



Helena Indian Alliance / Leo Pocha Memorial Clinic

501 Euclid Avenue, Helena, MT 59601 • (406) 442-9244 • hia-mt.org

YOUR RIGHTS AS A PATIENT OF HELENA INDIAN ALLIANCE/LEO POCHA CLINIC:

1. You have the right to receive appropriate care, regardless of race, creed, color, national origin, religion, sex, age, handicap, and ability to pay.
2. You have the right to considerate and respectful care.
3. You have the right to participate in the development and implementation of your plan of care. You or your representative has the right to make informed decisions regarding your care. This includes being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatment.
4. You have the right to personal privacy to the extent practical while receiving treatment or care.
5. You have the right to receive care in a safe setting.
6. You have the right to be free from all forms of abuse or harassment.
7. You have the right to the confidentiality of your medical records; HIA complies with HIPAA and 42 CFT Part 2 Regulations.
8. You have the right to access information contained in your medical records within a reasonable time frame.
9. You have the right to request a consultation with another health care provider, but you may be responsible for payment for this service.
10. You have the right to be informed about Helena Indian Alliance/Leo Pocha Clinic's mechanism for the initiation, review, and resolution of your concerns/complaints.
11. You have the right to a reasonable opportunity to practice religion while receiving treatment or care.
12. You have the right to the use of food, clothing, or other basic necessities while receiving treatment or care.

PATIENT REPONSIBILITIES:

You also have responsibilities that are an equally important part of providing quality health care.

YOUR REPONSIBILITIES AS A PATIENT OF HELENA INDIAN ALLIANCE/LEO POCHA CLINIC:

1. You are responsible for following clinic rules and regulations affecting patient care and conduct.
2. You are responsible for providing, to the best of your ability, a complete and accurate medical history.
3. You are responsible for making it known whether you clearly comprehend a contemplated course of action and the things you are expected to do.
4. You are responsible to be considerate of the rights of other patients, clinic personnel and the treatment of clinic property.
5. You are responsible for providing the clinic with accurate and timely information concerning your income and for meeting your financial responsibilities to the best of your ability.



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If you have any questions about your Rights and Responsibilities you may ask your nurse, provider or administrative staff.

Name: _____

Signature: _____

Date: _____