

***Sadler Health Center Corporation***  
**PATIENT AND CENTER RIGHTS AND RESPONSIBILITIES**

**Welcome to Sadler Health Center Corporation!** Our mission is to provide high-quality health care to everyone in our community, regardless of ability to pay. As a patient, you have certain rights and responsibilities-and so does Sadler Health Center Corporation (SHCC). Understanding these helps us work together to ensure you receive the best possible care. Please take a moment to read and sign this statement and feel free to ask any questions you may 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 insurance coverage. Our staff needs this information to determine how much to charge you and/or bill your private insurance, Medicaid, Medicare, or other benefits for which you may be eligible. If your income is less than the federal poverty guidelines, you may 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 SHCC if your income changes.
3. You have a right to receive explanations regarding what SHCC is billing you. 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 if you start a payment plan.
4. Federal law prohibits SHCC from denying you primary health care services which are medically necessary solely because you cannot pay for these services.

**C. Privacy**

You have the right to privacy during interviews, examinations, and treatment. Your medical records are confidential and may only be accessed by legally authorized personnel, unless you provide written consent for us to share or copy them for someone else. In certain cases, SHCC is required to report specific health conditions or disease statuses to the Pennsylvania Department of Health. You will receive a full explanation of your privacy rights in SHCC's *Notice of Privacy Practices*, which outlines how your medical information may be used or disclosed and the rights granted to you under the Health Insurance Portability and Accountability Act (HIPAA). Our staff will ask you to acknowledge receipt of this notice.

**D. Health Care**

1. You are responsible for providing SHCC with 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 institution, agencies, pharmacy, person or organization of your choice. SHCC providers may recommend the services of another provider or practitioner, however, SHCC 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 with your legally authorized representative.
4. You are responsible for appropriate use of SHCC services, which includes following staff instructions, showing respect for SHCC's staff, facilities and patients, making and keeping scheduled appointments, and requesting a "walk in" appointment only when you are ill. SHCC 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, SHCC is not an emergency care facility. You have a right to be transferred or referred to another facility for services that SHCC cannot provide. SHCC 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 SHCC's services. Upon request, patients will be given a copy of the patient and center rights and responsibilities. You are responsible for using SHCC'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 SHCC. You are responsible for your children's safety and the protection of other patients and SHCC's property. Your minor/dependent child must be accompanied to his/her initial appointment by a parent/guardian/adult with the ability to grant consent to treatment for services by SHCC.

3. If the minor/dependent child's parent or legal guardian attends this initial appointment, then such parent/guardian shall execute a Consent form with SHCC authorizing the treatment of the minor/dependent child.

4. If an adult other than a parent/guardian is to accompany the minor/dependent child on the initial appointment, then such adult shall present a Consent from the parent/guardian of the minor/dependent child to SHCC, which authorizes the adult to grant consent with respect to treatment for the minor/dependent child. After review, and upon satisfaction in SHCC's sole discretion that the Consent is valid, then the adult shall execute a Consent form with SHCC authorizing the treatment of the minor/dependent child.

5. Following the initial appointment, the minor/dependent child shall be accompanied to subsequent appointments by a parent/guardian/adult with the ability to grant consent to treatment for services by SHCC.

6. 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 SHCC's policies and procedures. If you need to reschedule your appointment, you are required to give SHCC a 24-hour notice according to the broken appointment policy.

7. For the safety of all patients, staff and visitors, SHCC Center maintains a strict no-weapons policy. Weapons, including but not limited to firearms, knives, and other dangerous objects, are not permitted on SHCC property, regardless of whether they are legally owned or carried. Patients and visitors who arrive with a weapon will be asked to secure it outside of the facility before entering. Any refusal to comply may result in removal from the premises, rescheduling of services, or law enforcement notification if necessary.

8. You have a right to bring in service animals, as defined by the Americans with Disabilities Act (ADA), that is trained to perform a task directly related to the individual's disability. Emotional support animals, therapy animals, or pets are not considered service animals under the ADA and are not permitted inside the facility. The service animal must always remain under the owner's control. If the service animal is disruptive, out of control, or poses a direct threat to the safety of others, SHCC may require its removal.

a. Concerns and Suggestions

1. If you are not satisfied or have concerns about our services, please tell us. We want suggestions so we can improve our services.
2. If you want to provide a suggestion or concern, SHCC staff will provide you with a form and will instruct you on how to provide a suggestion or concern.

3. If you submit a concern, no SHCC representative will punish, discriminate or retaliate against you for doing so, and SHCC will continue to provide you services.

## **G. Termination**

If SHCC 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, SHCC 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 SHCC's Termination of the Patient and Center Relationship Policy and Procedure.

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. Sexually harassing staff 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 SHCC rules and policies.
5. Violation of SHCC policies, such as keeping appointments in accordance to SHCC's Broken Appointment Policy.
6. Stealing drugs, prescription pads, or other property from SHCC.
7. Forging any document including prescriptions or referral authorizations.
8. Using any type of non-inclusive slurs towards staff or other patients.
9. Using, carrying, or being under the influence of illicit drugs on any SHCC property.
10. Videotaping or taking pictures of staff or patients without explicit, signed consent.
11. Intentional failure to follow the health care program, such as instructions about taking medications, personal health practices, or follow up appointments, as recommended by your healthcare provider(s).
12. Bringing, carrying, or possessing weapons of any kind- including firearms, knives, or any other dangerous objects- on health center property, regardless of legal status.
13. Bringing an animal that is not a service animal into the health center.

## **General Information**

### **1. Hours of Operation**

For our hours of operation please see our website at [www.sadlerhealth.org](http://www.sadlerhealth.org) or call us at 717-218-6670.

### **2. Patient Portal**

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