

Patient Responsibilities and Rights

Mission: We extend God's care through the ministry of physical, mental and spiritual healing.

*Adventist HealthCare maintains a **zero tolerance** for workplace violence. Adventist HealthCare takes any act of violence seriously and prohibits all conduct, either verbal or physical, that is abusive, threatening, intimidating or demeaning.*

You, the patient, and/or when appropriate your surrogate decision-maker have the following responsibilities and rights:

PATIENT RESPONSIBILITIES:

1. To provide, to the best of your knowledge, accurate and complete information about present complaints, medications, past illnesses, hospitalizations and other matters relating to your health care.
2. To provide information about Advance Directives; giving directions about your future medical health care should you become incapable of participating in such discussions.
3. To disclose all prior medical history relevant to your care.
4. To be considerate of the rights of other patients and medical personnel, to assist in the control of noise, and to follow the Adventist HealthCare non-smoking, visitor, and other rules.
5. To be cooperative and considerate during the treatment and care prescribed.
6. To respect the privacy of other patients.
7. To accept your financial obligations associated with your care.
8. To advise your nurse/physician and/or Patient Representative of any dissatisfaction you may have regarding your care at the hospital.

YOU HAVE THE RIGHT:

1. To receive a written copy of Patient Responsibilities and Rights upon admission.
2. To be informed of your patient responsibilities and rights if you lack the capacity on entry and later regain the capacity to understand.
3. To be provided care in a safe environment free from all forms of exploitation, abuse, and neglect, including verbal, mental, physical and sexual abuse.
4. To have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
5. To appoint a surrogate decision-maker of your choice in the event you are unable to make decisions about care, treatment or services, or choose to delegate decision making to another.
6. To designate a family member or support person of your choice to serve as a source of emotional support.

7. To designate an adult as your Lay Caregiver, or your Legal Guardian who performs or arranges for your aftercare at your residence.
8. To be shown respect for your personal culture, values, beliefs, wishes, and preferences.
9. To expect your personal privacy and confidentiality to be fully respected consistent with the care prescribed and applicable law.
10. To exchange information with your doctor or other health care practitioners about your diagnosis, prognosis, test results, possible outcomes of care and unanticipated outcomes of care.
11. To be involved in your plan of care to include decision making with your physician, talking in language you may reasonably be expected to understand, about diagnosis, treatment prescribed, prognosis and any instructions required for follow-up care. Persons not directly involved in your care must have your permission to be present.
12. To create or change Advance Directives (Living Will/Durable Power of Attorney) and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.
13. To have access to interpretative services, which may include: sign and foreign language interpreters; alternative formats, including large print, braille, audio recordings and computer files; and vision, speech, hearing and other temporary aids in a manner that is understandable to you, to prevent language barriers from hampering your care.
14. To have requests courteously received and properly considered as quickly as circumstances permit.
15. To know the name of the physician, nurses, and team members responsible for your care if staff safety is not a concern.
16. To be informed of the reason for various tests/treatments and the roles of team members providing the care.
17. To be involved in the informed consent process that includes a discussion about potential risks, benefits, and alternatives of the proposed treatment, care, or services, the likelihood of achieving the goal and/or potential problems that might occur during recuperation.
18. To change your mind about any procedure for which you have given consent or to refuse treatment and to be informed of the medical consequences of this action.

PATIENT RESPONSIBILITIES AND RIGHTS (10/19)

Patient Responsibilities and Rights *continued*

19. To complete information as to the reason for a transfer to another institution if necessary (including the alternatives to such a transfer) and the knowledge that the other institution has accepted you for transfer.
20. To access pastoral care or other spiritual services.
21. To request through the attending physician a second opinion by another physician; to change physicians; or to change facilities.
22. To participate in ethical discussions that arise during care delivery including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawal of life sustaining treatment and participation in investigational studies or clinical trials.
23. To receive a list and access protective services to include guardianship, advocacy services, state/local licensure agencies, and protective interventions.
24. To be treated without discrimination based on culture, language, socioeconomic status, race, color, national origin, ethnicity, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, language or ability to pay.
25. To be informed of all risks, benefits, alternatives, discomforts, and side effects and agree or refuse to take part in medical training programs or research studies without the agreement or refusal affecting your care.
26. To receive a bill on request, within 30 days of discharge or payment, that is itemized and describes briefly but clearly each item and the amount charged.
27. To expect all communications and records pertaining to your care, including the source of payment for treatment, to be kept confidential, to the extent required by law.
28. To expect all communications be delivered in a manner you can understand.
29. To have an individual of your choice remain with you for emotional support during your hospital stay, within hospital visitation policy, choose the individuals who may visit you, and change your mind about the individuals who may visit.
30. To have access to your medical records in accordance with HIPAA Notice of Privacy Practices.
31. To expect and receive appropriate screening, assessment, management, and treatment of pain as an integral component of your care.
32. To express and resolve **complaints/grievances**, please contact the Adventist HealthCare location where you received care directly to file a complaint or discuss any grievances. You may also go [AdventistHealthCare.com/Complaints](https://www.adventisthealthcare.com/complaints). This complaint will not affect your care. If your concerns are not resolved by the hospital to your satisfaction, you are encouraged to contact the Maryland Department of Health & Mental Hygiene, Office of Health Care Quality at 877-402-8218 (or send letter to: 7120 Samuel Morse Drive, Second Floor, Columbia, MD 21046) or Centers for Medicare and Medicaid Services at 877-267-2323 (www.cms.gov) or The Joint Commission (TJC) at 800-994-6610 (www.jointcommission.com) or Commission on Accreditation of Rehabilitation Facilities (CARF) International at 888-281-6531 (TTY: 520-495-7077) or the U.S. Department of Health and Human Services Office for Civil Rights at 877-696-6775 (or send letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201 or visit www.hhs.gov/ocr/privacy/hipaa/complaints/).
33. To receive information about your hospital and physician charges and ask for an estimate of hospital charges before care is provided and as long as your care is not impeded.
34. To allow or refuse to allow pictures of you for purposes other than your care.
35. To receive a copy of the Health Insurance and Portability and Accountability Act Notice of Privacy Practices.
36. To have a medical screening exam and be provided stabilizing treatment for emergency medical conditions and labor.
37. To be free from physical and chemical restraints and seclusion unless needed for safety.
38. To an environment that preserves dignity and contributes to a positive self-image.

BEHAVIORAL HEALTH SETTINGS:

39. To receive medical treatment for medical emergencies.
40. To review the medical record with your physician within a reasonable time to see part of or all the medical record unless your physician documents that it is medically contraindicated (such reasons are to be documented in the medical record).
41. To reasonable access to a telephone unless a restriction is made for any reason (such reasons are to be documented in the medical record).
42. To vote, receive, hold, and dispose of property.
43. To receive public benefits for which you may be eligible.
44. To be informed of use and the purpose of audiovisual tapes and equipment prior to their use.
45. To access, request amendments to, and request information on the disclosure of your health information.