Your Rights & Responsibilities

The Indiana Hemophilia & Thrombosis Center (IHTC) is committed to providing you with quality health care.

You have the right to quality care in a safe environment.

As a patient, you have the right to:

- Be treated with respect and dignity regardless of:
 - Where you are from
 - Your age, race, ethnicity, sex, gender, sexual orientation, religious beliefs
- Change to a different provider, if one is available.
- Expect your information will be kept private. This includes your:
 - Medical records
 - Exams
 - Treatments
 - Any other information about your health
- Give the IHTC feedback on the care you receive, including when you aren't happy with your care. You can give feedback at the IHTC during business hours or on the IHTC website.
- Get care from the IHTC that honors your advance directive or living will as much as possible.

You have the right to be informed about your care.

As a patient, you have the right to:

- Know the name and qualifications of all IHTC staff who care for you.
- Know the risks and benefits of treatments, medicines, or other procedures your provider recommends for you.
- Get full information about your diagnosis (or have this information given to a legally authorized person).
- Make informed decisions about your care.
- Get information about the costs of your care.
- Get information about research projects related to your care and decide whether you want to join.
- Know information about IHTC:
 - Services that may help you
 - How to contact IHTC in an emergency or after business hours
 - Fees for our services
 - Our payment policies
- Get information from IHTC about other agencies that may be able to help you, and information about how they can help.

You have the right to receive care and information in a way you can understand.

As a patient, you have the right to:

- Get information in the language you understand best
- Ask questions about your care

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Your Rights & Responsibilities

You have the responsibility to keep your provider informed.

As a patient, it is your responsibility to:

- Fill out forms with correct and complete information about you, including your insurance and how to contact you.
- Let IHTC know when your information changes.
- Give IHTC correct and complete information about your health, including:
 - The medicines you take, including over-the-counter medicines and supplements
 - Your health history
 - Your allergies
- Contact IHTC if you have any concerns about the care we are giving you.
- Follow your treatment plans. If you have questions about your treatment or don't understand information or instructions, tell your provider or an IHTC staff member.
- Keep your appointments or call IHTC if you can't make it to an appointment.

You are responsible for doing what you can to take care of yourself.

As a patient, it is your responsibility to:

- Be respectful of IHTC property and staff. You are responsible for your actions.
- Learn about your treatment plans and ask questions if you don't understand.
- Do what you can to be healthy.
- Pay for any charges that your insurance doesn't cover.
- Bring an adult with you who can drive you home from an appointment, if there is a medical reason that you can't drive.

Your Rights & Responsibilities in the Pharmacy Program

As a patient, you have the right to:

- Receive up to date information about IHTC pharmacy services.
- Expect the pharmacy staff to keep your information private.
- Receive information about any changes to the pharmacy program.
- Decide not to join the pharmacy program at any time, even after you have consented to join.

As a patient, you have the responsibility to:

• Tell all of your providers you are joining in IHTC's pharmacy program. This includes your providers who don't work at IHTC.



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