

1. You have a right to impartial access to treatment regardless of race, ethnic origin, age, sex, religion, handicap, or ability to pay (according to a sliding fee scale).
2. You have a right to reasonable response to your request for treatment within the scope of the organization's mission, capacity, and regulations.
3. You have a right to considerate, respectful care at all times with consideration of your psychosocial, spiritual, and cultural values and beliefs.
4. You have a right to participate in the development and implementation of your plan of care.
5. You have a right to personal and informational privacy. You have a right to confidential treatment.
6. You have a right to access any information contained in your medical record.
7. You have a right to expect reasonable safety and security and to know how this organization will respond to disruptive individuals.
8. You have a right to expect an appropriate assessment and management of pain.
9. You have a right to be informed of any research or experimentation that could affect your care. You may then decide whether or not you want to participate in it.
10. You have a right to obtain complete and current information concerning your diagnosis, treatment, and any known prognosis.
11. You have a right to reasonable informed participation in decisions involving your health care.
12. You have a right to formulate an advance directive to know how the organization will honor that directive to the extent permitted by law.
13. You have a right to accept health care or to refuse treatment, to the extent permitted by law. You also have the right to be informed of the health consequences of refusing treatment.
14. You have a right to expect that within its capacity, the organization will make reasonable response to the request of a patient for services. The clinic will provide evaluation, service, and/or referral as indicated by the urgency of the care.
15. You have a right to expect that within its capacity, the organization shall report situations of suspected abuse, neglect or exploitation of children, vulnerable adults, and the elderly to the appropriate legal authority.
16. You have a right to request and receive an itemized and detailed explanation of the total bill for services rendered in the clinic regardless of your source of payment.

17. You shall be informed of the organization's rules and regulations applicable to your conduct as a patient.
18. You shall have access to a copy of the Code of Ethics Policy upon request.
19. You have a right to designate a representative decision maker in the event that you are incapable of understanding a proposed treatment or you are unable to communicate your wishes regarding your care.
20. You have a right to express any concerns, complaints, or grievances about your care, verbally or in writing, without threat of discrimination or a reprisal.

1. You are responsible for providing accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
2. You are responsible for reporting unexpected changes in your condition, including pain to the provider or nurse.
3. You are responsible for giving the clinic a copy of your advance directive, if one exists.
4. You are responsible for providing timely, accurate and complete information about your address, phone number, income, and insurance coverage to the clinic.
5. You are responsible for following the instructions and advice of your health care provider.
6. You are responsible for following the treatment plan with instructions recommended by your provider.
7. You are responsible for asking questions if you do not understand and clearly comprehend the contemplated course of action and what is expected of you.
8. You are responsible for notifying your doctor or nurse if you do not understand information about your care or treatment.
9. You are responsible for keeping all your scheduled appointments including appointments made by your provider for other tests and referral appointments for specialists.
10. You are responsible for canceling appointments in advance if you are unable to keep them.
11. You are responsible for participating in the planning and implementation of your care.
12. You are responsible for informing your doctor or nurse if you are not satisfied with any aspect of your care.
13. You are responsible for your actions and the consequences if you refuse treatment or do not follow the provider's instructions.
14. You are responsible for paying any balance that is due to the clinic or making arrangements to meet your financial obligations in a timely manner.
15. You are responsible for following the clinic rules and regulations affecting your care and conduct and for respecting the clinic's property.
16. You are responsible for acting in a considerate and cooperative manner and being respectful of the rights of other patients and clinic personnel.

17. You are responsible for obtaining and taking your medications as prescribed by your provider.
18. You are responsible for abstaining from smoking on the clinic's property. No illicit drugs, alcohol, or fire arms are allowed on clinic properties.
19. You are responsible for asking your doctor or nurse what to expect regarding pain; discussing pain relief options; assisting in measuring your pain; participating in the development of a pain management plan; informing your doctor or nurse if your pain is not relieved.
20. You are responsible for identifying and reporting any safety concerns that may affect your care.
21. You are responsible for confirming or cancelling your appointment. If you do not confirm, you will be removed from the schedule, and can contact us again to schedule another appointment.

Foremost Family Health Centers (FFHC) wants you to know some general information about an Advance Directive, also known as living will, personal directive, advance health care directive, health care power of attorney or health care proxy.

Advance Directives

An advance directive is a document by which a person makes provision for health care decisions in the event that, in the future, he/she becomes unable to make those decisions.

There are two main types of advance directive — the “Living Will” and the “Durable Power of Attorney for Health Care”.

Living Will

It is a signed, witnessed (or notarized) document called a “declaration” or “directive.” Most declarations instruct an attending physician to withhold or withdraw medical interventions from its signer if he/she is in a terminal condition and is unable to make decisions about medical treatment.

Durable Power of Attorney for Health Care

A Durable Power of Attorney for Health Care is a signed, witnessed (or notarized) document in which the signer designates an agent to make health care decisions if the signer is temporarily or permanently unable to make such decisions.

Foremost Family Health Centers Policy

It is the policy of Foremost Family Health Centers that the center honors a patient’s advance directives in the provision of care. The center also provides assistance in the formulation of such directives by addressing patient decisions about care, treatment, or services received at the end of life. FFHC will not discriminate against its provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advanced directive.

Our policy and procedure are in compliance with all applicable federal and state laws. The Texas law regarding informed consent and the client’s right to accept or refuse medical or surgical treatment is stated in the Patient Self Determination Act (PSDA). The rights of patients and these wishes can be stated by patients in a specific document called an advance directive. The Texas Advance Directives Act 2 allows that any of the following may constitute an advance directive.

- Directive to Physicians (DTP);
- Out-of-Hospital Do-Not-Resuscitate Order (OOH-DNR); and
- Medical Power Of Attorney

Because of these requirements, and in order to honor the wishes of our patients or the patient’s legal representative regarding medical treatment and the withdrawal or withholding of life sustaining procedures, it is the policy of FFHC to provide written information to adult patients about advance directives in clinic brochures.

In addition, information regarding Patient and Center Rights and Responsibilities, including the client’s right to accept or refuse medical treatment to the extent permitted by law is provided. It is the policy of FFHC to make available, upon request, information concerning advance directives that are available.

If you decide later that you want to complete an advance directive, you will be able to list a person to make health care related decisions on your behalf (if you ever become really sick and cannot speak for yourself). Just let the clinical staff know of your interest and they will notify the appropriate staff to assist you in this matter.