



Kansas Statewide Farmworker Health Program (KSFHP) Client Rights and Responsibilities

KSFHP strives to provide comprehensive and preventive health care to farmworkers and their dependents. In order to maintain optimum communication, closer patient/provider relationships, and efficient care, KSFHP presents the following Rights and Responsibilities for you and your family. The Program's Website address is www.ksfhp.org.

CLIENT RIGHTS

I have the right:

- To be treated with respect and have my concerns acknowledged.
- To expect personal information and information about my health treated confidentiality by KSFHP staff and providers.
- To be assigned a provider who is in charge of my care if I have multiple health problems, or am seeing specialists or hospitalized.
- I have a right to have a family member or friend by with me to speak up for me and help get things done.
- To be informed of tests, treatments, including prescriptions and how that will help my health. Regional case managers and health promoters can facilitate communication with providers.
- To receive in understandable language adequate information from my provider concerning my diagnosis and its related treatment. Regional case managers and health promoters can facilitate communication with providers.
- Be told of all my options to allow me to make my own personal decisions regarding my health care. Regional case managers and health promoters can facilitate communication with providers.
- Be told about policies and procedures, fees and charges for services made by the provider and to receive an explanation about my service charges and co-pays.
- When referrals are made to other agencies, I should receive an explanation of my responsibilities.
- Not to be discriminated against because of race, religion, national origin, language, sex or age.
- To be heard if I have suggestions or complaints. I understand that I may contact my regional case manager or the KSFHP Director, Cynthia Snyder, at Cynthia.Snyder@ks.gov, (785) 296-8113 to communicate suggestions or complaints.

CLIENT RESPONSIBILITIES

I have a responsibility:

- To provide the following information:
 - Basic information to KSFHP staff to determine eligibility for KSFHP.
 - Updated information to my KSFHP case manager and providers when there are any changes in address, household information, and financial status or if leaving the area. I understand that if I provide false information I may be made ineligible for the program either temporarily or permanently.
 - Information about my health to KSFHP providers, including any past or present abuse of pain medication.
- To make and keep scheduled appointments and arrive on time. Should an emergency occur I will contact the provider to cancel and if possible reschedule.
- In cases where insured, to assure that Medicaid coverage or other insurance is up to date and active, and that insurance cards are brought to appointments.
- If uninsured, to take a KSFHP voucher to all appointments (arrange for vouchers ahead of schedule unless on weekend hours or in cases of same day appointments).
- I understand if I miss two scheduled appointments within six months I may be suspended from voucher covered services for the upcoming six months.
- To cooperate with all health and KSFHP personnel and to ask questions if I do not understand.
- To treat all KSFHP providers and staff with respect and I understand that complaints about disrespectful behavior will be taken seriously.
- To pay all established co-pays or payments including the following:
 - The co-pays for my primary care provider and specialist care.
 - Co-pays and any amount over the \$300 total per year for dental services.
 - The first \$5 of each prescription and anything over the \$50 covered by the KSFHP voucher for pharmacy. I will pay for all prescriptions when I reach my yearly limit.
 - Any service costing over \$150 without prior authorization.
 - Payments for services NOT covered by KSFHP.
- I understand that I have ultimate responsibility for paying bills.
- To contact assigned my regional case manager before changing my primary care, medical or dental providers. I agree not seek care with multiple providers (not including specialty care) without consultation with my regional case manager.
- Ultimately, I understand that my health is my own responsibility and that I should be proactive with regards to my needs.