

Appointment and Payment Expectations

There are two issues that are especially important for the success of Wood River Health: scheduled appointments that are kept and payment for services rendered.

Appointments

The first relates to appointments made for myself or others for whom I am responsible and not kept. If an appointment cannot be kept, I am expected to contact Wood River Health at least 24 hours before the appointment time. If I do not give notice prior to the appointment, this is considered a no-show.

If I do not show for my appointments, upon review of my appointment history, Wood River Health may limit services to emergencies only and I will not be scheduled for future routine appointments.

Payments

The second issue of special significance to Wood River Health relates to payment for services. I have a responsibility to pay for the services provided to me or my family member based on my insurance benefits, deductibles, co-pays or sliding fee scale as explained to me by Wood River Health. If I am not able to make the required payment, I may request a budget plan. Payments not made as agreed will be submitted to a collection agency for processing. Continued failure to make payment as expected may result in termination from all treatment at Wood River Health or limitation of services to emergencies only and I will not be scheduled for future routine appointments.

I have acknowledged receipt of WRH Appointment and Payment Expectations by initialing on the Patient Registration and Consent for Treatment paperwork at my first visit.

Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, with the effective date on the posted copy.

Effective date of this Notice: 1/1/2017



WOOD RIVER HEALTH
Caring for Our Community Since 1976

Patient's Rights & Responsibilities

**823 Main Street
Hope Valley, RI 02832
401.539.2461
WoodRiverHealth.org**

**As a patient of Wood River Health,
I have the following rights and responsibilities.**

Patient's Rights

- To be afforded considerate and respectful care;
- Upon request, to be furnished with the name of the provider responsible for coordinating care;
- Upon request, to be furnished with the name of the provider or other person responsible for conducting any specific test or other medical procedure performed by the healthcare facility in connection with treatment;
- To refuse any treatment by the healthcare facility to the extent permitted by law;
- To privacy to the extent consistent with the provision of adequate medical care and with the efficient administration of the healthcare facility. Nothing in this section shall be construed to preclude discreet discussion or examination by appropriate medical personnel;
- To privacy and confidentiality of all records pertaining to treatment except as otherwise provided by law;
- To a response in a reasonable manner to a request for healthcare services;
- To be informed of the need for a transfer to another facility, and alternatives to a transfer before a transfer occurs;
- Upon request, to be furnished with the identities of all other healthcare and educational institutions that the healthcare facility has authorized to participate in treatment and the nature of the relationship between the institutions and the healthcare facility;
- To be thoroughly informed of and given the right to refuse to participate in any project involving human experimentation before any such project commences;
- Upon request, to be allowed to examine and to be given an explanation of a bill rendered by the healthcare facility irrespective of the source payment of the bill;
- Upon request, to be allowed to examine any pertinent healthcare facility rules and regulations that specifically govern treatment;
- To be offered treatment without discrimination as to race, color, religion, national origin, sexual orientation, or source of payment, and
- Upon request, to be provided with a summarized bill within thirty (30) days of termination of services.

Patient's Responsibilities

- To be respectful and considerate of other staff, patients, families, and health center facilities;
- To participate to the fullest in my care and treatment;
- To provide complete information about my healthcare condition and medical history.