

## **You Have The Right To:**

### **ACCESS TO CARE**

You shall have access to hospital services and medically indicated treatment, regardless of age, ethnicity, race, creed, religion, sex, national origin, disability, source of payment for care, or sexual orientation.

### **INVOLVEMENT IN ALL ASPECTS OF YOUR CARE**

You have the right to:

- receive care in a safe setting.
- participate in the development and implementation of your inpatient/outpatient treatment/care plan; discharge plan, and pain management plan.
- have a person of your choice and your physician notified promptly of your admission to the Hospital.
- be informed of the right to have pain treated as effectively as possible.
- know who is responsible for authorizing and performing your procedures or treatments.
- participate in your care using reasonably informed decisions.

- To the degree possible, participation should be based on a clear, concise explanation of your condition, and of all proposed technical procedures, including possible risks, serious side effects, problems related to recuperation, and probability of success. Where medically significant alternatives for care or treatment exists, you should be so informed.
- be informed of unanticipated outcomes of care and treatment when appropriate.
  - not be subjected to any procedure without your voluntary, competent, and understanding consent.
  - have your family/personal representative (as allowed under state law), at your request, participate in your care plan.
  - consult with another physician at your request and at your own expense.
  - refuse treatment to the extent permitted by law

and to be informed of the medical consequences of refusing treatments;

If your refusal of treatment prevents the provision of appropriate care in accordance with accepted professional standards, your relationship with the hospital may be terminated upon reasonable notice.

- prepare Advanced Directives to assure your health care decisions will be followed to the extent allowed by law and Hospital policy.
- be informed if the hospital proposes to engage in or perform human experimentation or other research/educational projects affecting your care or treatment. You have the right to refuse to participate in any such activity without compromising your access to services.
- access the Hospital Ethics Committee.
- exercise your rights as a patient while receiving care or treatment in the facility without coercion, discrimination or retaliation.
- to have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the patient's rights when the patient is incapable of doing so, without coercion, discrimination or retaliation.
- Your family has the right of informed consent of donation of organs and tissues.

### **RESPECT AND DIGNITY**

You have the right to:

- safe, considerate, respectful care and service given by competent personnel at all times and under all circumstances, with recognition of your personal dignity.
- remain disrobed no longer than is required for accomplishing a medical purpose.
- freedom from abuse, neglect, or harassment.
- freedom from restraint or seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- have visits, prayers, and sacramental ministrations by pastoral care personnel and /or clergy of choice, and to refuse such visits if not desired.

- wear appropriate personal clothing and religious or other symbolic items, providing diagnostic procedures or treatments are not restricted.

### **PRIVACY AND CONFIDENTIALITY**

You have the right to:

- personal and informational privacy within the law.
- be interviewed, examined and to attend to your personal hygiene in surroundings designed to assure reasonable audio-visual privacy.
- have a person of your choice present during a physical examination, treatment or procedure in accordance with Hospital policy.
- refuse to talk with or see anyone not officially connected with the hospital, including visitors, or persons officially connected with the hospital but not directly involved in your care.
- express a complaint and have it handled in a discreet and timely manner.
- request a transfer to another room if another patient or visitor in that room is unreasonably disturbing you.
- expect any discussion or consultation of your case to be conducted discreetly and that no individual, not directly involved in your care, will be present without your permission.
- have your medical record read only by individuals directly involved in your treatment or the monitoring of its quality, and by other individuals only on your written authorization.
- expect all communications and other records pertaining to your care to be treated as confidential, including the source of payment for treatment.

### **PERSONAL SAFETY**

You have the right to:

- expect reasonable emotional and physical safety insofar as hospital practices and environment are concerned.
- request protective services and be placed in protective privacy when considered necessary for your personal safety.

### **IDENTITY**

You have the right to know the identity and professional status of individuals providing your service and to know which physician is primarily responsible for your care and the right to know the reasons for any proposed changes in the professional staff responsible for your care.

This includes your right to know of the existence of any professional relationship among individuals treating you, as well as the relationship to any other health care or educational institutions involved in your care.

### **INFORMATION**

You have the right to:

- obtain from your physician information, to the degree known, regarding your health status, diagnosis, treatment and any known prognosis.
- have you and your legally designated representative obtain access to the information contained in your medical records within the limits of the law within a reasonable time frame.
- have a written copy of Newman Regional Health's Patient Rights and Responsibilities.
- participate voluntarily in the gathering of data for the purpose of research or clinical training programs.

### **COMMUNICATION**

- You have the right to visitors and to access people outside the hospital by means of verbal and written communication.
- If you do not speak or understand English, Hospital personnel will provide an interpreter as quickly as possible.
- If you need hearing, vision or other communication services, Hospital personnel will provide this assistance in the most effective and timely manner possible.

### **TRANSFER AND CONTINUITY OF CARE**

You have the right:

- not to be transferred to another facility until receiving a complete explanation of the need,

- the alternatives and risks, and until the receiving facility is acceptant of the transfer.
- the right to know the reasons for your transfer either within or outside the hospital.
- to be informed by your physician, or his delegate, of any continuing health care requirements following your discharge from the hospital.
- to request a change in your physician or transfer to another health facility.

### HOSPITAL CHARGES

You have the right to:

- request and receive an itemized and detailed explanation of your hospital statement within 10 days of request.
- timely notice prior to termination of your eligibility for reimbursement by any third-party payor for the cost of your care, and any limitations which may be placed upon your care.
- the right to be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care.
- Request a review by a Quality Improvement Organization (QIO) of:
  1. any written Notice of Non-coverage that you receive from the hospital stating that Medicare will no longer pay for your hospital care.
  2. concerns regarding quality of care, disagreement with a coverage decision, or premature discharge.

The QIO for your area is:

Kansas Foundation of Medical Care  
2947 Southwest Wanamaker Drive  
Topeka, Kansas 66614  
1-800-432-0407

### You Are Responsible For:

### RESPECT AND CONSIDERATION

You are responsible for:

- being considerate of the rights of other patients and hospital personnel and for assisting in the

control of noise, visitors and distractions.

- being respectful of the property of other persons and of the Hospital.

### PROVISION OF INFORMATION

You are responsible for:

- providing, to the best of your knowledge, accurate and complete information relating to your health and financial matters.
- reporting risks you believe are involved with your care.
- reporting changes in your condition to the responsible practitioner.
- asking questions when you do not clearly understand a contemplated course of action and what is expected of you.
- telling staff when you have a complaint about your Hospital experience.

### COMPLIANCE WITH INSTRUCTION

You are responsible for:

- following the treatment plan recommended by your physician.  
This may include following the instructions of nurses and other hospital personnel as they carry out your physician's orders, and enforce the applicable hospital rules and regulations.
- expressing any concerns regarding your ability to comply with a proposed course of treatment, and every effort should be made to adapt the treatment plan to your specific needs and limitations.

If such adaptation is not clinically indicated, you are responsible for understanding the consequences of the treatment alternative and of noncompliance with the proposed course of treatment.

- keeping appointments, and for notifying your physician and/or the Hospital when unable to so.
- meeting the financial obligation, you agreed to, with the Hospital.

### REFUSAL OF TREATMENT

You are responsible for your outcome when refusing treatment or not following a practitioner's instructions.

### PATIENT COMPLAINTS

Our goal is to exceed your expectations. To file a complaint (verbal or written), contact one of the following so we can work together toward a timely (7 days) and satisfactory resolution of the situation. Thank you for allowing us to take care of you and your loved ones.

- Heather Lake, RN BSN  
Supervisor, Quality/Risk Management  
620-343-6800, extension 2104
- Kathie J. Butcher, RHIA  
Vice President, Medical Services  
620-343-6800, extension 2106
- Robert Driewer, Chief Executive Officer  
620-343-6800, extension 2600
- Kansas Department of Health & Environment  
State Agency  
1000 SW Jackson St., Suite 200  
Topeka, KS 66612-1365  
1-800-842-0078

# Patient Rights and Responsibilities



1201 W. 12<sup>th</sup> Avenue  
Emporia, KS 66801  
620-343-6800  
www.newmanrh.org