

THE PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

We consider you a partner in your hospital care. When you are well-informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. Memorial Hospital promotes practices that respect the personal preferences and values of each individual.

Patient rights can be exercised on the patient's behalf by a parent(s), designated guardian, or proxy decision maker if the patient is a minor, lacks decision-making capacity, or is legally incompetent.

While you are a patient in the hospital, your rights include the following:

****You have the right** to respectful and safe care given by competent personnel.

****You have the right** to be informed of patient rights during the admission process.

****You have the right** to expect that the hospital will give you necessary health services to the best of its ability.

Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.

****You have the right** to choose who may visit you during your hospital stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same-sex domestic partner) or other type of visitor, as well as the right to withdraw such consent to visitation at any time. Visitation privileges will not be denied on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability. The need for the hospital to restrict visitation in medically appropriate circumstances may be ordered by the physician or may be implemented by hospital policies or procedures related to patient safety, infection control or public safety. Refer to the Visitation Rights Notice for complete information

****You have the right** to participate in the development and implementation of a plan of care and any changes.

****You have the right** to be informed in advance about care and treatment and of any change.

****You have the right** to be well-informed about your illness and health status, possible treatments and likely outcomes and to discuss this information with your doctor.

****You have the right** to make informed decisions regarding your care and to receive information necessary to make decisions.

****You have the right** to consent to or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you have the right to be informed of the medical consequences of refusing treatment. You will receive other needed and available care.

****You have the right** to formulate advance directives and to have the hospital comply with the directives unless the hospital notifies you of the inability to do so. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to the hospital, your family, and your doctor.

****You have the right** to expect the hospital staff and practitioners who provide your care to comply with your directives in accordance with federal and state law.

****You have the right** to privacy. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.

****You have the right** to confidentiality of medical records unless you have given permission to release information, or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.

****You have the right** to access your medical records within a reasonable time frame when requested, subject to limited circumstances where the attending physician determines it would be harmful to disclose the information to the patient for therapeutic reasons.

****You have the right** to know the names and roles of people treating you.

****You have the right** to know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.

****You have the right** to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.

****You have the right** to be told of realistic care alternatives when hospital care is no longer appropriate.

****You have the right** to know about hospital resources, such as discharge planners, patient educators or the ethics committee that can help you resolve problems or questions.

****You have the right** to know about hospital rules that affect you and your treatment and about charges and payment methods.

****You have the right** to receive hospital services without discrimination based upon race, color, religion, gender, national origin or prayer. Hospitals are not required to provide uncompensated or free care and treatment unless otherwise required by law.

****You have the right** to be free from all forms of abuse, neglect and exploitation.

****You have the right** to be free from chemical and physical restraints that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff. A restraint can only be used if needed to improve the patient's well-being and less restrictive interventions have been determined to be ineffective.

****You have the right** to be free from seclusion and restraint.

****You have the right** to voice complaints and file grievances about but not limited to the quality of care or premature discharge without discrimination or reprisal and have those complaints and grievances addressed. To file a grievance you may contact one of the following individuals by telephone:

Chief Executive Officer – 402-694-8202

Chief Operating Officer – 402-694-8239

Director of Nursing – 402-694-8296

Social Worker – 402-694-8260

or you may write to them and send a letter to:

Memorial Hospital

1423 7th Street

Aurora NE 68818-1197

or you may contact the Utilization and Quality Peer Review Organization:

Livanta

Tel: 888-755-5580

TTY: 888-985-9295

Fax: 855-694-2929

As a non-profit organization Memorial Foundation accepts commodity foods from the U.S. Department of Agriculture and

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.”

You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.

This hospital works to provide care efficiently and fairly to all patients and the community. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.

Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on your personal health.

A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury and disease; educate doctors, health professionals, patients, and community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity.