



COMMUNITY HEALTH & WELLNESS PARTNERS

Care... To Live Life Fully

PATIENT BILL OF RIGHTS

YOUR RIGHTS

- You cannot be discriminated against on a basis of income, weight, arrest record, ethnicity, gender identity, gender expression, sexual orientation, disability, marital status or military status.
- You will be treated with courtesy and respect in a culturally sensitive way by all CHWP staff.
- All information is confidential.
- For your privacy, you may want to ask others to wait in the waiting room for you.
- You will receive the best possible care and have other options for care explained to you.
- You have the right to refuse treatment. The provider may choose to notify a parent or guardian of your refusal with your knowledge but without your consent, in life threatening situations.
- You have a right to review a copy of any bills submitted to your insurance company.
- You will not be denied services because of inability to pay.
- A translator will be available to assist you if you do not speak and understand English.

You and your family have the right to have your compliments, concerns and complaints be heard and addressed. Please call CHWP's Compliance Officer at 937-599-1411.

MISSION

Provide quality, whole person, patient-centered, medical care to anyone and everyone in our community.





YOU HAVE THE RIGHT TO CONSENT ON YOUR OWN BEHALF TO THE FOLLOWING SERVICES:

- Family Planning Services
- Diagnosis and treatment for Sexually Transmitted Infections
- HIV Counseling and Testing
- Pregnancy Diagnosis and Treatment
- Substance abuse referrals or information
- Mental Health Services, including referrals and short/long term counseling.

YOUR RESPONSIBILITY:

- Be on time for your appointments.
- Come with a custodial parent/legal guardian whenever possible.
- Call the Health Center at least 24 hours in advance if you are unable to keep an appointment.
- Provide the Health Center with current information on your insurance, address, name and phone for follow-up.
- Provide a complete and accurate medical history to staff.
- Advise staff if you do not understand any aspect of your treatment.
- Follow your medical provider's recommendations and advice.
- Tell us about unexpected complications that may happen during the course of your treatment.

Bellefontaine

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Bellefontaine, Ohio 43311

Indian Lake

8200 St. Rt. 366, Suite 1
Russells Point, Ohio 43348

West Liberty

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West Liberty, Ohio 43357

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chwplc.org