



PATIENTS RIGHTS AND RESPONSIBILITIES

We want to encourage you, as a patient at Salish Cancer Center (SCC), to communicate openly with your health care team, participate in your treatment choices, and promote your own safety by being well informed and actively involved in your care. We want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities during your treatment at SCC. We encourage you to involve your family members or other support people in your care.

YOUR RIGHTS

You have the right to receive considerate, respectful and compassionate care regardless of your age, gender, race, national origin, religion, sexual orientation or disabilities.

You have the right to receive care in a safe setting, and to be treated with dignity and respect. We do not tolerate abuse, neglect or harassment.

You have the right to be called by your proper name and to be told the names of the doctors, nurses and other health care team members involved in your care. You have the right to be told if students, residents, or other trainees are participating in your care, and to decline their involvement where permitted.

With your permission or as otherwise permitted by applicable law, we will notify a family member, representative, or medical provider about your treatment performed at SCC.

You have the right to receive information, in a way you can understand, about your diagnosis, expected course of illness, treatment options, and the benefits and risks of each option. You have the right to ask questions and to take part in decisions about your care. When your consent is required, we will ask for your informed consent before a procedure or treatment is provided, except in an emergency.

You have the right to have your pain assessed and to discuss pain management options, including benefits and risks.

We protect your medical information as described in our Notice of Privacy Practices. Please tell any member of your care team if you would like a chaperone.

You have the right to request assistance and information about protective and advocacy resources if you believe you have experienced abuse or neglect.

You, and family members or friends with your permission, have the right to participate in decisions about your care, treatment and services provided, including the right to refuse treatment to the extent permitted by law. If you choose to refuse or discontinue treatment against medical advice, SCC will document your decision in your medical record. We will continue to offer appropriate care within the limits of your decision and applicable law.

If we offer participation in a medical research study, you have the right to agree or refuse to take part in such study. You may at any time withdraw from a study at any time without penalty or loss of benefits to which you are otherwise entitled. Withdrawal will not affect your access to clinical care; however, information collected before you withdraw may continue to be used as permitted by law.

You have the right to sign language or language interpreter services. We will provide such services as needed at no cost to the extent required by applicable law.

You have the right to make an advanced directive, and to appoint a health care representative to make health care decisions on your behalf if you are unable to do so.

You have a right to receive information about the charges for services you receive at SCC and to discuss payment options.

Your medical information will be handled in accordance with our Notice of Privacy Practices.

You have the right to voice concerns about the care you receive. If you have a complaint, you may talk with your physician, another healthcare provider, nurse manager, or departmental supervisor. You may also ask to speak to the Practice Administrator in person, during clinic hours, or by phone at 253-382-6300.

You have the right to access and obtain a copy of your medical records, as described in our Notice of Privacy Practices.

YOUR RESPONSIBILITIES

You are expected to provide complete and accurate information. This includes your full name, address, home telephone number, date of birth, social security number when required for treatment or billing, insurance carrier and employer, when it is required by SCC. You must provide SCC with your current insurance information and let us know promptly if it changes.

If you have an advanced directive, please provide us with a copy so we can include it in your medical record.

You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays or prior treatments, medicines, vitamins, herbal products and other matters that pertain to your health, including perceived safety risks.

You are expected to follow clinic safety and infection-prevention rules, including masking or symptom screening when requested, to help protect patients and staff.

You are expected to ask questions when you do not understand information or instructions. When you feel unable to follow through with your treatment plan, you are responsible for telling your physician.

You are expected to treat all SCC staff, other patients and visitors with courtesy and respect; abide by SCC rules and safety regulations; and be mindful of noise levels, privacy and number of individuals who accompany you for treatment. Threats, harassment, or violence may result in removal from the clinic and/or discharge, consistent with applicable law and continuity of care obligations.