

Client Bill of Rights

Every individual has the right:

1. to be treated with courtesy and respect in a manner that fully recognizes their dignity and individuality.
2. to privacy and confidentiality in all matters.
3. to know who is responsible for their care and who is providing their treatment.
4. to be informed of their medical condition, treatment and proposed course of treatment.
5. to participate in making any decision and in obtaining another opinion in any aspect of their care.
6. to give or refuse consent to treatment, including medications, and to be informed of the consequences of giving or refusing consent.
7. to have a designate in place to receive information concerning their care.
8. to have access to the information retained in their patient file, except when it is reasonable to believe that such access would result in a substantial risk to the physical, mental or emotional health of the patient or harm a third party.
9. to be aware of the procedures for initiating a complaint.

Client Code of Responsibility

As a client/patient at the Grand Bend Area Community Health Centre my responsibilities include:

1. to keep my appointments to the best of my ability or canceling them in a timely fashion (24 hours' notice)
2. to follow mutually agreed upon treatment plans
3. to let my Health provider (NP, MD, Social Worker etc.) know if I am no longer following treatment plans
4. to share important information necessary for my care- including the use of outside health care providers.
5. to follow community group guidelines developed for healthy group interactions
6. to refrain from intoxication (drunk) or from being under the influence of illegal substances (drugs) when visiting the Health Centre

Every One Matters

7. to respect the professional relationship with Health Centre providers and program leaders
8. to behave in a respectful and non-threatening manner towards staff and other clients of the Health Centre whether I am on the phone or in person.

I understand that failure to adhere to these responsibilities will result in a verbal warning regarding my behaviour and then a written letter and lastly termination of my relationship with the Grand Bend Area Community Health Centre.

Signature: _____

Date: _____