

Patient Bill of Rights and Responsibilities



Northern Tier Center for Health
Federally Qualified Health Center

Alburt Health Center
Phone: 802.796.4414
Fax: 802.796.4415

Enosburg Health Center
Phone: 802.933.5831
Fax: 802.933.5836

NOTCH Administration
44 Main Street, Suite 200
Phone: 802.255.5560
Fax: 802.255.5569

NOTCH Dental Clinic
Phone : 802.868.5551
Fax: 802.868.5552

NOTCH Pharmacy
Phone: 802.255.5530
Fax: 802.255.5539

Richford Dental Clinic
Phone: 802.255.5520
Fax: 802.255.5529

Richford Health Center
Phone: 802.255.5500
Fax: 802.255.5509

St. Albans Health Center
Phone: 802.524.4554
Fax: 802.524.4501

Swanton Health Center
Phone: 802.868.2454
Fax: 802.868.2461

<i>AS A PATIENT, YOU HAVE THESE RIGHTS</i>	<i>AS A PATIENT, YOU HAVE THESE RESPONSIBILITIES</i>
1. Access to healthcare without barriers.	1. Provide accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies and all other pertinent medical items.
2. Impartial access to medical treatment regardless of race, national origin, religion, gender orientation, physical handicap or source of payment.	2. Report unexpected changes in your condition to your primary care provider (PCP).
3. Courteous, considerate and respectful treatment with appreciation for individual dignity and privacy.	3. Participate in the development of your care plan and be responsible for following the treatment plan recommended by the provider responsible for your care. This may include instructions of health care personnel as they carry out the coordinated plan of care.
4. Confidentiality of private medical information.	4. Voice concerns or problems to clinic staff and request further information concerning anything you do not understand or what is expected of you.
5. Ability to refuse treatment to the extent permitted by law and to be informed of the medical consequences of your action.	5. Comply with clinic policies and procedures.
6. To be informed of off-hour emergency coverage.	6. Understand that if you refuse treatment or do not follow medical instructions, you are responsible for your actions/outcomes.
7. To be informed of charges for services, and when applicable, the availability of discounted cost of care.	7. Patients under the influence of drugs or alcohol will not be seen. Respect the rights of other people, clinical staff and clinic property.
8. To be informed of the rules and responsibilities of patient conduct.	8. Monitor the conduct of children in your care.
9. To voice grievances and complaints about the care and services provided.	9. Arrive at your designated appointment on time. When you are unable to do so for any reason, reschedule or cancel your appointment.
10. Timely access to his/her medical record.	10. Recognize the effect your lifestyle has on your personal life. Your health depends on the decisions you make in daily life.
11. To approve or refuse the release or disclosure of contents of his/her medical record to any healthcare practitioner and/or healthcare facility except as required by law or third-party payment.	
12. To appoint someone you trust to decide about your treatment if you lose the ability to decide for yourself.	
13. To be treated according to the wishes expressed by your Durable Power of Attorney or other legal healthcare directives.	