

Document Number: CCF-513	Page 1 of 3
Document Title of Policy: Patient Rights and Responsibilities	
Effective Date: 12/1/2022	
Review Date: 11/15/2022	

1. PURPOSE

1.1. To outline the Patient rights and responsibilities that are enabled and supported in the Catalyst Cares primary care program designs and operations.

2. SCOPE

2.1. This standard is applicable to all Catalyst Community Foundation Associates.

3. ACRONYMS AND DEFINITIONS

3.1. Acronyms and definitions found in all policies are listed in *CCF-102 Acronyms and Definitions*.

4. ATTACHMENTS

4.1. Not applicable

5. REFERENCES

5.1. <http://www.catalystcommunityfoundation.org>

6. PROCEDURE

6.1. The patient rights and responsibilities can be found on the website.

6.2. During the enrollment period, patients are provided the website to view the rights and responsibility document.

6.2.1. Patients are informed of program services, design, and operations at point of contact by clinical support staff or Provider.

6.2.1.1. Patients are informed through verbal or written communication and given the opportunity to have all questions answered regarding the services, design, and operations available.

6.2.2. Patients identified for the Catalyst Cares program are screened for enrollment into the program based on current eligibility criteria and need which can include eligibility, needs, or health risk assessments.

6.2.2.1. Catalyst Cares Providers may refer Patient for additional, extended Care Team and Behavioral Health Care Team services.

6.2.2.2. Patients may also be referred to specialty providers, ancillary services, social services, and community resources.

6.3. Catalyst Community Foundation has adopted the following rights and responsibilities associated with participation in our Catalyst Cares primary care program.

6.3.1. To be treated with respect, dignity, consideration, and compassion.

6.3.2. To be informed about program policies, processes, and procedures for service design and operation options available to them.

Document Number: CHG-513	Page 2 of 3
Document Title of Policy: Patient Rights and Responsibilities	
Effective Date: 01/14/2019, 01/01/2020, 11/20/2020, 02/01/2021, 11/20/2021, 03/18/2022	
Review Date: 12/23/2019, 11/10/2020, 01/19/2021, 11/1/2021, 02/23/2022	

- 6.3.3.** To receive care services free of discrimination on the basis of race, color, sex/gender, ethnicity, national origin, immigration status, religion, age, class, sexual orientation, literacy level, physical or mental ability.
- 6.3.4.** To reach an agreement with their clinical team and Provider about the frequency of contact they have either in person or over the phone.
- 6.3.5.** To have input into the health decision-making process with their Provider.
- 6.3.6.** To get information needed to make choices about their care before the care is given. This includes their health status, the name of the treatment and its risks, the name of the person performing the treatment, and your treatment choices.
- 6.3.7.** To refuse treatment or services, including care services and the implications of such refusal relating to health outcomes.
- 6.3.8.** To use end of life and advance care directives.
- 6.3.9.** To receive notification and a rationale when care services are changed or terminated.
- 6.3.10.** To withdraw their voluntary consent to participate in care services.
- 6.3.11.** To have their medical records be treated confidentially.
- 6.3.12.** To access the information contained in their medical record, as allowed by law.
- 6.3.13.** To file a complaint regarding the Catalyst Cares program by contacting Management through the website.
- 6.4.** Patients have the responsibilities:
 - 6.4.1.** To accurately and completely disclose relevant information and notify staff or Provider of any changes.
 - 6.4.2.** To become involved in individually specific health care decisions.
 - 6.4.3.** To work collaboratively with staff or Provider in developing goals and implementing interventions to manage their condition.
 - 6.4.4.** To work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans.
 - 6.4.5.** To make a good-faith effort to maximize healthy habits, such as exercising, not smoking and eating a healthy diet.
 - 6.4.6.** To abide by the administrative and operational procedures of the Catalyst Cares program.
 - 6.4.7.** To participate as much as they are able in their care plan.
 - 6.4.8.** To let staff or Provider know of any concerns they have about their care plan or changes in their needs or health history.
 - 6.4.9.** To make and keep appointments to the best of their ability, or if possible to phone to cancel or change an appointment time.

Document Number: CHG-513	Page 3 of 3
Document Title of Policy: Patient Rights and Responsibilities	
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6.4.10. To stay in communication with staff by informing him/her of changes in address or phone number and responding to the staff or Provider's outreaches to the best of their ability.

6.4.11. To submit any forms that are necessary to participate in the program, to the extent required by law.

7. REVISION HISTORY

Document Number	Document Title	Version Number	Date of Revision	Description of Change
CCF-513	Patient Rights and Responsibilities	1.0	N/A Initial	N/A Initial

8. AUTHOR OF CURRENT VERSION

Name	Title. Department	Signature and Date
Amy Francia, CMA	Clinical Community Health Worker, Community Foundation	

9. APPROVALS

9.1. Department Approval

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