



## Patient Rights and Responsibilities

Your rights. Your responsibilities.

### Patient Rights- You have a right to:

1. Respectful and dignified care delivered by skilled providers in a safe and secure setting.
2. Be informed of your rights at the earliest opportunity in your course of treatment.
3. Receive quality care, free of discrimination based on race, color, religion, disability, sex, sexual orientation, national origin, or financial status.
4. Know the names and roles of health care members involved in your care.
5. Privacy when it comes to your medical condition; your treatment will only be discussed with those who need to know.
6. Have your medical records handled as confidential and read only by the people who have a need to know. Information about a patient will only be released with the patient's permission or as required by law.
7. Request amendments or changes and to obtain information on disclosures of your health information, in accordance with applicable laws and regulations.
8. Know what rules and regulations apply to your conduct as a patient of Contentnea Health.
9. Make informed decisions about your care and have the right to include your family members in those decisions.
10. Receive information regarding your diagnosis, prognosis, and treatment options from your provider in a language you can understand to make informed decisions.
11. Refuse treatment, prescription drugs, or procedures to the extent permitted by law after hearing the consequences of refusing treatment, prescription drugs, or procedures.
12. Seek medical advice from another provider at your request or expense.
13. A patient that does not speak English, is hearing or speech impaired, has the right to an interpreter, when possible.
14. Be free from all forms of abuse and harassment.
15. Report complaints about your care and have the right to have them resolved.
16. Be free from the use of seclusion or restraints, unless medically authorized by the physician.
17. Appropriate pain management.
18. Upon request, a patient has the right to access all information contained in your medical record within a reasonable timeframe. This access might be restricted by your doctor only for sound medical reasons. You have the right to have information in your record explained to you.
19. A copy of your medical bills and have your bills explained to you. You have a right to receive a written statement of the services provided by the facility, including related charges.
20. Inquire about help in finding ways to afford your medical bills.
21. Make advance directives (health care, power of attorney, living will, and advance instruction for mental health treatment) and to have those directives followed to the extent permitted by law.
22. Have emergency procedures performed without unnecessary delay.
23. Be free from financial exploitation by Contentnea Health.

### Children and Adolescents

1. Parents/Legal Guardians have the right and responsibility to be involved in decisions about the care of the child. A child or adolescent has the right to have wishes considered in decision-making as limited by law.
2. As a child or adolescent patient, you have the right to expect care in a physical environment appropriate for your age, size, and individual needs.
3. As a child or adolescent patient, you have the right to be told what will occur during your visit, how it will feel, and how it will be performed.

## Patient Responsibilities – You agree to

1. Provide accurate and complete information regarding your symptoms, history, current health status, symptoms, allergies, medications including over the counter and any dietary supplements.
2. Reporting changes to general health status to the responsible provider.
3. Participate in the development of your treatment plan and follow care instructions given to you.
4. Follow the treatment plan and care instructions given to you.
5. Accept responsibility for your actions if you refuse planned treatment or do not follow your doctor or other health personnel's recommendations.
6. Make known whether you clearly understand your medical care and what is expected of you in the plan of care.
7. Share your values, beliefs, and traditions with staff so they can provide appropriate care.
8. Inform your provider about any living will, healthcare power of attorney, or other directive that may impact your medical care.
9. Keep appointments and notify us when you are unable to do so.
10. Be respectful of staff and all healthcare providers as well as other patients.
11. Accepting financial responsibility for the care you receive
12. Respecting the property and rights of others.
13. Following facility rules and regulations. Limit the number of guests in exam rooms.

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### How to File a Complaint or Grievance with Contentnea Health if you feel your rights as a patient have been violated:

By Phone: (252)747-8162 x8075

Via Email: [Compliance@contentnea.org](mailto:Compliance@contentnea.org)

By Mail: Contentnea Health Chief Compliance Officer at 7 Professional Drive, Snow Hill, NC, 28580

If you feel that we are unable to resolve your complaint or grievance, you may contact the NC Department of Health and Human Services Division of Health Services Regulation at:

By phone: 1-800-624-3004 (within NC) or 919-855-4500 (available weekdays 9:00 am to 12:00 pm and 1:00 to 4:00 pm, except holidays)

Via Fax: Please fax your information to 919-715-7724. You may choose to print and complete the Complaint Form, which is available at <https://info.ncdhhs.gov/dhsr/ciu/filecomplaint.html>

By Mail: Please mail your completed complaint form to:

Complaint Intake Unit  
2711 Mail Service Center  
Raleigh, NC 27699-2711

Complaint form also available at <https://www.ncdhhs.gov/>