

NOTICE OF RIGHT TO FILE A COMPLAINT

Should there be a concern that the patient feels has not been adequately resolved, the patient may request a Complaint Form from the front desk of the HHS Department or contact the HHS Director or designee.

After reading, we ask that you sign an acknowledgement form each year.



Gun Lake Tribe

Health and Human Services

2880 Mission Drive, Shelbyville, MI 49344

Phone: 269.397.1760

Fax: 269.397.1763

gunlaketribe-nsn.gov



GUN LAKE TRIBE

HEALTH & HUMAN SERVICES

PATIENT RIGHTS & RESPONSIBILITIES

MISSION

The Match-E-Be-Nash-She-Wish Band of Pottawatomis Indians Health and Human Services (MBPI HHS) and the Gun Lake Tribal Health Center (GLTHC) staff will provide quality healthcare and promote wellness within the community to ensure that all individuals reach their health potential.

Quality healthcare requires quality relationships. Integrating our services and focusing on the relationship between a patient, his or her family and those who provide care will serve to create long-term relationships. It is through these long-term relationships that trust develops, open communication flourishes, knowledge grows and healing takes place. To help foster this relationship MBPI HHS and GLTHC wish to inform you of your Rights and Responsibilities as a patient.

PATIENT RIGHTS

You have the RIGHT to be informed regarding the nature of the treatment planned. This includes the benefits expected through treatment, risks involved with treatment and participation in the development of the treatment plan. This includes the following:

- The RIGHT to refuse treatment
- The RIGHT to reserve confidentiality
- The RIGHT to be treated with full recognition of personal dignity, individuality and need for privacy
- The RIGHT to receive services in adequate facilities
- The RIGHT to know the qualification of the staff providing you service

If the patient is found ineligible for services, he/she has the RIGHT to receive a written explanation stating their RIGHTS for appeal, if any.

PATIENT RESPONSIBILITIES

- The patient shall respect the personal property rights of other patients and staff
- The patient will be courteous to staff and will voice concerns to staff as they arise
- The patient or representative party is RESPONSIBLE for providing a complete and accurate medical history
- The patient or representative party is RESPONSIBLE for payment to the GLTHC, if applicable, with accurate information concerning his/her source of insurance payment and ability to meet financial obligations and to notify the billing office of any changes in personal data affecting billing
- The patient or representative is RESPONSIBLE for making it known whether he/she clearly comprehends and understands the medical course of actions
- The patient is RESPONSIBLE for following the recommendations and advice prescribed by the clinic physician
- The patient is RESPONSIBLE for providing the clinic staff or physician with information about unexpected complication(s) that arise during treatment or recovery