



Kentucky Public Health
Prevent. Promote. Protect.

Kentucky Family Planning Patient Bill of Rights

YOU HAVE THE RIGHT TO...

RESPECT

- Be spoken to with dignity .
- Have your cultural, spiritual, and personal values honored when receiving healthcare.
- Be called by your chosen name and preferred gender pronoun.
- Know the names of staff caring for you.
- Ask a staff person to be with you during your exam.

CONFIDENTIALITY

- Expect that your health records are kept private.
- Expect that your health records are only shared with your written consent, unless required by law or health insurance.
- Receive care in ways that ensure your privacy and safety.
- Confidential care including no communication at home.

QUALITY SERVICES

- Be offered a range of family planning services by qualified staff.
- Get quality care no matter what your religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.
- Access family planning services regardless of your residency or referral from a physician.

VOLUNTARY PARTICIPATION

- Refuse any and all services without penalty.
- Be included in decisions about your care.
- Be free of any coercion to accept services or to employ or not employ a particular method of family planning.
- Receive services solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient.

INFORMATION

- Receive medically accurate information without judgment.
- Receive clear information in your preferred language.
- Be informed about your clinic's policies and procedures, including costs for services and what your insurance will cover.

STATE YOUR CONCERN

- Ask questions about anything you do not understand or verbalize any concerns.
- Have your complaints handled quickly and with respect.
- Offer suggestions to improve services.