



Puyallup Tribal Health Authority
2209 East 32nd Street • Tacoma, WA 98404
Phone: (253) 593-0232 • www.eptha.com
A Tax Exempt, Non-Profit Organization

Patient Rights:

PTHA patients have the right to:

1. Be treated with respect, consideration, and dignity.
2. Receive services without discrimination.
3. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual patients have the right to refuse participation in any religious practice.
4. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.
5. Be free of exploitation, including physical and financial exploitation.
6. The protection of confidential information. The patient has the right to know that all records and other information about his/her care will be kept confidential in accord with state and federal confidentiality regulations.
7. Review your clinical record in the presence of the administrator or designee, request a copy of your clinical record, and be able to request amendments or corrections.
8. Obtain information concerning their diagnosis, evaluation, treatment, and prognosis.
9. Participate in decisions involving your health care, including:
 - (a) Refusing care and treatment; and
 - (b) Resolving problems with care decisions.
10. Change providers if other qualified providers are available.
11. Know the name and role of each person participating in your care, and upon request, the qualifications of the staff providing you care.
12. Receive a copy of the complaint and grievance procedure upon request, to file a complaint and know that the complaints will not affect your ability to receive healthcare services or affect how you are treated, and to receive timely complaint resolution.
13. Be free from any sexual harassment, abuse or neglect.
14. Access protective services and request assistance in contacting the applicable agencies for such assistance.
15. Refuse treatment to the extent permitted by law. In this event, the patient must be informed of the medical consequences of this action.
16. Include family members regarding input on care decisions, as requested by the patient.
17. Expect reasonable continuity of care such as:
 - a. To know what appointment times are available.
 - b. To know what services are available.
 - c. To know where the services can be obtained.
18. Prepare Advance Directives which will tell our providers and staff what you want us to do if you are unable to make medical decisions on your own.
19. Receive a written copy of your rights and responsibilities before receiving services, with availabilities in alternate formats for individuals who are blind.
20. Know about your medications, any equipment used and community resources you might need.
21. Be cared for in a clean and safe environment.

Special Rights of Adolescents:

1. A minor patient 13 years or older may consent to outpatient treatment for mental health and substance abuse without parental knowledge or consent.
2. A minor patient 14 years or older may consent to treatment of sexually transmitted diseases without parental knowledge or consent.
3. A minor patient, regardless of age, may consent to birth control or pregnancy-related care.
4. Emancipated minors may consent to their own treatment.

Patient Responsibilities:

During the visit to the PTHA, patients are asked to accept responsibility for the following:

1. Behaving respectfully towards all healthcare professionals and staff, as well as other patients and visitors.
2. Making and keeping appointments, including calling to cancel or change appointments.
3. Informing the staff of any address, phone number, insurance, or Medicaid/Medicare changes.
4. Providing complete and accurate information to the best of your knowledge about your health, any medications, including over the counter products and dietary supplements, and any allergies or sensitivities.
5. Following the treatment plan prescribed by your provider.
6. Making sure you understand the directions, and treatment goals given by your health provider, including understanding the risks of not following through while at the Clinic with the plan.
7. Providing supervision for your children.
8. Complying with the posted rules.
9. Informing your provider of a change in your condition.
10. Providing a responsible adult to provide transportation home and to remain with you as directed by the provider or as indicated on discharge instructions.

ADDITIONAL INFORMATION:**Publication:**

Individual copies of the Patient Rights and Responsibilities will be provided at registration, upon an update, and will be available to any patient and/or interested party on the PTHA website and upon request.

This Patient Rights and Responsibilities Policy supplements the HIPAA Notice of Privacy Practices.

After Hours and Emergency Care Services:

For issues related to your care at PTHA contact (253)593-0232. If after hours or urgent, press 9 to be connected with the answering service for the on-call providers. For emergency issues please dial 911.

Concerns/Complaints/Grievances

If you have concerns regarding your care or service provided by PTHA, we want to work with you to address your issues. We ask you to:

1. Notify any staff member of your concern.
2. Speak with management staff directly about your concern.
3. Fill out a complaint form.

To the best of our ability we will:

1. Answer your concerns within a reasonable length of time.
2. Do all that is possible to resolve any concern you may have.

We encourage you to contact your health care provider or the department supervisor to discuss your concerns. You may call any department supervisor at (253) 593-0232.

Governance

The Puyallup Tribal Health Authority is subject to United States Federal law, the laws of the Puyallup Tribal Government, and the policies and procedures approved by the Puyallup Tribal Council. This includes the federal regulations on Indian Preference and American Indian treaty rights to health care.