

# Patient Rights and Responsibilities

PeaceHealth Ketchikan Medical Center Home Health - Revised & Approved 9/2025

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All PeaceHealth Ketchikan Medical Center Home Health Patients and Their Representative have the right to:

1. Be informed of their rights in a language and manner the individual understands. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities.
2. Exercise their rights.
3. Have their property and person treated with courtesy, respect, and privacy.
4. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, exploitation, discrimination and misappropriation of property.
5. Make complaints or grievances regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of PeaceHealth.
6. Be free from any discrimination or reprisal for exercising their rights or for voicing grievances to PeaceHealth or an outside entity.
7. Privacy and confidentiality of personal information and health care related records. The patient's medical history is released only as required by law or authorized by the patient or the patient's legal representative.
8. Be advised of the names, addresses, and telephone numbers of the following Federally funded and State funded entities that serve the area where the patient resides:
  - **Agency on Aging**  
Southeast Senior Services (Ketchikan Senior Center)  
Address: 2401 Eagle Avenue, #2  
Hours of Operation: Center Open Monday through Friday 8:00am-4:00pm.  
Phone: (907) 225-6575  
Fax: (888) 705-0944  
Email: [info@ccsak.org](mailto:info@ccsak.org)
  - **Center for Independent Living**  
Southeast Alaska Independent Living (SAIL)  
4693 N Tongass Hwy  
Ketchikan, AK 99901  
Toll Free: 1-888-452-SAIL (1-888-452-7245)  
FAX: 1-888-521-4871  
Email: [ketchikan@sailinc.org](mailto:ketchikan@sailinc.org)  
Mon-Thurs, 9:30am-4pm  
Friday, 9:30am-1:00pm

- **Protection and Advocacy Agency**  
 Disability Law Center of Alaska  
 3330 Arctic Boulevard, Suite 103  
 Anchorage, AK 99503  
 Phone & TDD: (907) 565-1002  
 Toll-free: (800) 478-1234  
 Fax: (907) 565-1000  
 Email: akpa@dlcak.org  
 Web: www.dlcak.org
- **Aging and Disability Resource Center**  
 907-269-3666  
 (888) 487-1025  
 Juneau Office:  
 350 Main Street, Suite 503  
 Juneau, Alaska 99811-0680  
 doh.sds.info@alaska.gov
- **Quality Improvement Organization**  
 Acentra Health Beneficiary Helpline: 1-888-305-6759

9. Be informed of the right to access auxiliary aids and language services, and how to access these services.
10. Receive effective treatment and quality services from PeaceHealth for services identified in the plan of care.
11. Receive services without discrimination based on race, color, religion, national origin (including limited English proficiency and primary language), sex (including sex characteristics, including intersex traits, pregnancy or related conditions, sexual orientation gender identity, or sex stereotypes), age, disability (including mental illness and substance use disorders) or any combination thereof with regard to admission, access to treatment or employment.
12. Receive all services outlined in the plan of care.
13. Be cared for by appropriately trained or credentialed personnel, contractors and volunteers properly trained to perform assigned tasks with coordination of services.
14. Ongoing participation in the development of the plan of care.
15. Accept or refuse care, treatment or services.
16. Make health care decisions.
17. Execute an advance directive and/or power of attorney for health care.
18. Be informed of PeaceHealth's policies and procedures regarding:
  - The circumstances that may cause PeaceHealth to discharge a patient
  - The circumstances that may cause PeaceHealth to transfer the patient to another agency
  - Circumstances necessitating a change in the level of care or ongoing care requirements
  - Other available services and options, if needed.

19. Be informed of the following in advance of receiving care:
  - a. Written notice of the patient's rights and responsibilities
  - b. PeaceHealth's transfer and discharge policies
  - c. Contact information for the administrator of PeaceHealth Ketchikan Medical Center Home Health including
    - i. Administrator's name: Christine Palmer, RN BSN
    - ii. Business address: 212 Carlanna Lake Rd, Ketchikan, AK 9990
    - iii. Business phone number: (907) 228-7600
  - d. An OASIS privacy notice
20. Be informed about, and consent or refuse care in advance of, and during treatment, where appropriate with respect to:
  - a. Completion of all assessments
  - b. Care to be furnished based on comprehensive assessment
  - c. Establishing and revising the plan of care
  - d. The disciplines that will furnish the care
  - e. The frequency of visits
  - f. The expected outcomes of care, including patient identified goals and anticipated risks and benefits
  - g. Any factors that could impact treatment effectiveness
  - h. Any changes in the care to be furnished
21. Be advised, orally and in writing, of:
  - a. The extent to which payment for services may be expected from Medicare, Medicaid or any other federally funded or federal aid program known to PeaceHealth.
  - b. The charges for services that may not be covered by Medicare, Medicaid or any other federally funded or federal aid program known to PeaceHealth.
  - c. The charges the individual may have to pay before care is initiated.
  - d. Any changes in the information provided when they occur. PeaceHealth must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit.
22. Have proper written notice, in advance of a specific service being furnished, if PeaceHealth believes that the service may be non-covered care; or in advance of PeaceHealth reducing or terminating on-going care.
23. 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 complains or questions about local agencies.
  - Mailing Address:  
Health Facilities Licensing & Certification  
Attn: Complaint Coordinator  
4601 Business Park Blvd., Bldg. K  
Anchorage, AK 99503
  - Phone: (907) 334-2483
  - Secure Fax: (907) 334-2682

- Toll Free: (888) 387-9387
  - Complaints are accepted in any of the above formats at any time
24. Be given proper identification by name and title of an employee or contractor who provides home health care to that patient.
  25. Have their information treated with confidentiality with regard to the patient's health, social, and financial circumstances, and about activities at the patient's home.
  26. Be provided, in advance of care, information about PeaceHealth's expectation of the patient's responsibilities to participate in their own care.
  27. Access information in their medical record upon written request within two working days after submitting a written request to PeaceHealth.
  28. Be informed, before a service is initiated, of the expected source of payment for the care or services.

**Each patient has the right to be provided the following information related to Advance directives, before initiation of services:**

1. PeaceHealth policies for implementing the client's right to make health care decisions
2. Living wills and do-not-resuscitate orders.
3. Persons who can provide additional information concerning advance directives and powers of attorney for health care.
  - a. PeaceHealth Ketchikan Medical Center Home Health may not discriminate against a patient based on whether the patient has executed an advance directive.
  - b. If PeaceHealth Ketchikan Medical Center Home Health cannot comply with a patient's advance directive, PeaceHealth Ketchikan Medical Center Home Health must assist the patient in transferring to another agency that can comply.

**PeaceHealth Ketchikan Medical Center  
Home Health**

212 Carlanna Lake Rd, Ketchikan, AK 99901  
(907) 228-7600  
Peacehealth.org

