



2306 SE Cesar E Chavez Blvd, Portland, OR 97214
(503) 239-8430 Fax (833) 989-2221

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of Portland Hand Clinic, you have the RIGHT to:

- Be treated with courtesy and respect with appreciation of your individual dignity, and with protection to your need for privacy.
- Impartial access to healthcare treatment or accommodations regardless of age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- Prompt, reasonable response to care needs, questions, and requests:
 - Business Hours: Monday – Friday, 8 am – 4:30 PM
 - After hours: Calls received by the answering service will either be routed to the provider on-call or returned by office staff the next business day, depending on the nature/urgency of the call.
- Know who is providing healthcare services and who is responsible for your care.
- An interpreter if you do not speak English.
- Have another person present during examination and/or treatment, unless that person's presence compromises your or others' rights, safety, and health.
- Be given, by the healthcare provider, information regarding diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Make an Advance Directive and appoint someone to make healthcare decisions for you if you are unable. If you do not have an Advance Directive, we can provide you with appropriate information.
- Receive a copy of a reasonably clear and understandable itemized bill, and upon request, to have the charges explained.
- Voice your concerns about the care you receive. If you have a concern or complaint, you may talk with your healthcare provider or the site manager. You may also email your concern to: info@portlandhandclinic.com



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As a patient, you have the RESPONSIBILITY to:

- Treat all clinic staff, other patients, and visitors with courtesy and respect. Be respectful of others' privacy and properties. Assist in the control of the noise, smoking, and number of visitors.
- Provide complete and accurate information, including your full name, mailing address, phone number, date of birth, insurance carrier, and employer when required.
- Provide complete and accurate information regarding your health including present condition, past illnesses, hospitalizations, medications (including over-the-counter products and supplements), allergies and sensitivities, and any other information that pertains to your health.
- Be an active participant in your care.
- Report to your healthcare provider unexpected changes in your condition.
- Make it know whether you understand recommended treatment and what is expected of you, including whether you anticipate not following the prescribed treatments or are considering alternative therapies. Ask questions if you do not understand. You are responsible for outcomes if you do not follow the treatment plan.
- Provide complete and accurate billing information for claim processing and to pay bills in a timely manner in accordance with this clinic's Financial Policy.
- Keep appointments, be on time for your appointments, and notify the clinic as soon as possible if you cannot keep an appointment.
- Failure to comply with the above may lead to termination from the clinic.