****

**Patient Rights and Responsibilities**

At the GVSU Family Health Center, we are concerned about every aspect of healthcare. With such concerns come rights that all patients are entitled to as well as responsibilities patients are held accountable for to ensure the best plan of care. Please read the following rights and responsibilities carefully to ensure the best care is provided for yourself and/or your family.

**Patient Rights**

*Right to Personal, Respectful, Timely, Quality Care*

Your healthcare team at the GVSU Family Health Center is committed to providing you and/or your family with outstanding care. To do so, we pride ourselves in offering care that is suited to your personal healthcare needs. Your plan of care is specifically designed for you and is modified when needed. Our staff members are respectful of your needs and aim to meet them through care that is timely and of the highest quality.

*Right to Information and Decisions Regarding Your Plan of Care*

Your personal medical information is always available for you to review. We can provide you with your medical records as well as explain any information regarding your health care. You are also able to make decisions regarding the care we provide. Such decisions must still follow the overall plan of care our experienced providers have in place, however the ultimate decisions are up to you.

*Right to Privacy and Confidentiality*

We abide by all laws and regulations regarding privacy and confidentiality and do our best to ensure your information is kept private. For further information regarding your rights, please see our Notification of Privacy Practices (H.I.P.P.A. notice) or request a copy from our office staff.

*Right to Care Regardless of Insurance Status*

If you do not have insurance, you may still be seen at our office. You will receive information about our Sliding Scale at your first appointment. All patients without insurance must complete the Application for Discounted Services before being seen. In order to finalize this application, you need to bring in proof of income such as last year’s tax returns, W-2s, unemployment payment verification or several pay stubs from your current job. If you do not have any of these forms, please contact our Billing Department to determine what you need to verify your income. If you qualify for discounted services, a percentage will be removed from your bill. The minimum charge per appointment is $15.

*Right to Courtesy Billing*

For office procedures that are frequently not covered, such as tuberculosis testing and travel immunizations, all patients with insurance will have a courtesy bill sent to their insurance company. Payment in full is still required from the patient at the time of service. If your insurance company does pay for the charges, you will be issued a refund check by mail.

**Patient Responsibilities**

*Attending Appointments*

Failing to show up for an appointment not only creates lost time for our office; it takes time away from your continued healthcare. Please follow these guidelines to ensure available appointments for our committed patients:

* Patients ten (10) or more minutes late to their appointment may be asked to reschedule at the provider’s discretion. This will be counted as a missed appointment.
* Appointments that are cancelled within one (1) business day also count against the patient as a missed appointment.
* If a new patient misses their first appointment without calling prior to their reserved time, they will be discharged.
* If a new patient cancels their first appointment within 24 business hours, it will be counted as two (2) missed appointments.
* If a patient schedules an urgent appointment and fails to show, it will count as two (2) missed appointments.
* After three (3) missed appointments within a one year period by a single individual in a family, *the whole family* may be discharged from the practice. **This includes missed specialist referral appointments.**

*Updating Contact Information*

In order for our office to provide the best care, we need you/your family’s current contact information at all times. This includes phone number, address, and insurance information (if applicable). Failure to keep your contact information up-to-date will affect the services we provide and therefore results in non compliance with your personalized plan of care.

*Using Emergency Rooms/Urgent Care Facilities Responsibly*

Unless you or your family member is experiencing a life-threatening emergency, please consult our office before heading to an emergency room or urgent care facility. The advice of our medical staff can assist you in making the best decision for your healthcare. We may be able to provide you with assistance over the phone or may ask that you come in for an appointment. By calling our office first, you will avoid overusing these facilities and will assist us in managing your care.

*Compliance with Your Plan of Care*

The plan of care created by our healthcare team specifically for you, needs to be followed to ensure the best outcomes. We will shape your plan of care by creating guidelines and adhering to appropriate procedures. These guidelines and procedures may include, but are not limited to:

* Creating agreements between yourself and our office regarding medications, activities, and lifestyle choices.
* Attending referral appointments for consultations and tests that will allow our provider to better structure your care.

Non-compliance with these guidelines not only affects your healthcare, but they inhibit our ability to serve as your medical home. If you ever have questions or concerns regarding your plan of care, contact your practitioner to discuss them.

*Following our 48 Hour Medication Refill Policy*

When calling our office for a prescription refill, please allow two business days for your provider to send your refill into the pharmacy or have it written out for you to pick up here in the office. When leaving a message on our automated medication refill line, include your name, date of birth, phone number, the medication name, the pharmacy you use, and the pharmacy's location. Do not wait until you are out of your medication or only have one day left to call your provider as we cannot guarantee your medication will be available immediately.

*Treating Office Staff Appropriately and Respectfully*

Our staff is here to serve you to the best of their ability and work hard every day to ensure the best care for our patients. Please understand that we are doing everything we can to provide the best medical home we can for all of our patients and that our work takes time, effort, and resources that may not always be readily available.

*Making Appropriate After-Hours Calls*

When the office is not open, a provider is on-call to answer urgent questions *for current patients only*. Keep in mind that the on-call provider is not in the office and may not have your record available when you call. They will do their best to provide direction regarding your urgent needs. Please save any routine calls for the following business day, including calls to schedule appointments, refill medications, and inquire about varying aspects of your care. Non-medical calls after-hours are subject to a $25 fee. Our office hours are Monday, Tuesday, Thursday, and Friday from 9am-5pm, and Wednesdays from 10am-6pm. We are closed on regularly observed holidays and when Grand Valley State University closes due to severe weather conditions.

*Paying Off Outstanding Balances*

Making efforts towards eliminating your balance due is necessary for our office to continue providing care. Effective 3/1/2011, all sliding scale patients are required to pay $15 for each office visit. Effective 2/1/2012, all other self-pay patients (cash or Medicaid spendown) must pay $50 at the time of service. This payment must be received before your appointment; failure to pay will result in cancellation and count against you as a missed appointment. If you have a remaining balance after the payment at the time of service, you must pay a minimum monthly payment of $30 until your balance has been paid off.

For patients with insurance that require a copayment (such as Blue Cross Blue Shield, Cofinity and Medicare), payment must be made at every appointment prior to being seen. If you have a deductible plan, your payment will be due within one month after receipt of your bill. Your payment will be collected at the time of service and any outstanding balance will be your responsibility to pay with a minimum monthly payment of $30.

If you are unable to make your payments in full, please contact our Billing Department to set up a payment plan.

**Failure to follow any of these responsibilities correctly may result in discharge from our practice at our office’s discretion. If you have any questions regarding your rights or responsibilities as a patient, do not hesitate to call us at (616) 988-8774. We look forward to having you and/or your family as patients and are eager to provide excellent healthcare.**