



KODIAK AREA NATIVE ASSOCIATION
HEALTH SERVICES

PATIENT RIGHT AND RESPONSIBILITIES

I. Rights of Persons Served

Persons served at Kodiak Area Native Association have the following rights:

1. To receive competent, respectful services, free of abuse, neglect, exploitation or humiliation.
2. To receive care in a safe and private setting that is tobacco, alcohol, and drug free.
3. To receive communication in a language or manner primarily used by you from health care professionals and other staff.
4. To participate in decisions regarding your treatment, if possible.
5. To receive complete information, to the degree known, related to your assessment, evaluation, diagnosis, treatment and prognosis and to obtain this information within a reasonable timeframe to allow decision making.
6. To be informed about the services available at KANA and its hours of operation, as well as the availability of emergency services and the associated fees and payment expectations for those services.
7. To be given adequate time for decision making regarding services for your healthcare.
8. To refuse services, unless incapacitated.
9. To refuse to participate in research. All research will follow appropriate guidelines and ethics.
10. To request information regarding Advance Directives as required by state or federal laws and regulations.
11. To know the name and credentials of your providers and to know which provider is primarily responsible for your care.
12. To change providers if other qualified providers are available.
13. To file a complaint, grievance or provide feedback without worrying about retaliation or humiliation. A patient/client grievance form may be requested from the front desk. Patient feedback can also be provided anonymously through KANA's Patient Experience Survey found at: <https://kodiakhealthcare2.feedtrail.com/9842>. If you wish to file a grievance with the State, you may call 907-269-8124. To speak with a Medicare Ombudsman, call 1-800-633-4227.
14. To review or request a copy of your health records. Requests will be honored within 30 days.
15. To request an amendment of your health record.
16. To request advocacy or self-help support services.
17. Confidentiality - KANA is required by law to treat what you tell us with great care. Our confidentiality and privacy policies prevent us from sharing information about you without your permission. However, there are some exceptions that would require us to share information without permission. Listed below are some common examples:

- a. During a medical emergency,
 - b. When you or someone else is in physical danger,
 - c. Suspected child or vulnerable adult abuse or neglect,
 - d. Treatment, payment and healthcare operations (Refer to the Notice of Privacy Practices available at the registration desk),
 - e. Court orders, and
 - f. Coordination of Care - KANA and your health providers may need to discuss your care.
18. Patients that are self-pay or uninsured have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services.

A Release of Information (ROI) form must be signed by you in order for KANA to communicate information with anyone who doesn't meet the criteria above. This includes family members other than parents/legal guardians.

Clients who are mandated into treatment will have their attendance and participation reported back to the court, Department of Juvenile Justice (DJJ), Office of Child Services (OCS), etc. once a proper ROI is signed.

II. Responsibilities of Persons Served

Prior to receiving care at Kodiak Area Native Association, persons served are informed of their responsibilities to:

1. Provide accurate and complete information regarding:
 - a. Past illness or hospitalizations,
 - b. Medications, including over-the-counter medications and herbal or dietary supplements,
 - c. Advance Directives, medical or psychiatric power of attorney or any other directive that could affect care,
 - d. Allergies or sensitivities,
 - e. Personal or family medical, mental health or substance abuse history, and
 - f. Insurance coverage and alternate financial resources.
2. Accept financial responsibility for any charges not covered by the Indian Health Service (IHS) or your insurance provider.
3. To inquire about services and related charges not covered.
4. To treat staff and other persons served with courtesy and respect. Using inappropriate language, raising your voice, or making threats towards staff or visitors could be grounds for discharge from care and/or may limit services available to be provided.
5. Cooperate in applying for and obtaining alternate resources for payment for services rendered.
6. Ask for another provider if you feel you cannot successfully establish a working relationship.
7. Comply with the KANA tobacco free, drug free, violence free and all related KANA policies.

8. Respect providers and other clients by keeping all appointments or informing us within 24 hours prior to your appointment if you cannot keep your appointments.
9. Ask questions about anything you don't understand.
10. Participate in the treatment process and development of your treatment plan.
11. Provide a responsible adult to transport you home from KANA facilities and remain with you for 24 hours, if required by a provider.
12. Call one week before prescriptions run out. Allow 72 hours for prescriptions to be filled.

III. Principles of our Patient-Centered Medical Home

Kodiak Area Native Association is identified as a Patient-Centered Medical Home (PCMH) and has adopted the principles of a Medical Home as follows:

1. **Consistency and continuity** by ensuring each patient has an ongoing relationship with a personal primary care medical provider and care team that is trained to provide continuous and comprehensive care.
2. **Whole person orientation** where the primary care provider is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.
3. **Care coordination** across all elements of the health care system and the patient's community by our team; to include, the use of electronic health records and systems to communicate with other health care providers, to ensure patients get the needed care when they need it, and the care provided is done so in an appropriate cultural and linguistic manner.
4. **Quality and safety** are hallmarks of the medical home by participating in ongoing self-evaluation, peer review, and education in order to continuously improve our care and services.
5. **Enhanced access to care** is available through Saturday clinic hours for medical care at the Mill Bay Health Center, same day appointments, and appointments until 6pm. If after-hours, an After Hours Nurse Advice Line is available: (907) 486-9870.
6. **Patient involvement** by respecting patient and family values and the needs that are expressed.
7. **Supporting patient goals** by providing support at every visit for goal setting and action planning, to help patients in reaching their health goals.
8. **Evidence-based care** provided by care teams that keep up with major medical research, so patients can benefit from the latest health recommendations.
9. **Patient experience** by seeking feedback from our patients and their care givers regarding their health care experience, and using those responses for quality improvement.

Updated: 7/2023