

YOUR PATIENT RIGHTS AND RESPONSIBILITIES

Welcome to TriHealth and thank you for choosing us to be your healthcare provider. By talking to your caregivers and actively participating in the planning of your care, you will help make sure the care you receive respects your desires, dignity and values. These rights and responsibilities apply to the adult patient and also include the infant, child and adolescent patient as well as their parents or guardians.

AS A PATIENT, YOU HAVE THE RIGHT:

- To receive a written statement of your patient rights and responsibilities before receiving treatment and care.
- To be treated in a considerate and respectful manner, affirming your personal dignity, in a care setting free of all forms of abuse and harassment
- To be free from any form of discrimination based of race, color, religion, gender, age, national origin, sexual orientation, disability or method of payment.
- To be informed of TriHealth policies, procedures, rules and regulations that apply to your care.
- To have access to TriHealth policies regarding ethical business practices.
- To have reasonable requests for services honored that are within TriHealth's capacity and mission.
- To have a safe and clean environment during your stay.
- To information about pain, assessment of your pain and a concerned staff committed to your management of pain.
- To personal privacy, any discussion, consultation, examination or treatment regarding your care will be conducted discreetly.
- To have all communications and records related to your care kept confidential according to TriHealth's policies and procedures.
- To have special needs met at no charge to you such as an interpreter to help you communicate.
- To have a family member or representative of your choice and your primary care physician informed promptly of your admission to the hospital.
- To know the name and role of your caregivers, including your physicians who provide service to you.
- To take part with your physicians and other health care providers in planning your health care and treatment, to have your family or representative involved in care and treatment decisions when appropriate.
- To request a second opinion from another physician.
- To receive complete and current information about your diagnosis and prognosis in words you can understand.
- To receive a full explanation of a procedure or treatment in terms you can understand. The explanation should include:
 - a description of the procedure or treatment and its purpose;
 - the possible benefits;
 - the known serious side effects, risks or drawbacks;
 - problems related to recovery;
 - the likelihood of success;
 - alternative procedures or treatments;
 - estimated costs - particularly expenses that will be your responsibility.
- To accept or refuse any procedure, drug or treatment and to be informed of the possible consequences of either decision.
- To consent to or to refuse care that involves research, experimental treatments or educational projects.
- To have open communication with family and friends or a clear explanation of why communication is restricted.
- To have your stated personal, cultural and spiritual values and beliefs considered and supported; and to have access to pastoral care and spiritual services.
- To make advance directives regarding your medical care; to appoint someone to make decisions for you if you become unable to do so; and to have your living will and/or durable power of attorney for healthcare honored.

- To make requests and decisions about limiting or withdrawing life-sustaining treatment when in agreement with clinical, legal, and ethical guidelines, and to know there are hospital policies and procedures which address organ and tissue donation.
- To request consultation regarding ethical issues concerning your care with the Ethics Committee and/or other appropriate people.
- To have access to protective services such as guardianship, child or adult protective services.
- To be free from any form of restraints (physical restraint or drug being used as a restraint) that is not medically necessary or is used as a means of coercion, discipline, convenience, or retaliation by staff. Seclusion or restraints may only be used in emergency situations, if needed, to ensure the patient's physical safety and only after less restrictive intervention has been ineffective.
- To have access to the information in your medical record within the limitations of hospital policy.
- To be transferred to another facility only after receiving complete information about the need for and alternatives to such a transfer. The facility to which you will be transferred must first accept the transfer.
- To be informed by your caregiver about continuing health care you will need and alternatives for meeting those needs after you are discharged from the hospital for treatment.
- To obtain information regarding any relationship that may exist between a TriHealth service and any agency or service to which you may be referred.
- To complain or file a grievance concerning your care without fear of retaliation or penalty, and to have your complaint or grievance reviewed and acknowledged, and receive a resolution in a timely manner.
- To have an itemized bill provided upon your request.

YOUR RESPONSIBILITIES AS A PATIENT INCLUDE:

- To provide to the best of your knowledge complete information about your symptoms, past illnesses, medications including information about your pain and its treatment, and other matters relating to your plan of care.
- To ask your physician or nurse what you can expect regarding pain and pain management.
- To cooperate with your physicians and staff in their diagnosis and treatment
- To ask questions when you do not understand the explanation about your care or services.
- To be responsible for your actions if you refuse treatment or do not follow the physician's instructions.
- To provide the hospital a copy of your advance directive, or DNR Comfort Care or DNR Comfort Care Arrest information, if you have one.
- To provide insurance and/or financial information regarding who will be responsible for the bill.
- To respect the rights of other patients and TriHealth personnel and follow the organization's policies.

A recorded version of these rights and responsibilities may be heard by calling 862-4620. A copy of the complete corporate policy, or a copy of this handout is available in Braille and various foreign languages through the TriHealth Patient Relations Department.

We encourage you to share your suggestions, concerns, or complaints about patient care and patient safety with your caregiver at the time of service. This will enable us to provide you with excellent service. You are a member of the health care team and we are committed to meet your specific requests and needs. The Patient Relations Department works with management in responding to your complaints. The Patient Relations Department is available to assist you with your questions, complaints or concerns about patient care and patient safety in the hospital or any of the TriHealth facilities. If you wish to voice a complaint you may contact the Patient Relations Department at Bethesda North 865-1115 or Good Samaritan 862-2582; The Ohio Department of Health, 246 North High Street, Columbus, Ohio 43215, 1-800-342-0553, TDD 1-614-752-6490; or The Joint Commission, 1-800-994-6610, email www.jointcommission.org. If you need a physician, please call the TriHealth Physician Referral Service at 569-5400.

TriHealth TDD 862-1902