Member Rights and Responsibilities

As a member of the Health Care District, you have rights and responsibilities as follows:

Rights

- To receive considerate, courteous and respectful treatment with protection of your need for privacy.
- To receive a prompt and reasonable response to a question or request about your medical care.
- To know who is providing and responsible for your medical care.
- To participate in decisions about your healthcare.
- To know what support services are available including whether an interpreter is available if you do not speak English.
- To know what rules and regulations apply to your conduct.
To be told about any condition you may have including treatment options, risks and prognosis.
To refuse any treatment, except as otherwise provided by the law.
To receive, upon request, information and necessary counseling on the availability of known financial resources for care.
To be given, upon request, prior to treatment, an estimate of charges for medical care and to receive a copy of itemized bills and an explanation of charges.
To access medical care regardless of race, national origin, religion, physical handicap or source of payment.
To receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
To know if the medical treatment is experimental and to give consent or to refuse experimental treatment.

Responsibilities

To tell your health care provider complete and accurate information about your current complaints, past illnesses, hospitalizations, medications or other matters related to health.
To report any sudden change in your health to your health care provider.
To tell the Primary Care Physician or other health provider that you do or do not understand the treatment recommended.
To follow the treatment plan recommended by your health care provider.
To keep appointments and to notify your Primary Care Health Center location or other health care provider when you are unable to do so for any reason.
• To be on time for all appointments and carry your membership card with you at all times.
• To show your membership card or provide information on your membership status to participating physicians or providers.
• To understand that you are responsible for any actions that may occur if you do not follow the treatment plan recommended by your Primary Care Provider or other health care provider.
• To follow the rules and regulations affecting patient care and conduct.
• To notify the Health Care District of changes; name, address, phone number, income or other insurance coverage.
• To apply for any Federal or State program (such as Medicaid or Medicare) for which you may become eligible and notify Customer Service of any changes.

Support

Notice of Privacy Practices (PDF)
Privacy Policy & Disclaimer
Non-discrimination Notice
ADA Notice
Department of Transportation Notice
Hospital Price Transparency
Employee Access Center

COVID-19 Vaccine
C. L. Brumback Primary Care Clinics Finance Committee

Date: March 31, 2021

Location:
In-Person & Zoom Meeting - SEE MEETING DETAILS INCLUDED

Health Care District of Palm Beach County
1515 N. Flagler Drive.
Suite 101
West Palm Beach, FL 33401

Social Media
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