

## COMMUNITY HEALTH CARE PHARMACY SERVICES

*Our goal is to provide you the medications  
you need at a price you can afford.*

*Call us today and get a quote for your  
prescriptions.*

*Chances are, we will save you money!*

### Lakewood Pharmacy

10510 Gravelly Lake Dr. SW, Lakewood  
(253) 589-7190

### Parkland Pharmacy

11225 Pacific Ave. Tacoma  
(253) 536-6257

### Hilltop Pharmacy

1202 Martin Luther King Jr. Way, Tacoma  
(253) 441-4779

### Eastside Pharmacy

1728 East 44th Street, Tacoma  
(253) 284-2226

### Spanaway Pharmacy

134 188th Street, South, Tacoma  
(253) 253-210-5271

**Community Health Care  
works with its own in-house  
pharmacy to provide prescription  
medications to our patients whether or  
not they have insurance coverage. If  
you do not have insurance coverage for  
medications, prescription drugs  
may be available at a  
discount.**

If you would like to comment or  
complain about your care or  
service, you can talk to your clinic  
manager, or call or write to the  
Quality Improvement Department  
at:

**1148 Broadway  
Suite 100  
Tacoma, WA 98402  
253-597-4550**

COMMUNITY  
HEALTH  
*Care*

Where *Care* is the final word

COMMUNITY  
HEALTH  
*Care*

MEDICAL • DENTAL • PHARMACY



**PATIENT RIGHTS AND  
RESPONSIBILITIES**

## YOUR RIGHTS:

### • CARE THAT IS:

- **Considerate, respectful and compassionate** regardless of your race, age, gender, religion, sexual orientation, or physical or mental disability.
- **Safe:** free from all forms of neglect, abuse, exploitation, or harassment.

### • PRIVACY:

- All communications with health care providers are kept **confidential**. Records are released only when the patient (or parent) gives permission, or when the law requires it.
- **Immigration status** is kept **private** within legal limits.
- A **Notice of Privacy Practices** will be given to you to explain our policy on information privacy, use and disclosure, and the procedure to report someone violating this right.

### • CHOICE:

- You may **refuse care, ask for a second opinion, or change your provider** at any time.

## YOUR RIGHTS:

### • INFORMATION:

- We will give you information on **organ donation** and **Advanced Directives**, if you ask.
- You will be given information about your health condition, including treatment and outcome expectations, and allowed to **participate** in all **decisions** about your care.
- You will be given information on the **names, titles, and educational qualifications** of everyone who provides your care, including students and volunteers.
- We will offer you **educational information** in a language or format that you can understand.
- You may review your **medical records** at any time with a staff member present. (You may need to make an appointment.) You may arrange to get a copy of your own medical record.
- **Billing information**, including charges and payment schedules will be given to you if you ask.
- Information will be posted on how to file either anonymous or confidential **complaints**. The addresses and phone numbers are on the back of this brochure. If you need more information, you may ask any staff member.

## YOUR RESPONSIBILITIES:

### • COMMUNICATION:

- Tell your health care provider about your **health history** and all the **medicines** you take. Be sure to include any vitamins, supplements, herbs, and “over-the-counter” medicines.
- **Ask questions** if you don't understand or need more information.
- Tell your provider if you **can't follow** your treatment plan.
- Give clinic staff all the information to **bill your insurance** properly.

### • RESPECT:

- Show respect for other **patients' and staff members'** person, property, and privacy. Abusive, threatening, or inappropriate language or behavior will not be tolerated.
- Respect the providers' and other patients' **time** by being on time for all appointments or canceling at least 24 hours in advance.

### • UNDERSTANDING:

- Understand that you are responsible for the **consequences if you refuse treatment** or do not follow through with the treatment plan you agree to.
- Understand that medical treatments are only part of living a healthy life. **Lifestyle choices** can make your treatments not work, or not work as well.