



100 Central Avenue

Cheyenne WY 82007

(307) 632-8064

Community Action's Crossroads Healthcare Clinic
PATIENT RIGHTS

- **You have the right to receive the best care indicated for your** problem regardless of your gender, race, color, religion, national origin, age, economic status, disability, sexual orientation, gender identity, and/or lifestyle.
- **You have the right to be treated respectfully by others** and to be addressed by your proper name without undue familiarity.
- **You have the right to confidentiality of all records and communication.** However, there are limitations to maintaining confidentiality; for example, under the law we are mandated to report the abuse of children, elderly, and disabled. If you have any questions, please ask us.
- **You have the right to review your medical record,** to request amendments, and to request copies of your medical record.
- **You have the right to know all of the services available** at the Crossroads Healthcare Clinic.
- **You have the right to know when the clinic is closed.** You can contact the Crossroads Healthcare Clinic at (307) 632-8064.
- **You have the right to know that all the Crossroads Healthcare Clinic providers** are licensed professionals and experienced in the provisions of health care.
- **You have the right to seek and receive easily understood information necessary** for you to make informed decisions about your health, social, or psychological situation, including an explanation of all procedures and treatments, and including information about your health care plan, if applicable.
- **You have the right and responsibility to participate in decisions** related to your care.
- **You have the right to appropriate emergency services** by contacting 911, or by going directly to the nearest emergency room, or if necessary, by referral from a Crossroads Healthcare Clinic provider.
- **You have the right to refuse care** by any Crossroads Healthcare Clinic provider.
- **You have the right to refuse treatment to the extent** permitted by law and be informed of the consequences of that action.
- **You have the right to know when students** are to preform specific examinations of treatment that pertain to your care.
- **You have the right to refuse participation in any research** study of project.

Grievances

- If you feel you are not being treated fairly, you have the right to formally address your complaint by filing a grievance; however, we strongly encourage you to speak with the supervisor so that the problem can be immediately resolved.
- We have a grievance process, which allows for you to discuss your concerns with the Cheyenne Crossroads Clinic.
- To register a grievance:

You may request a grievance form at the Reception Desk

Or you may write a letter to:

Community Action of Laramie County, Inc.
Attn: Clinic Director
211 West 19th Street
Cheyenne, WY 82001

CROSSROADS HEALTHCARE CLINIC

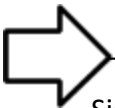
PATIENT RESPONSIBILITIES

The staff at Crossroads Healthcare Clinic warmly welcome you and look forward to serving your healthcare needs. In order to best serve you, there are several requirements and responsibilities that must be met on your part. Please read the information below carefully and if you have any questions, please ask a staff member for clarification.

- **You have the responsibility to be considerate and courteous** to other patients and Crossroads Healthcare Clinic staff.
- **You have the responsibility and the right to participate in** decisions related to your care.
- **You have the responsibility to be open and honest with us** about instructions you receive concerning your health. Let us know immediately if you do not understand them, or feel you cannot follow them.
- **You are responsible to bring with you information about past illnesses**, hospitalizations, medications, and other matters related to your health and/or social history.
- **You are responsible to be on time for scheduled appointments**, or contact us if you cannot make the appointment.
- **Crossroads Healthcare Clinic is established to provide care for the homeless and non-homeless** population of Laramie County. The services of this clinic are provided at a greatly reduced cost and as a result, we will need your help with our sliding fee scale application and income and housing verifications. Crossroads Healthcare Clinic is not a free clinic.
- **The nominal fee of \$7.00 (or your insurance co-pay amount) is expected at each appointment.** NO EMERGENCY OR URGENT CARE WILL BE DENIED IF YOU ARE UNABLE TO MAKE YOUR PAYMENT.
- **We require proof of income (or lack thereof) from each patient.** If you are working, we will need 30 day paystubs or tax return from previous year. If you have no income, we can use letters from the shelter or treatment centers, self-attestation form, doubled up verification form or a food stamp print out. If you have no income we will ask you to write a statement about your current situation.

As grants and federal government funding fund our services, we must be very strict in determining who is eligible for our services. Giving false information is considered fraud.

By signing below, I acknowledge that I have read or have had read to me the above information and I understand my responsibilities. I have been given the opportunity to have my questions answered regarding the above patient responsibilities.



Signature of Patients or Parent/Legal Guardian

Date