



## CITIZEN POTAWATOMI NATION HEALTH SERVICES

2307 S. GORDON COOPER DR., SHAWNEE, OK 74801

PHONE 405-273-5236 FAX 405-273-8322

# PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

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### **As a patient of Citizen Potawatomi Nation Health Services, you have the right to:**

- Timely access to medical and health-related services which meet standards of care, and which are delivered with respect and recognition of your cultural and spiritual values.
- A patient/practitioner relationship conducted in an environment where your privacy and the confidentiality of your relationship are guarded by every employee.
- A clear explanation of your condition, diagnoses, treatment plan, therapy options, and prognosis.
- Participate in decisions about your care and receive clear answers to your questions.
- Refuse treatment and to receive an explanation of the consequences of your refusal.
- An explanation of charges levied for your care, and how reimbursement issues will be resolved.
- Make comments or complaints concerning your care and to have your inputs acted upon.
- Know the professional standing and licensure status of individuals providing your care.
- Decide for yourself whether or not you will participate in clinical trials or investigative studies without fear of retribution of any kind.
- An explanation of Advance Directives for Healthcare (Living Wills), appointing someone you trust to help you make decisions on your care.

### **In addition to the rights listed above, it is your responsibility to:**

- Give your practitioners complete and accurate information about your personal and family medical history, present health status, and other information needed to make prompt, accurate diagnoses.
- Notify your practitioner if you don't understand your condition, treatment plan, instructions for taking medications, or other information given to you by your care givers and counselors.
- Follow instructions, treatment plans, and therapy regimens given to you by CPNHS practitioners.
- Inform clinic staff when you obtain or lose health benefit coverage.
- Pay billed charges in a timely manner, health insurance and tribal benefit will be applied (if applicable).
- Keep appointments or notify the clinic at least 24 hours prior if you must cancel an appointment.
- Conduct your visit in a manner which fosters good order and consideration of others.
- Adhere to the established COVID-19 policies of CPN Health Services.

### **For questions, comments, or concerns please contact CPNHS Clinic Operations Managers at:**

**East Clinic**  
405-273-5236

**West Clinic**  
405-964-5770

**Specialty/Imaging Clinic**  
405-695-6003