



Sadler Health Center
PATIENT AND CENTER RIGHTS AND RESPONSIBILITIES

Welcome to the center. Our goal is to provide quality health care to people in this community, regardless of their ability to pay. As a patient, you have rights and responsibilities. The center also has rights and responsibilities. We want you to understand these rights and responsibilities so you can help us provide better health care for you. Please read and sign this statement and ask us questions you might have.

A. Human Rights

You have a right to be treated with respect regardless of race, color, marital status, religion, sex, national origin, ancestry, physical or mental handicap or disability, age, veteran status, or other grounds as applicable federal, state and local laws or regulations.

B. Payment For Services

1. You are responsible for providing accurate information about your present financial status and any changes in your financial status. The staff need this information to decide how much to charge you and/or so they can bill private insurance, Medicaid, Medicare, or other benefits for which you may be eligible. If your income is less than the federal poverty guidelines, and you do not have insurance, you will be eligible for a sliding fee discount program and charged a discounted fee. False claims, statements, documents, or concealment of material may be prosecuted under applicable federal and state laws.
2. If you participate in the sliding fee discount program you must notify Sadler Health Center if your income changes.
3. You have a right to receive explanations of the center's bill. You must pay, or arrange to pay, all agreed upon fees for services at the time of service. If you cannot pay right away, please let staff know at check in so they can ensure you receive care and work out a payment plan.
4. Federal law prohibits the center from denying you primary health care services which are medically necessary solely because you cannot pay for these services.

C. Privacy

You have a right to have your interviews, examinations and treatment in privacy. Your medical records are also private. Only legally authorized persons may see your medical records unless you request in writing for us to show them to, or copy them for, someone else. In certain instances, the center may be required to report to the Pennsylvania Department of Health regarding your health condition or disease status. A complete discussion of your privacy rights will be given to you along with this document and is named the center's Notice of Privacy Practices. Staff will request that you acknowledge your receipt of our Notice of Privacy Practices. The Notice of Privacy Practices sets forth the ways in which your medical records may be used or disclosed by the center and the rights granted to you under the Health Insurance Portability and Accountability Act ("HIPAA").

D. Health Care

1. You are responsible for providing the center complete and current information about your health or illness, so that we can give you proper health care. You have freedom of choice of providers and may obtain services from any institutions, agencies, pharmacy, person or organization of your choice. Sadler providers may recommend the services of another provider or practitioner, however, Sadler does not enter into automatic referral arrangements with other providers or practitioners.

2. You have a right to information and explanations in the language you normally speak and in words that you understand. You have a right to information about your health or illness, treatment plan, including the nature of your treatment; its expected benefits; its inherent risks and hazards (and the consequences of refusing treatment); the reasonable alternatives, if any (and their risks and benefits); and the expected outcome, if known. This information is called obtaining your informed consent.
3. You have the right to receive information regarding “Advance Directives.” If you do not wish to receive this information, or if it is not medically advisable to share that information with you, we will provide it to your legally authorized representative.
4. You are responsible for appropriate use of center services, which includes following staff instructions, showing respect for the center’s staff, facilities and patients, making and keeping scheduled appointments, and requesting a “walk in” appointment only when you are ill. Center professionals may not be able to see you unless you have an appointment. If you are unable to follow instructions from the staff, please tell them so they can help you.
5. If you are an adult, you have a right to refuse treatment or procedures to the extent permitted by applicable laws and regulations. In this regard, you have the right to be informed of the risks, hazards, and consequences of your refusing such treatment or procedures. Your receipt of this information is necessary so that your refusal will be “informed.” You are responsible for the consequences and outcome of refusing recommended treatment or procedures. If you refuse treatment or procedures that your healthcare providers believe is in your best interest, you may be asked to sign a Refusal to Permit Medical Treatment or Services form or Against Medical Advice form (as appropriate).
6. You have a right to health care and treatment that is reasonable for your condition and within our capability, however, the center is not an emergency care facility. You have a right to be transferred or referred to another facility for services that the center cannot provide. The center does not pay for services that you receive from another healthcare provider.
7. If you are in pain, you have a right to receive an appropriate assessment for pain management, as necessary.
8. If you have an urgent Medical or Dental need when the office is closed, you can call 717-218-6670 to be directed to the on-call provider/dentist.

E. Center Rules

1. You have a right to receive information on how to appropriately use the center’s services. You are responsible for using the center’s services in an appropriate manner. If you have any questions, please ask us.
2. You are responsible for the supervision of children you bring with you to the center. You are responsible for your children’s safety and the protection of other patients and our property.
3. You are responsible to accompany your minor children/dependents to their appointments. You must bring your child/dependent to their first appointment. After the first appointment, if you can’t bring your child/dependent to their appointment, you must have a signed consent on file allowing another adult (18 years or older) to bring the minor.

4. You have a responsibility to keep your scheduled appointments. Missed scheduled appointments cause delay in treating other patients. If you do not keep scheduled appointments you may be subject to disciplinary action pursuant to the center's policies and procedures. If you need to reschedule your appointment please be sure to give Sadler a 24 hour notice.

F. Complaints

1. If you are not satisfied with our services, please tell us. We want suggestions so we can improve our services. A suggestion box is located in the waiting room for your convenience. If you want to file a complaint, staff will provide you with a form and tell you how to file a complaint.
2. If you make a complaint, no center representative will punish, discriminate or retaliate against you for filing a complaint, and the center will continue to provide you services.

G. Termination

If the center decides that we must stop treating you as a patient, you have a right to advance written notice that explains the reason for the decision, and you will be given thirty (30) days to find other health care services. However, the center can decide to stop treating you immediately, and without written notice, if you have created a threat to cause verbal abuse, sexual harassment or assault of any kind to staff and/or patients. You have a right to receive a copy of the center's Termination of the Patient and Center Relationship Policy and Procedure.

In the event a patient must be immediately terminated the following steps will be taken:

- a. The center will take reasonable measures to prevent workplace violence and to recognize workplace violence as a serious safety and health hazard for their staff, patients, and visitors.
- b. Behavioral Health staff are available to assist with incidents. These staff are trained in crisis management including de-escalation of aggressive behavior, management of threat to safety situations, and self-protection.
- c. Upon becoming aware that an immediate threat to safety or well-being of a person exists, the staff must assume roles to:
 - i. Notifying the manager immediately
 - ii. Activating the Emergency response code, as needed
 - iii. Notifying law enforcement, as needed
 - iv. Securing the safety of patients and staff from the aggressor;
- d. The center will not continue to provide services for an individual who has been terminated due to safety or security reasons; rather, it will refer the individual to another provider or to the hospital emergency department. The center will provide a copy of the patient's medical record to a subsequent provider.
- e. As soon as the immediate threatening situation has been resolved, a staff person who witnessed the event must complete an incident report form according to the center's Policy and Procedure Regarding Incident Reporting and submits it to the Director of Quality & Risk Management.
- f. The DQRM will complete an investigation of the event and submit it to the CEO within 48 hours of the event for final advisement on termination.
- g. The CEO or designee, in consultation with its legal counsel, as appropriate, reviews the results of the investigation and the recommendation to terminate the patient/provider (center) relationship. In the event the patient needs urgent or routine care during the time of the investigation, assurances will be made to prevent patient contact with the staff who were involved in the event.

- h. The CEO or designee maintains a file to include all documentation concerning the termination, any correspondence, telephone or personal contact with the patient (and/or his or her representatives).
- i. The CEO or designee prepares correspondence for the patient concerning the termination, reasons for the termination (brief, factual statement), effective date, information on securing the services from another provider and a medical record release form. Correspondence is sent via certified mail, return receipt requested.
- j. Records are released by the Medical Records Department upon the patient's completion of an Authorization for the Use and Disclosure of Health Information form.
- k. The CEO or designee notifies the staff and providers concerning the patient's Notice of Termination and they address their areas of responsibility as noted above in item 1.g.

Reasons for which we may stop seeing you include but are not limited to:

1. Creating a physical or verbal threat to the safety of the staff and/or other patients.
2. Intentional Failure to accurately report financial status.
3. Intentional failure to report accurate information concerning health or illness.
4. Failure to obey center rules and policies, such as keeping scheduled appointments.
5. Violation of the health center policies, such as keeping appointments.
6. Stealing drugs, prescription pads, or other property from the center.
7. Forging any document including prescriptions or referral authorizations.
8. Making any type of non-inclusive slurs towards staff or other patients.
9. Using, carrying, or using of illicit drugs on the health center property.
10. Videotaping or taking pictures of staff or patients without explicit consent.
11. Intentional failure to follow the health care program, such instructions about taking medications, personal health practices, or follow up appointments, as recommended by your healthcare provider(s).

I have read and understand my rights and responsibilities as a Sadler Health Center patient. I am accepting a copy of this document for future reference.

Signature:

Date

Name:

(Print Name)

Date of Birth

If signing for a minor:

(Print Minor's Name)

Minor's Date of Birth

H. General Information

1. Direct Dial Numbers

Direct Dial Numbers	
Medical Appointment Line.....	960-4393
Dental Appointment Line.....	960-4394
New Patient Registration.....	960-4395
Insurance Enrollment.....	960-4395
Medical Questions.....	960-4392
Medical Prescription Refill Line.....	960-4389
Medical Referral Line.....	960-4390
Dental Referrals, Prescriptions, Questions.....	960-4391
Billing.....	960-4385
Healthy RX Program.....	960-4386
Tobacco Cessation.....	960-4387
Medical and Dental Records.....	960-4388
General Inquiries.....	218-6670
Outside the Carlisle Area.....	866-723-5377

2. Hours of Operation

Hours of Operations	
Sadler Health Center 100 N. Hanover St. Carlisle, PA 17013	Sadler Health Center 1100 Montour Road Loysville, PA 17047
<u>Monday, Tuesday, Friday</u> 8:00 AM - 5:00 PM <u>Wednesday</u> 9:00 AM - 5:00 PM <u>Thursday</u> 8:00 AM - 7:30 PM	<u>Monday, Tuesday, Thursday, Friday</u> 8:00 AM - 4:30 PM <u>Wednesday</u> 9:30 AM - 4:30 PM

3. Patient Portal

As a Sadler Health Center Patient you can access the patient portal to request an appointment, view your records, request a refill and ask your provider non urgent questions. The patient portal can be accessed using the following web link: <https://health.eclinicalworks.com/sadlerhealth> .