

Patient's Rights and Responsibilities

Our patients have the right to...

...have a family member (or representative) and their physician promptly notified if admitted to the hospital.

...expect the hospital will provide medically appropriate care as indicated by the urgency of the patient's condition and the ability of the hospital to provide the needed service.

...have the hospital ask if they have advance directives (such as a living will or healthcare power of attorney), and if not, be given information to make advanced directives. The patient has the right to expect the hospital to follow the directives where the laws and hospital policies allow.

...be informed about their diagnosis, treatment options, and prognosis. This information should include the specific procedures planned; the risks involved; the expected benefits; the length of recuperation, and immediate and long-term financial implications. The patient has a right to be informed about alternatives, risks, and benefits of these alternatives. The patient has the right to receive enough information to participate in the development and implementation of their care plan and to select a representative to help them do so.

...be told the likely medical consequences of refusing treatment. Even if the patient refuses the recommended treatment, the patient will be entitled to other appropriate care.

...be presented with a special consent if asked to participate in research studies or human experimentation treatment. The research study should be fully explained prior to consent.

If the patient decides not to participate, they are entitled to the most effective care the hospital can otherwise provide.

...work with your physician and nurse to develop a pain management plan.

...be transferred to another hospital if it is medically appropriate and legally permissible or if the patient requests transfer. This can only happen if the hospital to which the patient is being transferred has accepted the patient. The patient has the right to be told the need for the transfer, risks, benefits, and alternatives to the transfer.

...expect reasonable continuity of care when appropriate and to be informed by doctors and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

...receive care in a safe setting.

...receive care that is considerate and respectful and free of all forms of abuse and/or harassment.

...examination, treatment, and discussion of the patient will be done in a way to protect the patient's privacy.

...know what hospital rules and regulations apply to their conduct as a patient.

...have treatment that is free from restraints and seclusion unless medically necessary.

...consent to and receive visitors and/or support person he or she has designated, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family

(continued on back)

member or friend. The patient or the patient's representative may withdraw or deny his/her consent to receive specific visitors at any time.

The hospital does not restrict, limit, or otherwise deny visitation privileges on the basis of race, ethnicity, religion, culture, language, sex, gender identity or expression, sexual orientation, or disability. Visitation may be limited based on reasons that are clinically necessary and reasonable.

...have all communications, spoken and/or written, treated confidentially. Information will only be released as legally required, as consented by the patient, or authorized by the patient in accordance to the confidentiality laws of the state and federal government. The patient will be allowed to review their medical records, have their information explained or interpreted as necessary (unless restricted by law), and within a reasonable time frame, obtain a copy of their medical record (reasonable and customary fees may apply).

...know the identity of physicians, nurses, and healthcare professionals involved in their care, including when students, residents, or other trainees are involved.

...ask and be told about any business relationships among the hospital, educational institutions, other healthcare providers, or payers that may influence the patient's treatment or care.

...examine and receive explanation of the bill regardless of the source of payment and the right to be told about the available payment methods.

...ask about the hospital's Financial Assistance Policy and be told how to apply for financial assistance.

...be told about resources for resolving conflict, disputes, and grievances. To make a grievance, the hospital contact person is the Risk Manager

at (541) 269-8100. If the patient wants to make an external grievance, the contact is the Oregon Authority Health Care Regulation and Quality Improvement, 800 NE Oregon Street, Suite 305, Portland, Oregon 97232, or call (971) 673-0540.

You may also contact the Joint Commission Office of Quality Monitoring by calling 1-800-994-6610 or email complaint@jointcommission.org.

Our patients' responsibilities include...

...to the best of their knowledge, provide accurate and complete information about present medical complaints, past illnesses, hospitalization, medications, and other matters relating to their health including advance directive information.

...asking questions when they do not understand their care, treatment, and service or what they are expected to do.

...following the care, treatment, and service plan developed or express any concerns about their ability to follow the proposed care plan, course of care, treatment, and/or services. The hospital makes every effort to adapt the care plan to the specific needs and limitations of the patients. When such adaptations to the care, treatment, and service plan are not recommended, patients and their families are informed of the consequences of the care, treatment, and service alternatives and not following the proposed course.

...responsible for the outcomes if they do not follow the care, treatment, and service plan.

...following the hospital's rules and regulations.

...consideration of the hospital's staff and property, as well as other patients and their property.

...promptly meeting any financial obligation agreed to with the hospital.