

A kidZ Clinic
360 E 8th Street, Delta, CO 81415
970-874-2753
PATIENT BILL OF RIGHTS

A kidZ Clinic School-Based Health Center (AKC SBHC) supports the rights of all patients across the lifespan including geriatric, adult, adolescent, pediatric, infant and neonatal populations. These rights may be exercised through the patient individually or through their surrogate decision-maker/legal representative.

YOU have the RIGHT to . . .

1. Be informed of your patient rights in advance of receiving or discontinuing care when possible.
2. Have impartial access to care and visitation. No one is denied access to treatment or visitation because of disability, national origin, culture, age, color, race, religion, gender identity, or sexual orientation. No one is denied examination or treatment of an emergency medical condition because of their source of payment.
3. Give informed consent for all treatment and procedures and receive an explanation in layman terms of:
 - a. Recommended treatment or procedure.
 - b. Risks and benefits of the treatment or procedure.
 - c. Likelihood of success, serious side effects, and risks including death.
 - d. Alternatives and consequences if treatment is declined.
 - e. Explanation of the recovery period.
4. Participate in all areas of your care plan, treatment, care decisions, and discharge plan.
5. Have appropriate assessment and management of your pain.
6. Be informed of your health status/prognosis.
7. Be treated with respect and dignity.
8. Personal privacy, comfort and security to the extent possible during your stay.
9. Be free from restraints or seclusion imposed as a means of coercion, discipline, convenience or retaliation by staff.
10. Confidentiality of all communication and clinical records related to your care.
11. Have the right to choose a "visitor" who may visit you, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and your right to withdraw or deny such choice at any time.
12. Have access to interpreter services at no cost to you or your companion when you do not speak or understand the language.
13. Receive care in a safe setting.
14. Be free from all forms of abuse or harassment.
15. Have access to protective services (e.g., guardianship, advocacy services, and child/adult protective services).
16. Request medically necessary and appropriate care and treatment.
17. Refuse any drug, test, procedure, or treatment and be informed of the medical consequences of such a decision.
18. Consent to or refuse to participate in teaching programs, research, experimental programs, and/or clinical trials.
19. Receive information about Advance Directives. Provide Advance Directives and have them followed. Designate a surrogate decision-maker (legal representative) as permitted by law and as needed.
20. Participate in decision-making regarding ethical issues, personal values or beliefs.
21. Know the names, professional status and experience of your caregivers.
22. Have access to your clinical records within a reasonable timeframe.
23. Be examined, treated, and if necessary, transferred to another facility if you have an emergency medical condition, regardless of your ability to pay.
24. Request and receive, prior to the initiation of non-emergent care or treatment, the charges (or estimate of charges) for routine, usual and customary services and any co-payment, deductible, or non-covered charges, as well as the facility's general billing procedures including receipt and explanation of an itemized bill. This right is honored regardless of the source(s) of payment.

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YOU have the RIGHT to . . .

25. Be informed of the clinic's complaint and grievance procedure and whom to contact to file a concern, complaint or grievance.
- a. A kidZ Clinic: Feel free to contact the AKC SBHC at 970-874-2753.
 - b. EXECUTIVE DIRECTOR: If your concerns are not being resolved with your immediate caregiver/clinic, please call the Executive Director at A kidZ Clinic business office at 970-874-2753. Our priority is for you to have an exceptional patient experience.
 - c. STATE AUTHORITIES: You may also directly contact The Health Facilities Division of the Colorado Department of Public Health and Environment, and the Office of Civil Rights, regardless of whether you first used the clinic's complaint and grievance process.

The Colorado
Department of
Public Health & Environment
4300 Cherry Creek Drive S
Denver, CO 80222-1530
Phone: 303-692-2827

The Office for Civil Rights
Department of
Health & Human Services
999 18th St., South Terrace, Suite 417
Denver, CO 80202
Phone: 303-844-2024/TDD: 303-844-3439/Fax: 303-844-2025

- d. STATE MEDICAL BOARDS: You also have the right to file a complaint with the Colorado Board of Medical Examiners, the State Board of Dental Examiners and the Colorado Podiatry Board if you have concerns with your physician, dental or podiatric patient care services, excluding fee disputes.
26. Patients have the right to receive a complete copy of the clinic's **Notice of Privacy Practices**.

YOU have the RESPONSIBILITY TO . . .

1. Ask questions and promptly voice concerns.
2. Give full and accurate information as it relates to your health, including medication.
3. Report changes in your condition or symptoms, including pain, and request assistance of a member of the health care team.
4. Participate in the planning of your care.
5. Follow your recommended treatment plan.
6. Be considerate of other patients and staff.
7. Secure your valuables.
8. Follow facility rules and regulations.
9. Respect property that belongs to the facility or others.
10. Understand and honor financial obligations related to your care, including understanding your own insurance coverage.

A copy of the Patient Bill of Rights is available on registration.