

**As a PeaceHealth Patient, you have the following rights:**Dignity, respect and compassion

- To be treated and cared for with dignity and respect.
- To reasonable access to care, treatment and/ or accommodations that are available or medically advisable regardless of one's race, color, ethnicity, national origin (including limited English proficiency and primary language), creed, culture, religion, sex (including pregnancy), sex characteristics, sexual orientation, gender identity or expression, physical or mental disability, age, status as a disabled veteran, having an Advance Directive or ability to pay for care (socioeconomic status). Discrimination based on any of the above is prohibited.
- You have the right to designate at least three support persons and to always have at least one support person physically present with you in the emergency department and during your stay at the healthcare facility if necessary to facilitate your care if you have any of the following but not limited to:
  - A cognitive, intellectual or mental health disability that affects your ability to make or communicate medical decisions or understand medical advice.
  - Need assistance with activities of daily living and the healthcare facility staff are unable to provide the same level of care or are less effective at providing the assistance.
  - Deaf, hard of hearing or have other communication barriers and require the assistance of a support person to ensure effective communication with hospital staff; or
  - Have behavioral health needs that the support person can address more effectively than the healthcare facility staff.

Staff may refuse to allow the presence of a designated support person who refuses or fails to comply with conditions imposed by the healthcare facility or remove a designated support person from a procedure room, operating room or other area where generally only patients and healthcare facility staff are allowed, if necessary to ensure the safety of the patient, support person or staff.

- To express your values and beliefs and to exercise spiritual and cultural beliefs that do not interfere with delivery of patient care and the well-being of others.
- To care that is considerate and respectful of your cultural and personal values and beliefs.
- To have a family member, including a registered domestic partner, surrogate decision-maker and your own doctor (if requested) notified promptly of your admission to the healthcare facility.
- To be informed of your healthcare needs and the alternatives for care when the healthcare facility cannot provide the care you request. If it is medically advisable, you may be transferred to an appropriate and acceptable facility.

Quality Care and Safety

- Patients, the family, including a registered domestic partner and/or your legally authorized decision-maker(s) have the right, in collaboration with your doctor, to be informed and make decisions involving your healthcare, including resolving problems with care, the right to accept medical care or to refuse treatment permitted by the law and to be informed of the medical consequences of such refusal.
- To be informed of outcomes of care, treatment and services, including unanticipated outcomes
- To effective pain management. Pain will be assessed and managed as deemed medically appropriate.
- To a reasonably safe and secure environment.
- To be free from all forms of abuse, neglect, exploitation or harassment.
- To be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the you, a staff member or others, and must be discontinued at the earliest possible time.
- To enhance patient safety, video or auditory monitoring may be done in some individual patient rooms, care areas or common areas.

Meaningful Interactions and information

- Reasonable access to an interpreter if you do not speak or understand the English language, at no charge.
- Receive information that accommodates for issues with vision, speech, hearing or other special needs.
- To access your own health information, request amendment to it, request and receive an accounting of disclosures about it, as allowed under applicable law.
- Consideration of your personal privacy and confidentiality of information (examples: you may request that communication about your health information be made available at alternative locations; request that your PHI not be shared with a previous provider; request that certain disclosures of your health information be restricted; or request to restrict disclosure of PHI about yourself to a health plan if you are planning for self-paid in full prior to the service).
- If a Medicare beneficiary, receive notice of non-coverage and your rights to appeal a premature discharge.

Personal Care

- To know the name of the doctor and other practitioners who have primary responsibility for your care, and to know the identity and professional status of individuals responsible for authorizing and performing procedures and care.
- To have reasonable access to people outside the healthcare facility with visitors, and by verbal and written communication.
- Subject to your consent, to receive visitors you choose, including but not limited to a spouse, domestic partner, another family member, or a friend, and have the right to withdraw or deny such consent at any time. Such access is allowed so long as it does not interfere with the provision of patient care services and a reasonably safe and secure environment. Any restrictions on communication are fully explained to you and/or family. Visitation privileges are not restricted, limited, or denied on the basis of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, disability, or age. Visitors enjoy full and equal visitation privileges consistent with patient preferences.
- To formulate advance directives about end-of-life decisions and mental health treatment and have the healthcare facility follow those directives to the extent allowable by organization's policy, state and federal law.
- To not participate in investigative studies and be informed of alternative care options.

- To participate in ethical questions and concerns that arise during your care. You or family members may request an ethics consultation regarding issues of conflict resolution, withholding resuscitative services, foregoing or withdrawing of life-sustaining treatment and participating in investigational studies or clinical trials, and other ethical concerns.
- To have access to spiritual care.
- To request and receive an itemized and detailed explanation of the bill for services rendered

**As a PeaceHealth patient, your responsibilities are:**

- To provide, to the best of your knowledge, accurate and complete information and to report any changes in your condition to their practitioner. You have the responsibility to participate in discussion about, and to ask questions about, your plan of care.
- To inform the care team if you do not clearly understand a contemplated course of action and what is expected of you.
- To notify your healthcare providers when a cultural situation exists concerning the healthcare process.
- To inform the care team if you have special needs.
- To start and follow through on recommended treatment plans. As active participant in your health care, you or your caregivers are responsible for contacting providers if you have questions or are unclear about the treatment plan, or why those next steps are critical toward achieving positive health outcomes.
- To take care of your personal belongings. This includes, but is not limited to dentures, eyeglasses, crutches, wheelchairs and personal items such as jewelry. The medical center is not responsible if these items are damaged or misplaced while here.
- To be responsible for the following rules and regulations affecting patient care and conduct:
  - Do not disturb other patients.
  - Do not disrupt or interfere with care provided to other patients and the operations of the healthcare facility.
  - Do not conduct any illegal activities on the premises of the healthcare facility.
  - Do not smoke, vape or use tobacco products in the healthcare facility.
  - Do not verbally or physically assault staff, faculty or providers.
- To provide accurate personal identification information.
- To provide updated financial information and meet any financial obligation to the healthcare facility.
- To be considerate of the rights of other patients and healthcare facility personnel. Threats, violence, disrespectful communication, or harassment of other patients or of any healthcare facility staff member, for any reason, including because of an individual's race, color, creed, religion, sex, sexual orientation, gender identity or expression, ethnicity, national origin, disability, age or veteran or military status, or other aspect of difference will not be tolerated. This prohibition applies to the you as well as your family members, representative and visitors. In addition, requests for changes of provider or other medical staff based on that individual's race, ethnicity, religion, sexual orientation, or gender identity will not be honored. Requests for provider or medical staff changes based on gender will be considered on a case-by-case basis and only based on extenuating circumstances.
- To be respectful of the property of other persons and the healthcare facility.

**You have the right to make complaints** about your care and receive a timely response according to established policy. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, retribution or unreasonable interruption of care, treatment and services. Ask to speak to the charge nurse, department manager or contact one of PeaceHealth's Patient Relations team members using the phone numbers provided below. You may also file a grievance with the state without fear of reprisal.

<b>PeaceHealth Sacred Heart Medical Center at RiverBend</b> 3333 RiverBend Drive Springfield, OR 97477 541-222-7300  <b>Patient Relations Team</b> 1-866-222-6822	<b>PeaceHealth Cottage Grove Community Medical Center</b> 1515 Village Drive Cottage Grove, OR 97424 541-767-5500  <b>Patient Relations Team</b> 1-866-222-6822
<b>PeaceHealth Peace Harbor Medical Center</b> 400 Ninth Street Florence, OR 97439 541-997-8412  <b>Patient Relations Team</b> 1-866-222-6822	<b>Oregon Health Authority, Medical Facility Complaints</b> Health Facility Licensing and Certification Program 800 NE Oregon Street, Suite 465 Portland, OR 97232  Phone: 971-673-0540 Fax: 971-673-0556 Email: <a href="mailto:mailbox.hclc@state.or.us">mailbox.hclc@state.or.us</a>

You may also contact:

**Center for Medicare and Medicaid Services (CMS)**  
**Medicare Beneficiary Ombudsman**  
Online: [www.medicare.gov/providers-services/claims-appeals-complaints/complaints](http://www.medicare.gov/providers-services/claims-appeals-complaints/complaints)  
<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Toll free: 1-800-MEDICARE (1-800-633-4227)  
TTY: 1-877-486-2048