



## PATIENT RIGHTS AND RESPONSIBILITIES

As a patient you have the right to be notified, in writing and verbally in a language that you understand, of the following rights and responsibilities before services are begun to be kept informed of changes in these rights. You have the right to exercise these rights. Your family or guardian may exercise these rights should you be judged incompetent. Health care providers are obligated to protect and promote your rights.

### Right to Dignity and Respect

- To be treated with dignity, respect, and comfort.
- The right to personal privacy; including personal communication including private mail, telephonic and conversations.
- To professional relationships that are based on honesty and ethical standards of conducts.
- To medically appropriate services without discrimination based upon your race, color, religion, sex, age, disability, sexual preference, national origin or source of payment.
- To be free of coercion, discrimination and reprisal for exercising your rights.
- The right to emotional, mental, and physical health and safety.

### Right to be Informed

- To an explanation of any rules and regulations pertaining to your care.
- To receive information on formulating and executing advanced directives.
- To receive in writing Pioneer Memorial Hospital's policy to implement advanced directives.
- To full information and counseling concerning your diagnosis, treatment, prognosis and the availability of known resources for your health care.
- To know how medical information will be used and discussed in relationship to treatment, payment or health care operations.
- To access, inspect and copy, make amendment, corrections, restrict disclosures and request privacy protection to your medical record.
- To be given the names, disciplines, series, frequency of all health care personnel who participate in your care.
- To all information contained in your medical records maintained by us, unless prohibited by law, upon written or verbal request to: Medical Records Department, Morrow County Health District, PO Box 9, Heppner, Oregon 97836. Telephone (541) 676-2914.
- To receive physical copies of your records at no cost within 48 hours (excluding holidays and weekends.)

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	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) 922-5880 F – (541) 922-5881	P – (541) 422-7128	P – (541) 676-9133 F – (541) 676-2901

## **Right to Quality of Care**

- To receive competent, medically appropriate, quality care provided in a timely manner.
- To expect Pioneer Memorial Hospital comply with accepted professional standards of care, policies, procedures, and requirements to maintain licensure with the State of Oregon and Medicare certification.
- To expect your healthcare to be provided in accordance with your physician's specific orders and a plan of care that specifies the provided services, their frequency and duration.
- To have prompt attention paid to complaints of pain and/or discomfort.
- The right to receive care in a safe setting that includes environmental safety, infection control and security.
- To expect that all personnel caring for you are licensed, certified and/or have completed approved courses in their respective field.
- You have the right to request that all personnel who provide care in the home will provide proper identification upon request
- To expect that all providers of care are supervised by qualified persons to continually maintain high professional standards of care.
- To be free at all times from all forms of abuse and harassment.

## **Right to Make Informed Decisions and Participation**

- To be treated by the physician of your choice.
- To assistance in obtaining consultation in or outside our facility at your request and possibly at your expense.
- To participate in the development and periodic review of your plan of care designed to meet your individual needs.
- To refuse treatment to the extent permitted by law and to be informed of the medical consequences of your action.
- A discharge plan in writing.
- To refuse to be examined, observed or treated by students or any other Hospital staff without jeopardizing access to psychiatric, psychological or other medical care attention.
- To refuse to serve as a research subject and refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.

## **Rights to File a Grievance**

- To voice your concerns regarding the quality of care or to express grievances regarding treatment or care that is(or fails to be) furnished or regarding the lack of respect for your dignity, privacy and safety on the behalf Pioneer Memorial Hospital, without fear of discrimination or reprisal for have done so.
- To lodge such concerns or grievances with us by calling the Administrator's Office at (541) 676-2915.
- Timely attention to all your concerns and grievances.
- The right to know the disposition of your complaints in writing.
- The right to voice complaints and suggest changes in service or staff without fear of reprisal or discrimination. To contact the Director of Nursing Services with such complaints and if the complaint is not resolved to your satisfaction, to contact the Chief Executive Officer or the Oregon State Health Division at (503) 731-4013.

- For patients with developmental disabilities you may wish to contact the State of Oregon Advocacy Agency at: (503) 243-2081. TTY: (503) 323-9161 or in writing to the Oregon Advocacy Center, 620 SW 5<sup>th</sup> Avenue, Fifth Floor, Portland, OR 97204-1428.

### **Right to Privacy and Confidentiality**

- To every consideration of maintenance of privacy concerning your medical care program and confidentiality in regard to information about your health, social and financial circumstances.
- To have all records pertaining to your medical care treated as confidential, except as otherwise provide by law or third-party contractual agreements. Information from your clinical record will not be disclosed without your consent, except as necessary to provide services to you and obtain payment for those services, or in response to a valid subpoena or court order.
- To personal privacy during medical treatment or other rendering of care within the capacity of the hospital.

### **Right to Financial Information**

- To be informed in writing, before care is initiated of: The extent to which payment may be expected from Medicare, Medicaid or any other payer; the charges for services that will not be covered by Medicare; and charges that you may have to pay.
- To access, upon request, all bills for services received regardless of whether they are paid out of pocket or by another party.
- To an explanation of your bill.
- To receive from the person designated by the Hospital, any information that the hospital has available, relative to financial assistance and free health care

### **Patient's Responsibilities**

- To treat your Health Care providers with respect and dignity.
- To give the Health Care personnel accurate information so that decisions can be made about your services and fees.
- To give your nurse and /or physician accurate information about your health (past and present). Medical advice and / or treatments you are following, and any medications you may be using,
- To inform your physician or nurse of changes in your health or reactions to medication and /or treatment.
- To inform Health Care personnel if you do not understand any instructions pertaining to your health care.
- Follow the plan of care/treatment program agreed upon.
- To provide accurate information necessary for payment of services when indicated.