

Patient Rights when Receiving Services at Pioneer Memorial Hospital, Pioneer Memorial Clinic, Lone Community Clinic, Irrigon Medical Clinic, and Boardman Immediate Care

Patients (or patient representatives, as appropriate) have the right to:

- Participate in the development and implementation of your plan of care.
- Make informed decisions regarding your care.
- Be informed of your health status.
- Be involved in care planning and treatment, and be able to request or refuse treatment.
- Formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- Personal privacy and confidentiality concerning your medical care. You have the right to be advised as to the reason for the presence of any individual. HIPAA regulations will be observed.
- Be free from all forms of abuse or harassment, and corporal punishment.
- The confidentiality of your clinical records.
- Access your medical records, upon an oral or written request.
- Be free from restraint and seclusion, unless it is necessary for safety reasons.
- Effective communication and language services in a manner that meets your needs, at no additional charge. This may include an interpreter, hearing assistance, alternative formats, or other special equipment.
- Receive respectful care without discrimination on the basis of age, race, color, national origin ethnicity, culture, language, religion, physical or mental disability, socioeconomic status, or sex, sexual orientation, gender identify, or gender expression.
- Receive respect for your personal beliefs and values.
- Have access to religious and spiritual resources/services.
- Be informed of the names and roles of staff providing your care and treatment.
- Receive an explanation of financial charges.
- Receive visitors of your choosing during your stay at Pioneer Memorial Hospital, with the understanding that visitation may be limited in areas to maintain safe and effective care, and for infection prevention practices, as outlined in the MCHD policy, *Patient Visitation*. You also have the right to restrict visitors.
- Designate support persons, if you have a disability, to facilitate your care. Hospitals in the state of Oregon must allow you to choose at least three support persons and allow at least one support person to be with you at all times in the emergency department and during your stay at the hospital.

Additional Patient Rights when Admitted to the Swing Bed Program at Pioneer Memorial Hospital

In the case you are adjudged incompetent under the laws of a State by a court of competent jurisdiction, your rights devolve to and are exercised by your representative appointed under State law to act on your behalf. The court-appointed representative exercises your rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.

- In the case of your representative whose decision-making authority is limited by State law or court appointment, you retain the right to make those decision outside your representative's authority.
- Your wishes and preferences must be considered in the exercise of rights by your representative.
- To the extent practicable, you must be provided with opportunities to participate in the care planning process.

Patients (or patient representatives, as appropriate) have the right to:

- Be informed of, and participate in, your treatment, including the right to be fully informed in language that you can understand of your total health status, including but not limited to, your medical condition.

- Participate in the development and implementation of your person-centered plan of care, including but not limited to the right to be informed, in advance, of changes to the plan of care.
- Request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.
- Choose your attending physician.
 - The physician must be licensed to practice; and
 - If the physician chosen by you refuses to or does not meet requirements specified in this part, MCHD may seek alternate physician participation to assure provision of appropriate and adequate care and treatment.
 - MCHD must ensure that you remain informed of the name, specialty, and way of contacting your physician and other primary care professionals responsible for your care.
 - MCHD must inform you if we determine that the physician chosen by you is unable or unwilling to meet requirements specified in this part and MCHD seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. MCHD must discuss the alternative physician participation with you and honor your preferences, if any, among options.
 - If you subsequently select another attending physician who meets the requirements specified in this part, MCHD must honor that choice.
- Retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.
- Share a room with your spouse, when married residents live at MCHD and both spouses consent to the arrangement.
- MCHD must provide immediate access to you by immediate family and other relatives, subject to your right to deny or withdraw consent at any time.
- MCHD must provide immediate access to you by others who are visiting with your consent, subject to reasonable clinical and safety restrictions and your right to deny or withdraw consent at any time.
- You have the right to send and receive mail, and to receive letters, packages and other materials delivered to MCHD for you through a means other than a postal service, including the right to:
 - Privacy of such communications consistent with this section; and
 - Access to stationery, postage, and writing implements at your own expense.
- MCHD must:
 - Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when you become eligible for Medicaid of:
 - The items and services that are included in nursing facility services under the State plan and for which you may not be charged;
 - Those other items and services that MCHD offers and for which you may be charged, and the amount of charges for those services.
 - Inform each Medicaid-eligible resident when changes are made to the items and services specified above.
- MCHD must inform you before, or at the time of admission, and periodically during your stay, of services available in MCHD and of charges for those services, including any charges for services not covered under Medicare/Medicaid or by MCHD's per diem rate.
- You have a right to personal privacy and confidentiality of your personal and medical records.
 - Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require MCHD to provide a private room for you.
 - MCHD must respect your right to personal privacy, including the right to oral privacy (meaning spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to MCHD for you, including those delivered through a means other than a postal service.
 - You have a right to secure and confidential personal and medical records.
 - You have the right to refuse the release of personal and medical records except as provided:
 - To you, or your representative where permitted by applicable law.
 - For treatment, payment, or health care operations.

- Any other applicable federal or state laws.
- MCHD must allow representatives of the Office of the State Long-Term Care Ombudsman to examine your medical, social, and administrative record in accordance with State law.

Patient Rights when Receiving Services from Pioneer Memorial Home Health

MCHD must provide you and your legal representative (if any), the following information during the initial evaluation visit, in advance of furnishing care to the patient.

Patients (or patient representatives, as appropriate) have the right to:

- Be informed of your rights in a language and manner you understand.
- Written notice of your rights and responsibilities and transfer and discharge policies. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities.
- Provide written notice of your rights and responsibilities and transfer and discharge policies to your selected representative within four business days of the initial evaluation visit.
- Contact information for the Home Health Administrator, including their name, business address, and business phone number in order to receive complaints.
- Make complaints to MCHD regarding treatment or care that is (or fails to be) furnished, and the lack of respect for you and/or your property by anyone who is furnishing services on behalf of Pioneer Memorial Home Health.
- An OASIS privacy notice, if OASIS data is collected as part of your care.
- Obtain your or your legal representative's signature confirming that you have received a copy of the notice of rights and responsibilities.
- Have you and your property treated with respect.
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property.
- Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate.
- Receive all services outlined in your plan of care.
- Have a confidential clinical record. Access to or release of your patient information and clinical records is permitted.
- Be advised, orally and in writing, of:
 - The extent to which payment for home health services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to MCHD.
 - The charges for services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program known to MCHD.
 - The charges the individual may have to pay before care is initiated.
 - Any changes in the information provided as soon as possible, in advance of the next home health visit.
- Receive proper written notice, in advance of a specific service being furnished, if MCHD believes that the service may be non-covered care; or in advance of MCHD reducing or terminating on-going care.
- Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about Pioneer Memorial Home Health.
- Be advised of the names, addresses, and telephone numbers of the following federally-funded and state-funded entities that serve the area where you reside.

Patient Rights when Receiving Services from Pioneer Memorial Hospice

As a patient, you have the right to be informed of your rights, and MCHD must protect and promote the exercise of these rights. MCHD must obtain your or your representative's signature confirming that you have received a copy of the notice of rights and responsibilities.

MCHD must comply with the requirements of your advance directive. MCHD must inform and distribute written information to you concerning our policies on advance directives, including a description of applicable State law.

Patients (or your patient representatives, as appropriate) have the right to:

- Be provided with verbal (meaning spoken) and written notice of your rights and responsibilities in a language and manner that you understand, during the initial assessment visit in advance of furnishing care.
- Exercise your rights as a patient of our hospice.
- Have yourself and your property treated with respect.
- Voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for you or your property by anyone who is furnishing services on behalf of Pioneer Memorial Hospice.
- Not be subjected to discrimination or reprisal for exercising your rights.
- Receive effective pain management and symptom control from Pioneer Memorial Hospice for conditions related to a terminal illness.
- Be involved in developing your hospice plan of care.
- Refuse care or treatment.
- Choose your attending physician.
- Have a confidential clinical record. Access to or release of your patient information and clinical records is permitted.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of your property.
- Receive information about the services covered under the hospice benefit.
- Receive information about the scope of services that the hospice will provide and specific limitations on those services.

Patient Rights when Receiving Emergency Medical Care/Ambulance Services

A licensed ambulance service may transport you without consent if you are incapacitated or cannot make sound decisions based upon illness, injury or age.

Patients (or patient representatives, as appropriate) have the right to:

- Access to appropriate emergency medical care and transportation without regard to race, ethnicity, religion, age, gender, sexual orientation, or disability.
- Emergency Medical Service (EMS) providers that are considerate and respectful.
- The opportunity to refuse any medical care or transportation to a medical facility when informed about the care to be provided and the risks associated with refusing medical care or transportation.
- Transportation to a clinically appropriate medical facility of your choice without questioning ability to pay. We may elect to transport to a closer, appropriate medical facility if your facility of choice:
 - Is unreasonable due to unsafe conditions; or
 - Requires an ambulance to be taken out of service for an unreasonable amount of time.
- The opportunity, when appropriate, to request private transport, for example from a friend or family member.
- Health information protected in accordance with state and federal privacy laws.
- Opportunity to receive, upon request, medical information relating to the care or transport provided by EMS providers.
- Opportunity to receive, upon request, a reasonable explanation of any charges for emergency medical care provided by EMS providers or for ambulance services.

Patient Right to File a Grievance for all Morrow County Health District Services

Patients (or patient representatives, as appropriate) are informed of available grievance resolution resources through this *Patient Rights and Responsibilities* document provided during registration. This source provides you with information regarding the internal grievance process, including who to contact to file a grievance.

Submission of a Grievance: Express concerns to your caregivers or to management, without the fear of retribution.

- A grievance may be submitted in a variety of ways including speaking to any staff in person, by telephone, via email, or other written communications.
 - You may call 541-676-2935
 - Email communications may be directed to: patientconcerns@moco hd.org
 - In writing, addressed to Quality at PO Box 9, Heppner OR 97836

- A written response will be provided to you or your representative within 10 calendar days of receipt of your grievance, whenever possible.
 - You or your representative will be notified via an extension letter of the need for additional time and the expected time-frames for resolution. MCHD will strive to resolve all grievances within 30 calendar days of receipt of the grievance.
 - In instances where the investigation cannot be completed as indicated in the extension letter, you or your representative will be notified by another extension letter of the need for further time and expected time-frame for final resolution.
 - In instances where the investigation cannot be completed as indicated in the extension letter, you or your representative will be notified by the Manager or Risk Management via another extension letter of the need for further time and expected time-frame for final resolution.
- You may also file a grievance with the state agency regardless of whether the MCHD grievance process was used.
 - Oregon Health Authority, Health Care Regulation and Quality Improvement, PO Box 14450, Portland, Oregon 97293
 - Oregon Health Authority Ombudsman at 877-642-0450
 - OHP Client Services at 800-273-0557 (TTY/TDD: 711)

Patient Responsibilities at all Morrow County Health District Locations

- Be an active member in developing and implementing your plan of care.
- Make informed decisions regarding your plan of care. This includes consenting to or refusing treatment as permitted by law.
- Let the healthcare team know when you have questions or concerns regarding your care, and letting the healthcare team know if you cannot follow through with the plan of care.
- Provide an accurate information regarding your medical history: medications, allergies, previous hospitalizations, family history, past and present injuries or illnesses, and other matters related to your health status.
- Provide the healthcare team with a copy of your Advance Directive and appointment of healthcare representative, if any.
- Treat others with respect regardless of age, race, color, national origin, ethnicity, culture, language, religion, physical or mental disability, socioeconomic status, or sex, sexual orientation, gender identity, and gender expression. Refrain from using discriminatory, profane, derogatory, or threatening language, imagery, and behavior.
- Inform the healthcare team if you feel your rights have been violated.
- Provide insurance information, make arrangement for paying your medical bills, and informing staff of any financial difficulties.
- When possible, leave at home (or send home) your personal valuable items. Keep hearing aids, dentures, etc in designated containers to avoid damage or loss.
- Follow our Non-Smoking/Tobacco-Free campus policy.

This Notice is effective October 24, 2023.

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Ione Community Clinic	Irrigon Medical Clinic	Boardman Immediate Care	Morrow County Ambulance
P-(541) 676-9133 F-(541) 676-2901 TDD-(541) 676-2908	P-(541) 676-2946 F-(541) 676-9017	P-(541) 676-5504 F-(541) 676-9025	P-(541) 422-7128 F-(541) 422-7175	P-(541) 922-5880 F-(541) 922-5881	P-(541) 481-2900 F-(541) 481-2191	P-(541) 676-9133 F-(541) 676-2901

MCHD is an Equal Opportunity Provider and Employer