



# Cowlitz Indian Tribe

## Health & Human Services

### All individuals receiving services have the following rights:

1. To safe, compassionate care that respects your values and beliefs, and honors the mission of Cowlitz Tribal Health and Human Services.
2. To receive quality services that are medically necessary.
3. To receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability.
4. To exercise or choose not to exercise spiritual and religious preferences to the extent that it does not infringe on the rights of others.
5. To be free of physical or financial exploitation, and any sexual harassment.
6. To be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.
7. To be treated as an individual, in a manner that is respectful and promotes dignity.
8. To participate in or refuse care as permitted by law.
9. To make decisions about your care, including the development of an individual service plan that meets your needs, and receive a copy of the plan if desired.
10. To have information provided to you about your health and wellness concerns, potential causes, treatment options, alternatives, and possible outcomes explained to you in a manner you can understand.
11. To know the name and title of your care providers.
12. To receive information concerning advance directives and to have any directives respected to the extent permitted by law.
13. To review your personal medical records in the presence of a CIT Director, Manager, or Designee, and be given an opportunity to request amendments or corrections.
14. To be fully informed of the cost of services and what your financial obligations are prior to participation in ongoing services.
15. To be free from invasion of privacy, except that staff may exclude you from the premises if there is a reasonable basis to be suspicious, and you are unwilling to consent to reasonable searches to detect and prevent possession or use of contraband on the premises.
16. To receive private and confidential services and communications as permitted by law, with all clinical and personal information maintained in accordance with applicable confidentiality regulations.
17. To voice compliments, concerns, or complaints without compromising access to care. To share your thoughts and experiences, please reach out to the specific program providing services to you. CIT's complaint and grievance procedure is available to you upon request. You may also submit a complaint with the Department of Health by visiting their web site at [www.doh.wa.gov](http://www.doh.wa.gov), by calling (360) 236-4700, or sending a letter addressed to Health Professions Quality Assurance, P.O. Box 47865, Olympia, WA 98504.
18. To change providers if other qualified providers are available.



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## **Health & Human Services**

**All individuals receiving services have the following responsibilities:**

1. You are responsible for providing accurate and timely information about your insurance benefits, health, allergies and/or sensitivities, and any medications you are taking and/or have been prescribed, including over-the-counter products and dietary supplements.
2. You are responsible for asking questions if you do not understand the medical information provided or instructions relating to your plan of care.
3. You are responsible for engaging in services and active participation is necessary to achieve identified goals.
4. You are responsible for following the plan of care you develop with your provider and communicating any needs to modify or update this plan.
5. You are responsible for following the rules, regulations, and policies of the facility.
6. You are responsible for acting in a manner that is respectful to other clients, staff, and Tribal property.
7. You are responsible for meeting your financial obligations to the facility.
8. You are responsible to attend scheduled appointments and be on time.
9. You are responsible to notify our office of any change in address, phone number, insurance carrier, or other pertinent demographic information.