



Spokane Tribe of Indians

Health and Human Services

Spokane Tribal Health Program Diabetes & Health Education

6228 E. Old School RD.

Wellpinit, WA 99040

Phone: (509)

FAX NUMBER: 509-258-7029



Clients Rights and Responsibilities of the Spokane Tribal Health Program (Diabetes & Health Education)

- Apply for Diabetes / Health Education Services
- Be treated with respect, free of violence, abuse, humiliation, retaliation, neglect, financial or other exploitation, threats, and other forms of harassment.
- Be evaluated fairly and completely to have your eligibility determined.
- Have family members or other designee's attend meetings and participate in your health goals.
- Be notified within 60 days of applying, whether you qualify for services.
- Know and understand why you are ineligible for services.
- Appeal a decision or denial of services by using the Appeal Process.
- To participate and make decisions regarding your case/health plan.
- To access necessary information, with sufficient time to facilitate your decision making.
- To informed consent, refusal, or expression of choice regarding service delivery, releases of information, additional services to the extent possible, who provides you services.
 - Your refusal of some aspects could result in services not being provided but does not affect whether you are eligible for services.
- Participate or decline in participation in research studies, surveys etc., as applicable.
- Privacy and confidential treatment, communications, and case files. STH staff will maintain confidentiality regarding any/all information discussed unless a client has given authorization.
- Voice concerns or complaints regarding program or staff, alleged infringements of your rights, and appeal decisions without compromising these rights or your access to services.
- To be referred and/or have access and information to other services and self-help agencies who may coordinate services or may advocate for you.
- To have information and access to your rights and legal resources. Go to Appeal.
- To have timely investigation and resolution of alleged infringement of these rights.

It is your responsibility to:

- Take an active part in planning and making decisions in your plan for success.
- To ask for assistance when needed.
- To ask for cultural services as needed (and as available).
- Keep scheduled appointments as indicated in your health plan. This would include outside medical, psychological, chemical dependency, vocational rehabilitation, DSHS, TANF, and/or others as noted.
- Keep your Health Educator informed of changes in address, phone number or personal issues that may affect your ability to be successful in the program.
- Treat all staff with respect, free of violent behavior, threats, or any of form of harassment.
- Follow up at minimum twice per year with a primary physician to maintain an active status at the David C. Wynecoop Memorial Clinic and provide Spokane Tribal Health documentation of such eligibility.
- Work with Spokane Tribal Health staff to obtain and maintain sustainable goals, manage your diabetes or other health matters.
- Provide Spokane Tribal Health staff with authentic and accurate information regarding ongoing eligibility and services.
- Use STH services, equipment, and materials with care and trust.

My signature indicates that I have *read, understand, and agree to* the above Rights and Responsibilities.

Full name (print)

Date (MM/DD/YY)

Full name (sign):

Date (MM/DD/YY)

Received by STH Representative (print):

Date (MM/DD/YY)