

Lab:

• In accordance with the requirement of COLA/CLIA, any concerns or questions regarding the safety or quality of patient testing performed at this facility that cannot be resolved through the internal protocol can be reported to:

COLA
9881 Brokenland Pkwy., Suite 200
Columbia, MD 21046-1195
Phone: (800) 981-9883, Fax: (410) 381-8611
Email: info@cola.org • COLA Id# 17006

Imaging:

• In accordance with the requirements of the American College of Radiology (ACR)/Food and Drug Admin. (FDA)/ Mammography Quality Standards Act of 1992 (MQSA), any serious complaint made by the consumer and received by this facility will be kept on record for a minimum of (3) years from the date the complaint was received. A serious complaint is defined as an adverse event that significantly compromises a clinical outcome (poor image quality, the use of personnel who do not meet the applicable requirements and qualifications to perform mammography, failure to send the appropriate mammography reports or lay letters within 30 days after the mammogram has been completed), and/or the facility fails to take the appropriate corrective actions in a timely manner. If the complaint remains unresolved to the consumer's satisfaction after 30 days, the consumer has the option to file a complaint with the American College of Radiology either verbally or in writing. FCPHWC must report any unresolved complaints to the American College of Radiology at the address listed below:

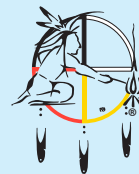
Mammography Accreditation Program
American College of Radiology
1891 Preston White Drive
Reston, VA 20191-4397
(800) 227-6440 • MAP ID #14978

Mission Statement:

To promote quality health care in a professional and traditional way for Native Americans, their families and the surrounding community in a trusting, respectful, and confidential manner for the wellness and future of the community.

Vision Statement:

To provide quality patient care and customer service which reflects the needs of the community, empowers, patients and emphasizes cultural sensitivity while promoting a healthy community through integrated outreach services and programs. A caring and high-performing competent staff will meet this vision through collaboration and partnering with our community and patients.



**FOREST COUNTY
POTAWATOMI
HEALTH &
WELLNESS CENTER**

8201 Mish ko swen Drive, Crandon, WI
For hours of operation, please call:
(715) 478-4300
www.FCPotawatomi.com

a participating member of



Patient Bill of Rights



**FOREST COUNTY
POTAWATOMI
HEALTH &
WELLNESS CENTER**

*Honoring Health,
Healing, and Tradition*



Patient Bill of Rights

Forest County Potawatomi Health and Wellness Center (FCPHWC) is committed to respecting and protecting the rights of patients. Honoring these rights is an important part of caring for you. We will provide care in a manner that is sensitive to cultural, racial, religious and other differences. In providing you this care, we will not discriminate on the basis of race, color, religion, age, sex, sexual preference, national origin, disability or source of payment.

We will respond to your reasonable requests for treatment and to your healthcare needs. Our response will depend on both the urgency of your situation and on our ability to provide the kind of treatment you may require.

We encourage you to participate in decisions about your healthcare. By talking with your healthcare providers and actively participating in planning your care, you will help to ensure the care you receive will provide you with dignity and be in keeping with your desires and values.

As a Patient of this Clinic, YOU Have the Following RIGHTS:

- To be notified of a breach following the discovery of unauthorized release of your protected health information (PHI).
- To be treated with consideration, respect and dignity.
- To know the name, identity and professional status of all persons providing services to you and to know the provider who is primarily responsible for your care.
- To receive complete and current information concerning your diagnosis, evaluation, treatment, and prognosis in terms you can understand.
- To have access to information contained in your medical record.
- To receive an explanation of any procedure, or drug in terms you can understand.
- To participate in decisions involving your health care.

- To accept or refuse any procedure, drug or treatment and to be informed of the consequences of such refusal.
- To personal privacy related to your care. Care discussion, consultation, examination and treatment will be conducted discreetly.
- To have communications and records related to your care treated confidentially and, except when disclosures are otherwise permitted or required by law, to be given the opportunity to approve or refuse their release.
- To request assistance in obtaining consultation with another physician regarding your care. This consultation may result in additional cost to you.
- To change primary or specialty physicians or dentists at the clinic if other qualified physicians or dentists are available.
- To request case review by the clinic regarding ethical issues involved in your care.
- To know if your care involves research or experimental methods of treatment. You have the right to consent or refuse to participate in research studies that require patient consent.
- To voice concerns or complaints regarding your care, to have those concerns or complaints reviewed and resolved to the extent practicable, without fear of retaliation or penalty to yourself. You have the right to receive a response to your complaint.
- To examine your bill and receive an explanation of the charges regardless of the source of payment for your care.
- To qualified interpreter services if you are visually and/or hearing impaired, to ensure meaningful access to medical services through effective communication.
- To be informed of any clinic policies, procedures, rules and regulations applicable to your care. If you are unable to exercise these rights, your guardian or legally authorized representative has the right to exercise the rights listed above on your behalf.

As a Patient of this Clinic, YOU Have the Following RESPONSIBILITIES:

- To provide, to the best of your ability, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, unexpected changes in condition, allergies, advance directives, medical power of attorney, insurance coverage and other matters relating to your health care.
- To follow the instructions of your treatment plan as directed by the provider(s) and/or staff responsible for your care.

- To assume responsibility for the consequences if you refuse a procedure, drug, or treatment or do not follow instructions given by clinic staff.
- To talk with your Care Team if you do not clearly understand your care plan, instructions, or have other questions or concerns about your care.
- To be considerate of the rights of other patients and FCPHWC personnel in your behavior, respect clinic and/or other patient property.
- To be responsible for payment for services received and to ensure that the financial obligations for your health care are fulfilled as promptly as possible by assisting the Business Office department in the claims process and collections.
- To keep appointments or notify us in advance if you are unable to keep your appointments. If you are going to be more than fifteen (15) minutes late for your appointment you may need to rearrange your schedule or reschedule your appointment.
- To follow clinic rules and regulations and to not smoke within the clinic (except for ceremonial purposes).
- To provide a responsible adult to transport yourself from FCPHWC and remain with you for 24 hours if required by your physician.

If YOU Have a Concern About YOUR Care:

- FCPHWC takes patient concerns and complaints seriously and encourages patients to voice their concerns.
- Please tell any clinic employee about a concern you may have. This provides us with the best opportunity to resolve the concern right away. A supervisor will be made available to you to discuss your concerns if possible.
- If you are not satisfied with the way a concern is handled or would like to register a formal complaint, you may contact any member of the Health Division Administration Team. Your concerns will be investigated in a timely manner. Once a determination is made, you will be contacted either verbally or by letter. If you are not satisfied with this decision, you may appeal. We request that such an appeal be made within 10 days. To appeal, contact the Health Division Director at (715) 478-4300.
- If you choose to appeal, a final review of your concerns will be made by the Health Administrator. The Health Administrator will inform you of the final decision regarding the resolution of your complaint either verbally or by letter.