Your Rights As A Patient

The hospital recognizes and respects patient rights and patient responsibilities as providing an important aspect of care shown to encourage patients to become more informed and involved in their care. When patients understand and accept patient responsibilities, the concept of the patient as a partner in care becomes a dynamic component of the patient’s episode of care. Mutual respect supports communication and collaboration in a manner that contributes to the safety and quality of care, treatment, and services. Patient rights, as well as patient responsibilities, are integral parts of the healing process.

Patient Relations Specialists
270-417-4350 or 417-4351

We encourage your comments on the care you receive as a patient and the hospitality you find as a family member or visitor. Should you have a suggestion, comment or question while you are here please call a Patient Relations Specialist. The Patient Relations Specialist can be of assistance by answering questions or by directing your inquires to the appropriate person.

Patient Rights:
1. Maintain respect that supports communication and collaboration in a manner that contributes to the patient’s safety and quality of care, treatment, and services provided.
2. Protect and promote Patient Rights and Patient Responsibilities.
3. Inform the patient of his or her rights and responsibilities, or when appropriate, the patient’s representative, in advance of furnishing or discontinuing patient care whenever possible and in accordance with this policy. See form: “Your Rights As A Patient, ADMT 51”.
4. Display and provide a written copy of Patient Rights and Patient Responsibilities as a portion of the general information supplied to each patient.
5. Provide visitation guidelines according to hospital policy.
6. Treat the patient in a dignified and respectful manner that supports his or her dignity.
7. Respect the patient’s rights to and need for effective communication.
   a. Provide information in a manner tailored to the patient’s age, language, and ability to understand.
   b. Provide language interpreting, and translation services including the patient’s preferred language for discussing health care.
   c. Provide information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient’s needs.
8. Respect the patient’s cultural and personal values, beliefs, and preferences.
9. Respect the patient’s right to privacy.
   a. Including a patient’s personal privacy.
   b. Including privacy and confidentiality of his or her personal records, telephone conversations, and written communications, including the right to send and receive mail promptly.
10. Respect the patient’s right to pain management and the right to participate in the development and implementation of his/her pain management plan.
11. Accommodate the patient’s right to religious and other spiritual services.
12. Allow the patient to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.
13. Allow a support individual of the patient’s choice for emotional support during the course of stay unless the individual’s presence infringes on others’ rights, safety or is medically or therapeutically contraindicated.
14. Provide impartial access to treatment and accommodations that are available or medically indicated, regardless of age, race, creed, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, national origin, HIV Status, or sources of payment for care.
15. Respect the patient’s right to participate in decisions about his or her care, treatment, and services.
   a. Involve the patient in making decisions about his or her care, treatment, and services.
   b. Allow the patient to participate in the development and implementation of his/her inpatient, outpatient treatment/care plan.
   c. Allow the patient to participate in the development and implementation of his/her discharge plan.
   d. Acknowledge the patients right to formulate, or review and revise their Advance Directive.
   e. When the patient is unable to make decisions about his or her care, treatment and services, the hospital will involve a surrogate decision-maker in making these decisions, in accordance with law and regulations.
16. Respect the patient’s right:
   a. To refuse care, treatment, and services in accordance with law and regulation.
   b. To receive written information on the right to refuse care, treatment, and services as provided within the patient’s authorization record of consent.
   c. To give or withhold informed consent according to hospital policy.
   d. To give or withhold informed consent for the hospital to produce, or use recordings, films, or other images of the patient for purposes other than his or her care.
   e. To make an informed decision whether to or not participate in research, investigation, or clinical trials.
17. Provide an environment that preserves patient dignity and contributes to a positive self-image.
   a. Allow patients to keep and use personal clothing and possessions, unless this infringes on others’ rights or is medically or therapeutically contraindicated, based on the setting or service.
18. Inform the patient of the name of the physician or other practitioner who has primary responsibility, and/or who will be providing care, treatment, or services.
19. Notify according to the patient’s choice, the family member or patients representative, and the patient’s physician of the admission to the hospital.
20. Protect the patient from neglect, exploitation, and verbal, mental, physical, and sexual abuse.
21. Address patient complaints promptly and according to hospital policy to satisfy the needs of patients and their families.
22. Provide the patient with safe treatment, care, and services, within a safe environment.
23. Ensure the patients right to be free from restraints and seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation by staff.
24. Honor the patient’s right to access protective and advocacy services.

**Patient Responsibilities:**

1. Support the patient to participate in a collaborative partnership that creates mutual respect and contributes to safe quality care, treatment, and services.
   a. This includes the patient’s responsibility in maintaining civil language and conduct during interactions with staff and licensed independent practitioners.
2. Encourage the patient to provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to their health that supports in the facilitation of care, treatment and services.
3. Encourage the patient to report unexpected changes in their condition, as well as perceived risks in the care.
4. Encourage the patient to ask questions and acknowledge when they do not understand the treatment course of care decisions.
5. Explain the importance for patients to be responsible and follow instructions, policies, rules, and regulations that are in place to support quality care and a safe environment for all individuals.
   a. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible practitioner’s orders and enforce the applicable Hospital Rules and Regulations; ensure the patient understands that they must accept the consequences if they refuse.
6. Explain the importance for patients to be responsible for keeping appointments and, when unable to do so for any reason, for notifying the responsible practitioner or the hospital.
Living Will Directive:
State law permits any adult (18 or over) who has the ability to make and communicate his/her consent to or withdrawal of consent for any medical procedure or treatment to do so in Advance Directive, sometimes called a “Living Will”. This is a written document addressing your wishes and appointing a medical healthcare surrogate in the event you are unable to make decisions for yourself. This document is legal and binding when dated, signed and either witnessed by two people or notarized. **The document will only be enacted when you are unable to make decisions for yourself.** For further information concerning Advance Directives or to obtain a packet to complete one, please contact the Patient Relations Specialists at 270-417-4350 or 417-4351 or Case Management at 270-417-4600.

- Your Advance Directive is not effective and will not be followed if you are pregnant, except under certain limited circumstances.
- You are responsible for telling your physician and the hospital that you have an Advance Directive. At the time of admission to the hospital as an inpatient, you will be asked if you have an Advance Directive. You will be asked to provide a copy so that it may be placed in your medical record.
- You may revoke your Advance Directive at any time by another written document, by destroying your directive or by an oral statement in the presence of two adults, one of whom must be a healthcare provider. Your revocation is effective as soon as your physician or the hospital is notified.

Durable Power of Attorney:
Under state law, you may designate someone to whom durable power may be given to make healthcare decisions for you. Contact your personal attorney if you wish to complete a Durable Power of Attorney form. It must be written, witnessed and notarized.
Owensboro Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Owensboro Health, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Owensboro Health, Inc.:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  o Qualified sign language interpreters
  o Written information in other formats, based on an individual’s needs
• Provides free language services to people whose primary language is not English, such as:
  o Qualified interpreters
  o Information written in other languages

If you need these services, contact a staff member or supervisor.

If you believe that Owensboro Health, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Office of Risk Management:

Office of Risk Management
Owensboro Health
1201 Pleasant Valley Rd.
Owensboro, KY 42303
Phone 270-691-7887; TTY number 270-688-3719; Fax 270-417-4809;
email RiskManagement@owensborohealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Patient Relations specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201
  1-800-368-1019, 800-537-7697 (TDD)


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