

Patient Rights and Responsibilities

Macoupin County Public Health Department and Macoupin Community Health Centers are committed to providing care that is accessible, respectful, equitable, and safe, in compliance with Illinois law, federal civil rights laws, HRSA Health Center Program requirements, the Americans with Disabilities Act (ADA), the Illinois Mental Health and Developmental Disabilities Code, and 42 CFR Part 2.

PATIENT RIGHTS

1. Respect, Dignity, and Non-Discrimination

You have the right to:

- Receive health care services in a fair, respectful, and nondiscriminatory manner, regardless of race, color, age, national origin, religion, sex, gender identity, sexual orientation, disability, developmental disability, mental illness, language, socioeconomic status, veteran status, HIV status, or source of payment.
- Be treated with dignity and respect that acknowledges your individual needs, values, beliefs, cultural background, and abilities.
- Receive care in an environment that supports your personal safety, autonomy, and dignity, consistent with the MCPHD/MCHC Patient and Visitor Code of Conduct.

2. Rights Under the Americans with Disabilities Act (ADA)

You have the right to:

- Equal access to programs, services, facilities, and communications.
- Reasonable accommodation and reasonable modifications to policies, practices, and procedures when necessary to ensure effective access, unless doing so would fundamentally alter the service or pose a direct safety risk.
- Auxiliary aids and services, including qualified interpreters, written materials, assistive listening devices, or alternative formats, at no cost when necessary for effective communication.
- Be free from discrimination or retaliation for requesting accommodation.

3. Rights Under the Illinois Mental Health & Developmental Disabilities Code

If you are receiving mental health or developmental disability services, you have the right to:

- Receive care in the least restrictive environment appropriate to your needs.
- Be treated with human dignity and respect and be free from abuse, neglect, exploitation, humiliation, or harassment.
- Participate actively in planning your treatment and services, including informed consent.

- Refuse treatment except in circumstances permitted by law.
- Have access to your records and confidentiality protections as provided by law.
- File complaints and grievances regarding mental health or developmental disability services without fear of retaliation.

4. Information, Communication, and Participation

You have the right to:

- Receive information about your health condition, diagnosis, services, treatment options, referrals, and expected outcomes in a clear, understandable manner.
- Ask questions and receive answers so that you may make informed decisions about your care.
- Participate in care planning, treatment decisions, and follow-up planning, including discharge or referral.
- Know the names and roles of staff and providers involved in your care.
- Receive explanations for referrals or transfers to other providers or agencies.

5. Privacy and Confidentiality

You have the right to:

- Personal privacy during examinations, treatment, and discussions.
- Have your health information kept confidential and shared only as permitted or required by law.
- Receive and review the Notice of Privacy Practices.
- Review, obtain copies of, and request corrections to your medical records.
- Request limitations on who may be present during care, when appropriate.

6. Confidentiality of Substance Use Disorder Services (42 CFR Part 2)

If you receive substance use disorder (SUD) services, you have additional rights:

- Your SUD records cannot be disclosed without your written consent, except in limited circumstances permitted by law.
- You may give a single consent for ongoing treatment, payment, and health care operations. You may revoke this consent at any time.
- Your SUD information may not be used against you in civil, criminal, administrative, or legislative proceedings without your consent or a valid court order.

7. Safety and Freedom from Harm

You have the right to:

- Receive care in a safe environment free from abuse, neglect, intimidation, harassment, or retaliation.
- Be free from restraints or seclusion unless required to ensure safety, and only in compliance with applicable laws.
- Expect that safety concerns will be addressed promptly and respectfully.

8. Advance Directives and Ethical Care

You have the right to:

- Receive information about advance directives, including living wills and powers of attorney.
- Have legally valid advance directives honored to the extent permitted by law.
- Discuss ethical, end of life, and treatment refusal issues with dignity and sensitivity.

9. Complaints and Grievances

You have the right to:

- Voice concerns, complaints, or grievances regarding services, safety, discrimination, accessibility, or confidentiality without fear of retaliation.
- Expect concerns to be addressed following MCPHD/MCHC's Patient Complaint and Grievance Policy, including escalation rights to Administration and the Board of Directors.

You may also contact:

- Illinois Department of Public Health
525 W. Jefferson St., Springfield, IL 62761
800-252-4343
- Illinois Department of Financial & Professional Regulations
320 West Washington St., Springfield, IL 62786
888-473-4858

10. Right to a Good Faith Estimate (No Surprises Act)

You have the right to receive a Good Faith Estimate (GFE) of expected charges for health care services if you are:

- Uninsured, or
- Self-pay (not seeking to submit charges to your health plan)

This right is protected under the No Surprises Act, a federal law designed to increase transparency and protect patients from unexpected medical bills.

Your Rights Include:

- Receiving a written Good Faith Estimate that explains the expected cost of services before they are provided.
- Requesting a Good Faith Estimate before scheduling or receiving care, or at any time upon request.
- Receiving a Good Faith Estimate for individual services or a series of services, including referrals or follow-up visits when applicable.
- The estimate may include expected charges from MCPHD/MCHC, and related providers involved in your care.

If you receive a bill that is \$400 or more higher than the total amount listed in your Good Faith Estimate, you have the right to:

- Dispute the bill through the federal Patient Provider Dispute Resolution (PPDR) process.
- Receive instructions on how to access the dispute process upon request.
- You may initiate a dispute within 120 days of receiving the bill.

Important Notes:

- The Good Faith Estimate is not a bill and does not require you to receive care.
- Receiving a Good Faith Estimate does not limit your ability to access services, including sliding fee discounts or public health services.
- Federal law prohibits retaliation for requesting or using a Good Faith Estimate.

11. Confidentiality and HIV Testing Rights (Illinois AIDS Confidentiality Act)

You have the right to:

- Receive HIV testing only with your informed consent.
- Receive clear information before testing about the purpose of the test, the meaning of results, and available support services.
- Receive anonymous HIV testing if requested.
- Have your HIV-related information, including test results, diagnoses, treatment, and referrals, kept strictly confidential in accordance with the Illinois AIDS Confidentiality Act and the AIDS Confidentiality and Testing Code.
- Expect that HIV-related information will not be disclosed without your specific written authorization, except as otherwise permitted or required by law.
- Receive HIV testing services without discrimination, coercion, or retaliation.
- Decline HIV testing or withdraw consent at any time, except where testing is required or authorized by law.
- Access HIV prevention counseling, testing, and referral services consistent with public health standards and applicable law.

Unauthorized disclosure of HIV-related information is prohibited by Illinois law and may result in civil and criminal penalties.

PATIENT RESPONSIBILITIES

You are responsible for:

- Providing accurate and complete information about your health, medical history, medications, and legal documents.
- Arriving on time for your appointments. If you need to cancel or reschedule your appointment, please notify us as soon as possible. Please note that if you cancel with less than 24 hours' notice or you do not show up for your scheduled appointment, this will be considered a "No-Show".
- Asking questions if you do not understand information provided.
- Participating in your care and following agreed upon treatment plans or understanding the consequences of refusal.
- Treating staff, providers, and other patients with courtesy and respect, consistent with the Patient and Visitor Code of Conduct.
- Following facility rules and safety practices.
- Helping maintain a safe environment free from weapons, drugs, alcohol, intimidation, or disruptive behavior.
- Respecting privacy, including respecting audio and video recording restriction areas.
- Providing accurate information regarding your insurance status so that MCPHD or MCHC can determine whether a Good Faith Estimate applies and prepares it correctly if required.

Statement of Commitment

Macoupin County Public Health Department and Macoupin Community Health Centers are committed to accessibility, inclusion, safety, and dignity for all individuals and will make reasonable efforts to ensure that services are delivered in compliance with all applicable laws and regulations. Should you have any questions or concerns regarding your visit, please contact Administration by emailing mcphd@mcphd.net or calling 217-854-3223.