

## Oregon

ORS 430.210

### As a PeaceHealth patient, you have the right to:

- Choose from available services in a setting and under conditions that are least restrictive to the person’s liberty and least intrusive to the provide the greatest degree of freedom.
- An individualized written service plan.
- Ongoing participation in the planning of services
- Not receive services without informed voluntary written consent except in a medical emergency or as otherwise permitted by law.
- Receive medication only for the person’s individual clinical needs
- A humane service environment that affords reasonable protection from harm, reasonable privacy and daily access to fresh air and the outdoors, except that such access may be limited when it would create significant risk of harm to the person or others.
- Not be involuntarily terminated or transferred from services without prior notice, notification of available sources of necessary continued services and exercise of a grievance procedure.
- Not participate in experimentation without informed voluntary written consent.
- Be free from abuse or neglect and to report any incident of abuse without being subject to retaliation
- Religious freedom.
- Assert grievances with respect to infringement of the rights described in this section, including the right to have such grievances considered in a fair, timely and impartial grievance procedure.
- Have access to and communicate privately with any public or private rights protection program or rights advocate.
- You may voice complaints or grievances about your care or concerns either verbally or in writing and to have prompt follow up. You may report your complaint or grievance by asking to speak to the charge nurse, department manager or by contacting one of PeaceHealth’s Risk Management team members at the phone numbers provided below.
- Not be required to perform labor, except personal housekeeping duties, without reasonable and lawful compensation.
- Visit with family members, friends, advocates and legal or medical professionals.

<p><b>Sacred Heart Medical Center at RiverBend</b> 3333 RiverBend Drive Springfield, OR 97477 541-222-7300 Hotline to the Heart - 1-866-222-6822</p>	<p><b>Cottage Grove Community Medical Center</b> 1515 Village Drive Cottage Grove, OR 97424 541-767-5500 Hotline to the Heart - 1-866-222-6822</p>
<p><b>PeaceHealth Peace Harbor Medical Center</b> 400 Ninth Street Florence, OR 97439 541-997-8412 Hotline to the Heart - 1-866-222-6822</p>	<p><b>OREGON HEALTH AUTHORITY / MEDICAL FACILITY COMPLAINTS</b> Health Facility Licensing and Certification Program 800 NE Oregon Street, Suite 465 Portland, OR 97232 <b>E-MAIL:</b> <a href="mailto:mailbox.hclc@state.or.us">mailbox.hclc@state.or.us</a> <b>FAX:</b> (971) 673-0556 Phone: 971-673-0540</p>

### As a PeaceHealth patient, you have the responsibility to:

- PeaceHealth patients and patient representatives (as appropriate) are responsible to:
  - Participate in planning and decisions regarding their health care;
  - Provide as accurate and complete as possible relevant medical history, symptoms and concurrent conditions prior to and during the course of treatment;
  - Ask questions and inform providers when answers to questions are not clear or understood or if they cannot follow instructions or the treatment plan;
  - Promptly report any changes in their health, concerns about their care and/or obstacles to following their treatment plan;
  - Furnish information necessary to determine the ability to pay for services and any other sources of payment for services;
  - Respect the dignity and rights of others;
  - Respect the property of other persons and of the Medical Center;
  - Conduct themselves in a respectful way that protects and maintains the safety of the health care environment;
  - Do their best to follow their agreed upon treatment plan to reach the best possible outcome of care; and
  - Respect and comply with the PeaceHealth Tobacco-Free Campus Policy