

## **PATIENT RIGHTS & RESPONSIBILITIES**

### **PATIENT RIGHTS:**

- A. You shall not be discriminated against or denied appropriate hospital care on the basis of sex, race, religious beliefs, ethnicity, culture, language, physical or mental disability, national origin, ancestry, age, disability, sexual orientation, political beliefs, socio-economic status, gender identity, or expression.
- You have the right to considerate and respectful care and to receive adequate treatment, rehabilitation, and educational services appropriate for your condition.
- B. You have the right to choose your provider, dentist, or other independent medical practitioners and to know and understand what tests and or treatments the provider is suggesting for you and the potential risks, benefits, possible complications, alternatives and possible outcomes/results.
- You or your legally authorized health care representative have the right to know the name, and telephone number of your provider who has overall responsibility for your care.
  - You have the right to be communicated with in a manner that meets your needs is effective for you to understand, is age appropriate, and allows you to fully understand your rights as a patient, your health condition, treatment options, and care needs.
  - You or your legally authorized health care representative have the right to be informed by your provider in terms and language that you can understand about procedures, risks, benefits, possible complications, likelihood of meeting your goals, alternatives and possible outcomes prior to your consent for the procedure or medical treatment.
  - Interpretation and translation services are available to you as needed.
  - You or your legally authorized health care representative have the right to receive information about your medication, including potential side effects and benefits.
  - You or your legally authorized health care representative have the right to be provided with the name and professional status of the individual(s) responsible providing care and authorizing and performing procedures and treatments.
  - You or your legally authorized health care representative have the right to request a different licensed independent practitioner upon admission and throughout the course of care and to have Cumberland Healthcare (CHC) Staff assist with you in obtaining a different licensed independent practitioner as requested.
  - You or your legally authorized health care representative have the right to refuse care, treatment, and services as well as to refuse to participate in experimentation, research, or student involvement in your care or to be photographed, videotaped or audio taped without your consent.
  - You or your legally authorized health care representative have the right to have a family member, friend, or other individual of your choice to be present with you for emotional

support during the course of stay unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated.

- C. You, your family or your legally authorized health care representative have the right to participate with the health care team in planning your care. The health care team consists of your provider, nursing and ancillary staff and your requested spiritual resource. You have the right to consultation with the Ethics Advisory Team.
- You have the right to participate in conferences with the health care team regarding your plan of care.
  - You have the right to have your family and provider notified of your admission to CHC.
  - You have the right to consent or refuse care, treatment, and services after being informed of the medical benefits and consequences of that decision.
  - You have the right to expect continuity of care while at CHC and if your condition suggests that you would benefit from a transfer to another facility, you have the right to consent to or refuse transfer.
  - You have the right to participate in decisions regarding end of life care, withdrawing or withholding life sustaining treatments, pain management and organ donation.
  - You have the right to our assistance in executing an Advance Directive or living will and to receive information from the hospital regarding CHC's ability and extent to which your advance directive can be honored.
  - You have the right to have your spiritual counselor involved in your care
  - If you are dying, you have the right to care which includes attention to pain management, spiritual, cultural, social and other concerns related to death and the grieving process.
  - You have the right to have your cultural, psychosocial, spiritual and personal beliefs, values and preferences respected.
  - You have the right to have access to pastoral and spiritual services.
  - You have the right to be informed about the outcomes of care, including unanticipated outcomes.
- D. All patients, including children, have the right to have their pain treated.
- E. You have the right to privacy and safety while a patient at CHC.
- You have the right to be treated with consideration, respect and with full recognition of the patient's dignity and individuality.
  - You have the right to confidentiality of your medical record unless you give written authorization otherwise.
  - You have the right to identify persons (family members, your personal representative, provider and spiritual support person) who you want notified of your admission. You can also identify persons who you would not want notified.
  - You have the right to privacy.
  - You have the right to feel safe.
  - You have the right to be free of all forms of abuse or harassment.
  - You have the right to access protective and advocacy services.
- F. You have several rights regarding your health information:
- Right to receive Cumberland Healthcare's Privacy Notice in a timely manner.
  - Right to request restrictions on certain uses and disclosures of health information.
  - Right to receive confidential communication of health information.

- Right to access, review and obtain a copy of health information.
  - Right to request an amendment to health information.
  - Right to receive an accounting of disclosures of health information.
  - Right to file a complaint with Cumberland Healthcare and with the Federal Department of Health and Human Services if you believe your privacy rights have been violated.
- G. You have the right to understand your bill.
- You or your legally authorized health care representative have the right to receive upon request, an itemized and detailed bill of services rendered during your visit to the hospital.
  - You or your legally authorized health care representative have the right to request financial assistance through the financial counselor.
- H. You or your legally authorized health care representative have the right to share with us any suggestions or concerns you have about the care and services during your visit without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.
- You or your legally authorized health care representative have the right to speak with the hospital President/CEO, department director or manager, any staff member, or any member of the Ethics Advisory Team you feel comfortable with regarding your care and services.
  - Should you or your legally authorized health care representative have any unresolved concerns regarding your care and feel you need assistance resolving your concern, you have the right to contact:

<p><b>Division of Quality Assurance</b>          Department of Health Services          PO Box 2969          Madison WI 53701-2969          Phone (608) 267-7185</p>	<p><b>Kepro</b>          5700 Lombardo Center Dr.          Suite 100          Seven Hills OH 44131          1-800-385-5080</p>	<p><b>The Joint Commission</b>          Office of Quality Monitoring          One Renaissance BLVD          Oakbrook Terrace, IL 60181          Phone 1-800-994-6610</p>
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- I. You have the right to receive your care in the least restrictive environment, which includes being free of physical or chemical restraints, unless you are at risk for harming yourself or others.
- J. You have the right to unlimited contact with visitors and others. Upon provider discretion this may be revoked at any time. This includes the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. You also have the right to withdraw or deny such consent at any time.
- K. You have the right to choose with whom with you communicate.
- L. You have the right to give or withhold informed consent to produce or use recordings, films, or other images of you for purposes other than your care.

**PATIENT RESPONSIBILITIES:**

- A. Every patient is responsible for participating in planning their care.
- B. Every patient is responsible for questioning any of us if you do not understand any aspect of our care or service.
- C. Every patient is responsible for following hospital rules that affect patient care and conduct.

- D. Every patient is responsible for giving us accurate information regarding your medical history, the existence of advance directives or living wills and information regarding your wishes for organ donation.
- E. You and your family are responsible for honoring the confidentiality and privacy of other patients.

**Pediatric Patients:**

- A. Children will not be subjected to medical treatment without consent from a legal representative except in the event of an emergency or as the law allows.
- B. Children have the right during their hospital stay for educational opportunities and to play as is appropriate for the developmental and chronological age and medical condition.
- C. Parents have the responsibility to make staff aware of any visitors who should not be allowed to visit the child.
- D. Parents have the responsibility to help assure the safety of the child.

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