

Citizens Health

Patient Rights and Responsibilities

PATIENT RIGHTS

As a patient, you have the right to be informed of CMC's policies regarding patient rights during your admission process. This list shall include, but not be limited to, your right to:

Access to Quality Care with Respect

1. Receive a written statement of your rights as a patient in advance of, or when discontinuing, the provision of care. You may appoint a representative to receive this information should you so desire.
2. Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for care.
3. Be provided with reasonable responses to any reasonable request you may make for service within the hospital's capacity, its stated vision, and applicable laws and regulations.
4. Know which hospital rules and policies apply to your conduct while a patient.
5. Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of you.
6. Expect appropriate assessment and management of pain.
7. Choose a support person and visitors and change your mind about who may visit.
8. Designate a caregiver and have the caregiver involved in aftercare instructions.

Be Informed and Make Decisions

1. Receive as much information about any proposed treatment or procedure as you may need to give informed consent or refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure of treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment, and the risks involved in each and to know the professional status of the person who will carry out the procedure or treatment.
2. Have your family representative, and/or personal physician notified promptly of your admission to the hospital.
3. Be advised if a hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
4. Be provided with the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and health care providers who will see you.
5. Receive information from your physician about your illness, your course of treatment and your prospects for recovery in terms that you can understand.
6. Participate in the development and implementation of your plan of care personally or by your representative, and actively participate in decisions regarding your medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.

7. Receive information from your physician about your illness, your course of treatment, and your prospects for recovery in terms that you can understand.
8. Formulate advance directives regarding your health care, and have hospital staff and practitioners who provide care in the hospital comply with these directives (to the extent provided by state laws and regulations).
9. Be informed by your physician or a delegate of your physician of the continuing health care requirements following your discharge from the hospital.
10. Be advised that with your permission, family members are encouraged to participate in care decisions.
11. To exclude any or all family members from participating in your care decisions, if you have the legal capacity to exercise your rights.
12. Examine and receive an explanation of your bill regardless of the source of payment.
13. Be provided with the information necessary to enable you to make treatment decisions that reflect your wishes and that they will be supported by hospital personnel.
14. Have clinical decisions concerning your care be based solely on identified healthcare needs, without regard to the cost of the services or treatment or your ability to pay.
15. To ensure your comfort and dignity are respected during treatment, as directed by you or your chosen surrogate decision maker, while also addressing the psychosocial and spiritual concerns of you and your family related to dying and grief, with support from the Citizens Medical Center Ethics Committee as needed.
16. Be transferred to another facility when medically permissible. Arrange payment of the portion of your bill not paid by third-party coverage.
17. Expect reasonable continuity of care and to know in advance the time and location of any appointment as well as any physician providing the care.

Safe Care

1. Be given considerate and respectful care, provided in a safe and secure environment, free from all forms of abuse or harassment.
2. Remain free from seclusion or restraints of any form that are not medically necessary and are used as a means of coercion discipline, convenience, or retaliation by staff.
3. Have access to protective services.
4. Leave the hospital even against the advice of your physician.

Privacy and Visitation

1. Be provided with full consideration of privacy concerning your medical care program. Case discussion, consultation, examination, and

treatment are confidential and should be conducted discretely. You have the right to be advised as to the reason for the presence of any individual involved in your healthcare

2. Confidential treatment of all communications and records about your care and your stay in the hospital. Your written permission will be obtained before your medical records can be made available to anyone not directly concerned with your care.
3. Send and/or receive visitors, mail, telephone calls, or other forms of communication with restriction. If restrictions are required for therapeutic reasons, you and/or your family will be informed of the rationale for restrictions.

Concerns, Complaints, or Grievances

1. Complain and have your complaint reviewed without affecting your care. If you have a concern or complaint, you may talk to a supervisor, manager, and/or director.
2. Be advised of the hospital grievance process, should you wish to communicate a concern regarding the quality of the care you receive or if you feel determined the discharge date is premature. Notification of the grievance process includes:
 - a. whom to contact to file a grievance
 - b. a written notice of the grievance determination that contains the name of the hospital contact person
 - c. the steps taken on your behalf to investigate
 - d. the results of the grievance
 - e. the grievance completion date

PATIENT RESPONSIBILITIES

The care a patient receives depends on the patient. Therefore, in addition to these rights, a patient has certain responsibilities. These responsibilities should be presented to the patient in the spirit of mutual trust and respect.

You have the responsibilities to:

1. Provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, and other matters relating to your health.
2. Report unexpected changes in your condition to the responsible practitioner.
3. Make it known whether you comprehend the course of your medical treatment and what is expected of you.
4. Keep appointments and notify the hospital or physician when you are unable to do so.
5. Follow the treatment plan established by your physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
6. Take responsibility for your actions should you refuse treatment or not follow your physician's orders.
7. Follow hospital policies and procedures.
8. Be considerate of the rights of other patients and hospital personnel.
9. Assist in the control of noise and the number of visitors.
10. Be respectful of your personal property and that of other persons in the hospital.
11. Assure that the financial obligations of your hospital care are fulfilled as promptly as possible.
12. Inform the Hospital Administration of any complaint or concern you may have regarding the delivery or quality of health care.
13. Present your Advance Directive to Citizen Health staff, if you have an Advance Directive

Discrimination is Against the Law

Citizens Health complies with applicable Federal Civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. Citizens Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you believe that Citizens Health has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Kirsten Kaus, Risk Manager
Citizens Health
100 E College Drive
Colby, KS 67701
Email: kkaus@cmciks.com

If you need help filing a grievance, Kirsten Kaus, Risk Manager, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washing, D.C. 20201
1-800-368-1019, 800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>