



PATIENT RIGHTS AND RESPONSIBILITIES

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Este documento está disponible en Español, Vietnamita, Camboiano, e Ruso. Por favor pregunte en el escritorio por cualquiera de estas versiones.

Tài liệu cũng có sẵn bằng tiếng Tây Ban Nha, Nga, Cam Bốt, và bằng tiếng Việt-nam. Hãy yêu cầu các bản này tại bàn tiếp tân.

ឯកសារនេះមានសំរាប់ភាសា Spanish, Vietnamese, Russian និង Cambodian។ សូមសួរទៅ បុគ្គលិកធ្វើការនៅទីកន្លែងនេះ។

Вы также можете запросить этот документ на русском, испанском, вьетнамском и камбоджийском языках.

WELCOME

As a patient of St. John Medical Center or PeaceHealth Medical Group, you have certain rights and responsibilities. You also have the right to register any concerns you or your family may have about your care or how you were treated. Your rights and responsibilities, and how to inform us of your concerns are outlined below:

AS A PATIENT, YOU HAVE THE RIGHT TO:

1. Considerate, respectful care; including respect for your personal values and beliefs.
2. Access to Pastoral Care and other spiritual services.
3. Have an advance directive and/or appoint a surrogate to make health care decisions as permitted by law and to have hospital staff and practitioners who provide care in the hospital comply with these directives; including withholding and withdrawal of resuscitative services and/or life-sustaining treatments. Provision of care does not depend on having an advance directive. Information about advance directives and organ donations can be provided to you upon request.
4. Access the information contained in your medical records in accordance with state and federal regulations and hospital policy.
5. Receive from your doctor information concerning your care and condition in terms you can understand. This may be done either informally or in a formal patient/family conference with the members of your healthcare team. You may include or exclude family members from hearing this information.
6. Participate in the resolution of dilemmas regarding care decisions.
7. Participate in consideration of ethical issues that arise in your care.
8. Information necessary to give informed consents before the start of any procedure. Except in emergencies, this information usually includes a description of the procedure, significant benefits and risks involved, how long you may be incapacitated, and reasonable medical alternatives.
9. Consent is obtained for recording or filming made for purposes other than the identification, diagnosis, or treatment of patients.
10. Know the names of doctors caring for you and which doctor is coordinating your care.
11. Refuse treatment and to be informed of the medical consequences of your refusal.
12. Participate in supportive care decisions at the end of life.
13. To be informed or when appropriate, have family informed about the outcomes of care including unanticipated outcomes.
14. Be free of restrictions on communication unless they have been evaluated for therapeutic effectiveness
15. Access to Interpreter services for patients who have Limited English Proficiency or are hearing impaired.
16. To resolution of complaints without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.
17. Privacy in the performance of your medical care.
18. Confidentiality of records and communications regarding your care. Certain information may be released to appropriate persons or agencies (e.g., insurance companies) according to state and/or federal laws.
19. Receive care in an environment that is safe, preserves dignity, and contributes to a positive self-image.
20. Be free from all forms of abuse or harassment.
21. As a patient at this hospital, you can expect; information about pain and pain relief measures, a concerned staff committed to preventing and managing pain, health professionals who respond quickly to reports of pain, health professionals who believe your reports of pain, monitoring of your pain, and state-of-the-art pain management.

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22. Access to protective services that have been facilitated by the organization.
23. Give or withhold your consent to participate in research projects or procedures. This includes information about the project, the potential risks and discomforts, and advantages of participating in the project.
24. Impartial access to medically indicated services available at PeaceHealth.
25. Be involved in care planning and treatment.
26. Be informed of your health status.
27. Request reasonable treatment options that are considered standard of care.
28. Consult with another doctor at your own request and expense.
29. Have a family member or representative and your physician notified promptly upon your admission to the hospital.
30. Be free from seclusion and/or restraint of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
31. Receive the same standard of care regardless of ability to pay and an opportunity to examine and receive an explanation of your hospital or doctor bill.

AS A PATIENT, YOU HAVE THE RESPONSIBILITY TO:

1. Participate actively in decisions regarding your healthcare.
2. Provide accurate, complete and timely information regarding your medical history, current symptoms and problems, and other matters relating to your health.
3. As a patient at this hospital we expect that you will ask your doctor or nurse what to expect about pain and pain management, discuss pain relief options with your doctor and nurse, work with your doctor and nurse to develop a pain management plan, ask for pain relief when pain first begins, help your provider and nurse assess your pain, tell your provider or nurse if your pain is not relieved, and tell your provider or nurse about any worries you have about taking pain medication.
4. Ask questions and seek clarification in order to understand and be informed about your diagnosis and treatment as well as what is expected of you.
5. Notify your doctor or nurse at once if:
 - You notice any changes in your health.
 - You have any concerns about your health.
 - You cannot or will not follow certain treatment plans.
6. Follow the instructions and advice of your doctor.
7. Be considerate of other patients and hospital personnel and assist in the control of noise, smoking, and number of visitors.
8. Be respectful of the property of other persons and of the hospital, and to follow hospital rules affecting patient care and conduct.
9. Ensure that the financial obligations of your health care are fulfilled promptly.
10. **HOW TO REGISTER CONCERNS:** If you have concerns, questions, or wish to register a compliment, please:
 - Contact the manager of the department involved.
- OR -
 - Call the hospital's Concern line:
 - From within the hospital, call extension 4894.
 - From outside the hospital, call 636-4894, or toll-free, 1-800-438-7562, Ext. 4894.- OR -
 - By writing to:
Renee Neville
Center for Healthcare Improvement
PeaceHealth
P.O. Box 3002
Longview, WA 98632-0302
 - By writing or calling:
Office of Quality Monitoring
JCAHO Commission on Accreditation of Healthcare Organizations
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
(800) 994-6610 (8:30-5:00 p.m., Central Standard Time, M-F)
 - You may contact the Washington State Department of Health at 1-800-633-6828.