

**DOUGLAS COUNTY COMMUNITY HEALTH DIVISION**  
**CLIENT RIGHTS AND RESPONSIBILITIES**

***You have the right to:***

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences.
2. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
3. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
4. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment.
5. Request or refuse treatment, to the extent permitted by law.
6. Reasonable responses to any reasonable requests made for service.
7. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
9. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
10. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
11. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
12. Examine and receive an explanation of the clinic's bill regardless of the source of payment.
13. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, educational background, economic status or the source of payment for care.
14. File a grievance. If you want to file a grievance with this clinic, you may do so by writing or by calling (*name, address and phone number of clinic*: Peggy Kennerly, Administrator, Douglas County Health and Social Services, 621 W. Madrone St., Roseburg, OR 97470. Telephone: 541-440-3500.