



PATIENT NAME: _____

Welcome to Bullhook Community Health Center. We are pleased that you have chosen us as your health care provider. We want you to be as involved as possible in your health care decisions. To help you make these decisions, we want you to be aware of your **RIGHTS and RESPONSIBILITIES** as a patient at our clinic.

YOU HAVE THE RIGHT TO:

- ✓ Be treated with dignity and respect.
- ✓ Be seen in a timely manner. Your time is valuable.
- ✓ Ask questions about your appointment, health care, treatment plan, or other concerns you may have about the clinic.
- ✓ Friendly, **affordable** family health care. We provide health care for all members of our community **regardless of income, insurance, or ability to pay**. If your income falls within the guidelines, regardless of insurance, you **may quality for our sliding fee scale which is based on your income**. We also accept Medicaid and Medicare.
- ✓ High quality health care that meets current medical and social standards. Our medical providers are trained in the current standards of family practice medicine and are able to meet the challenges of a diverse population with varying medical needs.
- ✓ Read and ask questions about or *Notice of Privacy Practices* that has been given to you along with this form. The *Notice of Privacy Practices* describes how your medical information will be used and disclosed for purposes of treatment, payment, and other health care operations.
- ✓ Inspect, receive copies of, and request corrections to your confidential health care record as required by the Health Insurance and Portability Act of 1996 (HIPAA). There is a fee for copies which must be **prepaid**.

YOU HAVE THE RESPONSIBILITY TO:

- ✓ Treat our staff with courtesy and respect. (Failure to do so could result in dismissal from care at Bullhook Community Health Center).
- ✓ Keep your appointments. If you cannot come to your scheduled appointment please call us at least one hour in advance to cancel.
- ✓ Arrive for your appointment on time. Please plan to arrive 10 to 15 minutes before your scheduled appointment.
- ✓ Let our receptionist know if you move, change your name or phone number, or have a change of insurance coverage.
- ✓ Bring your Medicare, Medicaid, or other medical/dental insurance card to each visit.
- ✓ Bring proof of your income if you wish to qualify for our Sliding Fee Scale. You may use any one of the following to verify your income: last month's check stubs; last year's 1040 tax form; a copy of an unemployment check; or a copy of Social Security benefits.
- ✓ Pay your bill for clinic services promptly.
- ✓ Ask questions about your treatment plan or other health care issues that you do not fully understand.

Let us know if we are not meeting your expectations. **We look forward to serving you.**

Signature of Client or Legally Responsible Person

Date

Hours: Monday through Friday
Bullhook Medical Unit – 8:00am to 5:00pm Call: (406) 395-4305
Bullhook Dental Unit – 8:00am to 6:00pm Call: (406) 395-4305

AFTER HOURS CARE: Evenings, Weekends or Holidays please call **1-866-252-9213**