

# Patient Rights at Labette Health

*You or your legal representative has the right to:*

## **Access to Care:**

1. Impartial access to medically indicated treatment regardless of race, color, religion, age, sex, national origin or source of payment for care.
2. Receive appropriate medical screening, examination and stabilizing treatment for an emergency medical condition, and to be transferred, when appropriate, elsewhere for care in accordance with COBRA/EMTALA regulation.
3. Expect the hospital to provide interpretation for individuals who speak languages other than English, use of alternative communication techniques or aides for those who are deaf or blind, or take other steps as needed to effectively communicate with the patient.
4. The patient's family has the right of informed consent of donation of organs and tissue.

## **Respect and Dignity:**

1. Considerate and respectful care that respects your psychosocial, spiritual, and cultural values and beliefs.
2. Be informed of the right to have pain treated as effectively as possible, as appropriate to the medical diagnosis or surgical procedure.
3. Exercise of his/her rights while receiving care or treatment in the hospital without coercion, discrimination or retaliation.
4. Have a surrogate exercise the patient's right with the patient if incapable of doing so, without coercion, discrimination or retaliation.

## **Privacy and Confidentiality:**

1. Personal privacy. Consideration of privacy in case discussion, consultation, examination, treatment and provision of care.
2. Expect that all communications and records pertaining to our care be treated as confidential by the hospital, except in cases such as suspected abuse or public health hazards which are required by law to be reported.

**Participation in the Plan of Care:**

1. Make informed decisions (with respect to your legal representative, as allowed under State law) regarding care, treatment of services and participate in the development and implementation of the plan of care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

**Transfer and Continuity of Care:**

1. Not be transferred to another facility unless you have received a completed explanation of the need for the transfer and of the alternatives to such a transfer and unless the transfer is acceptable to the other facility.
2. Be informed by the practitioner responsible for your care of any continuing health care requirements following discharge from the hospital.

**Personal Safety:**

1. Be cared for by staff that has been educated about patient rights and their role in supporting these rights.
2. Consent or refuse to participate in any treatment that is considered experimental in nature, and to have those studies fully explained prior to consent.
3. Know the professional status of any person providing his/her care/services.
4. Know the reason for any proposed change in the Professional Staff responsible for his/her care.
5. Receive care in a safe and secure setting, as well as access to protective services, and to be free from all forms of abuse, neglect or harassment.
6. Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff; and when deemed necessary, the right to have safe implementation of restraint or seclusion by trained staff.

**Identity:**

1. Know by name the physician responsible for the coordination of your care and the identities of others involved in providing your care.
2. Know the relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care.
3. Obtain information as to any professional relationships among individuals treating you as well as the relationship between the hospital and other healthcare and educational institutions which may influence your care.

**Information:**

1. Receive a copy of this Bill of Rights.
2. Obtain information from physicians and other direct caregivers in understandable terms concerning diagnosis, treatment, prognosis and plans for discharge and follow-up care.
3. Be informed about the outcomes of care, including unanticipated outcomes.
4. Obtain information about hospital policies that are related to your care.
5. Receive a detailed explanation of the total bill (itemized when possible) for services rendered, within a reasonable amount of time, regardless of the source of payment.
6. Receive timely notice prior to termination of eligibility for reimbursement by third party payer for the cost of your care.
7. Access information contained in your clinical records and have information explained or interpreted as necessary (except as restricted by law), both within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record-keeping system permits.
8. Be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care.

**Communication:**

1. Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
2. Appoint a family member or representative to be a decision-maker for you in the event you are unable to communicate

**Advanced Directives:**

1. Formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.

**Consent:**

1. Make decisions about your care and refuse treatment to the extent permitted by law and be informed of the medical consequences of such action.

**Grievances:**

1. Present grievances and complaints and to receive information on how to do so.
2. File a grievance (a formal, written, or verbal complaint or concern, when the issue cannot be resolved promptly by staff present); to present complaints/concerns, to the correct hospital personnel, and to receive information on how to do so.

**Patient Visitation Rights:**

1. Receive written notice of your visitation rights, including: your right to receive visitors whom you designate, and the right to withdraw or deny such consent; that the hospital may not deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability; and that all designated visitors shall enjoy visitation rights no less restrictive than those of immediate family members.

If you have a concern or complaint, it may be presented to any hospital employee, the Department Director of the unit in which you received that care or service, the Director of Risk Management Quality Improvement, the Administrator, or any of the various governmental agencies listed below. You may contact the Risk Management Quality Improvement Department @ 620-820-5580, the Administrator @ 620-820-5371; the Kansas Department of Health & Environment (KDHE) @ 1-800-842-0078 (Healthcare Complaints); Kansas Foundation for Medical Care @ 1-800-432-0407, or the Centers for Medicare and Medicaid Services (CMS) @ 1-800-Medicare or 1-800-633-4273.

For questions or concerns with regard to these rights, and/or organ tissue donation please contact: Quality Management Risk Management Department (620-820-5580).