

The “patient” refers to the patient, patient’s representative, or surrogate, if applicable.

## As a patient of The Oregon Clinic, you have the Right to:

- Receive all communications in a language and/or manner you understand. Interpreters will be provided when necessary. The Oregon Clinic provides aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters and language interpreters.
  - Information written in several of the common languages in this city.
- If you believe that The Oregon Clinic has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, sex (including gender identity and sexual orientation), or any combination of these:
  - You can file a grievance with the Civil Rights Coordinator/Compliance Officer for The Oregon Clinic by mail at 541 NE 20th Avenue, Suite 225, Portland, OR 97232; (fax) 503-935-8911; or email to [compliance@orclinic.com](mailto:compliance@orclinic.com).
  - You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at [bit.ly/3QH0DhK](https://www.ocr.hhs.gov) or by phone at 1-800- 368-1019, (TDD) 800-537-7697. Complaint forms are available at [bit.ly/4ehTwHg](https://www.ocr.hhs.gov), (fax) 202 619-3818.
  - For concerns about The Oregon Clinic’s ambulatory surgical centers, contact the Oregon Health Authority, Health Care Regulation and Quality improvement Program: 800 NE Oregon Street, Suite 465, Portland, OR 97232; 971-673-0540. Complaint forms are available at [bit.ly/454L1et](https://www.oha.org).
- Considerate, respectful, and compassionate care in a safe and secure environment that is free of all forms of discrimination, abuse, or harassment. The Oregon Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- Exercise your rights without being subjected to discrimination or reprisal.
- Personal privacy and confidentiality concerning your medical care. Information can only be released with your consent, except as provided by law. You have the right to be advised as to the reason for the presence of any individual. HIPAA regulations will be observed.
- Receive information about your diagnosis, treatment, and expected result from your provider or designated staff in terms you can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Receive the necessary information and participate in decisions regarding a procedure or proposed treatment in order to give informed consent or to refuse this course of treatment.
- Reasonable continuity of care and to know, in advance, the time and location of appointment(s), as well as the practitioner providing the care.
- Consult with another physician or change providers if other qualified providers are available.
- Agree to or refuse to participate in research projects.
- Know the name and the professional status of the provider who has primary responsibility for coordination of your care and the names, professional relationships, and credentials of other practitioners and health care workers you may see.
- Within the confines of the law, review your medical records. All communications and records pertaining to your care will be treated as confidential.
- Receive information, in advance of a procedure, including a description of applicable State Health and Safety Laws, and if requested, official State advance directive forms. These are available upon request.
- Have in effect and documented on your medical record the presence of any Advance Directives concerning Living Wills, medical powers of attorney, or other documents that limit your care, and you have the right to be referred to an alternate facility if you wish to have your Advance Directives honored during your procedure. For further information, visit [bit.ly/3x1fMnN](https://www.oha.org). To access forms, visit [bit.ly/3RbdVDW](https://www.oha.org).
- Provide appropriate feedback, including suggestions and complaints.
- Voice grievances, verbally or written, regarding treatment or care that is, or fails to be, furnished. For assistance in expressing grievances or complaints verbally or in writing visit Ombudsman Center at [bit.ly/3yKZCj3](https://www.oha.org) or 1-800-MEDICARE, Oregon DHS: [bit.ly/3x4KiNJ](https://www.oha.org).
- Examine and receive an explanation of your bill and our payment policies, regardless of the source of payment.
- After-hours access to physician owners via phone. Emergency measures are available as needed.



## As a patient of The Oregon Clinic, you have the Responsibility to:

- Provide complete and accurate information about your health, including present condition, past illnesses, hospitalizations, medications, including over-the-counter products and supplements, allergies and sensitivities, and any other information that pertains to your health.
- Be an active participant in your care.
- Make it known whether you clearly comprehend a contemplated course of action and what is expected of you, including if you anticipate not following the prescribed treatment or are considering alternative therapies. Ask questions when you do not understand.
- Follow the treatment plan recommended by your practitioner, which may include the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable rules and regulations.
- Report unexpected changes in your condition to the responsible practitioner.
- Accept the responsibility for your actions if you refuse treatment or do not follow the practitioner's instructions.
- Provide complete and accurate billing information for claim processing and to pay bills in a timely manner.
- Keep appointments, be on time for your appointments, and notify your physician as soon as possible if you cannot keep your appointments.
- Depending on the care you receive, provide a responsible adult to provide transportation home and to remain with him/her/ them as directed by the provider or as indicated on discharge instructions.
- Behave respectfully toward others and respect their property while in The Oregon Clinic facilities. Failure to comply with this may lead to termination from the practice.
- Review our Privacy Policy at [oregonclinic.com/notice-of-privacy-practices](http://oregonclinic.com/notice-of-privacy-practices).

## Notice of Referral Rights

THIS NOTICE DESCRIBES YOUR RIGHTS WHEN YOUR HEALTH CARE PROVIDER REFERS YOU TO ANOTHER PROVIDER OR FACILITY FOR ADDITIONAL TESTING OR HEALTH CARE SERVICES.

In accordance with Oregon law, when you are referred for care outside of our clinic, we, The Oregon Clinic, are required to notify you that you may have the test or service done at a facility other than the one recommended by your physician or health care provider.

Oregon law says (ORS 441.098):

- A referral for a diagnostic test or health care treatment or service shall be based on the patient's clinical needs and personal health choices.
- If a patient is referred for a diagnostic test or health care treatment or service to a facility in which the referring provider (or an immediate family member of that provider) has a financial interest, the patient must be notified orally and in writing of that interest at the time of the referral.
- A health practitioner or the practitioner's designee shall inform the patient at the time of the referral, that:
  - a. A patient has a choice about where to receive the test, treatment, or services; and
  - b. If the patient chooses a different facility from the one recommended by a practitioner, the patient is responsible to contact their insurer to determine the extent of coverage or the limitation on coverage for the test, treatment, or service at the facility chosen by the patient.
- A health practitioner may not deny, limit or withdraw a referral solely because the patient chooses to have the test, treatment, or service from a different facility.

To listen to a recording of this Patient Rights and Responsibilities document, please call 503-935-8334. Translations in Chinese, Korean, Russian, Spanish, and Vietnamese are available at [oregonclinic.com/patient-rights](http://oregonclinic.com/patient-rights).

# Notice of Availability

If you speak another language, free language assistance services and appropriate auxiliary aids and services are available to you. Let us know how we can help.

## Spanish

Si usted habla español, hay disponibles para usted servicios gratuitos de asistencia de idiomas y dispositivos y servicios auxiliares adecuados. Infórmenos cómo podemos ayudarlo.

## Vietnamese

Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các phương tiện và dịch vụ hỗ trợ phù hợp dành cho quý vị. Xin hãy cho chúng tôi biết cách chúng tôi có thể trợ giúp cho quý vị.

## Chinese

如果您说中文，我们可提供免费的语言帮助，以及适当的辅助援助和服务。请告知我们，您需要什么样的帮助。

## Russian

Если вы говорите на русском, мы можем предоставить бесплатно помощь на вашем языке, а также и соответствующие вспомогательные средства и услуги. Сообщите нам, как мы можем помочь.

## Korean

한국어를 구사하시는 경우 무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 이용할 수 있습니다. 어떻게 도와드릴 수 있는 지 알려주세요.

## Ukrainian

Якщо ви розмовляєте цією мовою: українська, то можете отримати безкоштовну допомогу й послуги, зокрема мовні. Повідомте нам, чим ми можемо допомогти.

## Japanese

日本語を話される方は、無料の言語支援サービスや適切な補助器具やサービスをご利用いただけます。私たちがどのようにお手伝いできるかお知らせください。

## Arabic

فرعون انعد. قدعاسملا تامدخل او عمىالعمل انا نوعملا عم قيوغلا اقدعاسملا اناشب قيناجملا تامدخل اكل رفوتتسلف، [قيرغل] نحدثت تنك ادا  
اكتدعاسم اننكمي فيك

## Romanian

Dacă vorbiți română, serviciile gratuite de asistență lingvistică și ajutoarele auxiliare adecvate sunt disponibile pentru dumneavoastră. Informați-ne cum vă putem fi de ajutor.

## Thai

ถ้าคุณพูดภาษาไทย มีบริการช่วยเหลือด้านภาษาฟรี รวมถึงความช่วยเหลือและบริการเสริมที่เหมาะสมแก่คุณ แจ้งให้เราทราบว่าเราสามารถช่วยได้อย่างไร

## German

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Teilen Sie uns mit, wie wir helfen können.

## Persian

دنتسه امش سرتسد رد بسانم یکمک تامدخ و لیسو و ینابز ناگیار تامدخ، دینکیم تبخص سراف نابز هب رگا  
مینک ناتکمک میناوتشیم هونوگ چ مک دید غلط ام هب

## Somali

Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah iyo kaalmooyinka iyo adeegyada ku habboon ayaa diyaar kuu ah. Nala soo socodsii sida aan u caawin karno.

## French

Si vous parlez français, des services d'assistance linguistique gratuits et des aides et services auxiliares appropriés sont à votre disposition. Dites-nous comment nous pouvons vous aider.

## Khmer

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានសេវាជំនួយភាសាខ្មែរដោយឥតគិតថ្លៃ និងឧបករណ៍ជំនួយនិងសេវាជំនួយសមស្របមានសម្រាប់អ្នក។  
សូមអនុញ្ញាតឱ្យយើងដឹងថាតើយើងអាចជួយអ្នកបានដោយរបៀបណា។