, be on time, and call PRHS if you cannot keep your appointments.
- YOU ARE EXPECTED to actively participate in your pain management plan and to keep your doctors and nurses informed of the effectiveness of your treatment.
- YOU ARE EXPECTED to treat all clinic staff, other patients, and visitors with courtesy and respect; abide by all clinic rules and safety regulations.
- YOU SHOULD PROVIDE the hospital or your doctor with a copy of your advance directive if you have one.