

## **PATIENT RIGHTS AND RESPONSIBILITIES**

### **PATIENT RIGHTS:**

1. The right to be informed of your rights before receiving care and/or upon discontinuation of care, whenever possible.
2. The right to have a designated representative or physician promptly notified upon your admission.
3. The right to receive medically appropriate considerate and respectful care given by competent personnel without discrimination based upon age, race, creed, color religion, sex, sexual preferences/orientation, marital status, disability, national origin, handicap, diagnosis, ability to pay or source of payment.
4. The right to be treated with consideration, respect and recognition of your individuality, including the need for personal privacy in treatment.
5. The right to be informed of the names, functions, and qualifications of all healthcare professionals providing you direct care and to know who has overall responsibility for your care and coordinating your care.
6. The right to receive the services of a translator or interpreter.
7. The right to participate in the development and implementation of your plan of care.
8. The right to make informed healthcare decisions or have your family, with your permission, or legal representative (as allowed by state law) make informed healthcare decisions regarding your care. You have the right to the information necessary to make informed consent to a procedure or treatment and to request a change in your physician or transfer to another health facility due to religious or other reasons.
9. The right to be fully informed about your healthcare including the rights to: accept or reject care; be informed of your health status/diagnosis; be involved in care planning and treatment; prognosis for recovery; request or refuse treatment to the extent permitted by state law; and be informed of the medical consequences of refusing treatment.
10. The right to be included in, or to refuse to participate in, experimental research through your informed and written consent.
11. The right to know the identity and function of other healthcare or educational institutions authorized to participate in your treatment. You also have the right to refuse treatment from these other healthcare or educational institutions.
12. The right to formulate advance directives and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law and have hospital staff and practitioners who provide care in the hospital comply with these directives.
13. The right to be informed by the attending physician and other providers of health care services about any continuing health care requirements after your discharge from the hospital. You also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge.
14. The right to have your medical records, including all computerized medical information, kept confidential in accordance with applicable federal and state law.
15. The right to access information contained in your medical records within a reasonable time frame by you or your legal representative within the limits of state or federal law. Psychiatric records may be limited in accordance with hospital policy, state, or federal law. The hospital will seek to meet these requests as quickly as possible.
16. The right to be free from restraints and seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
17. The right to be free from all forms of abuse, physical and mental, harassment and corporal punishment.
18. The right to receive care in a safe setting.
19. The right to examine and receive an explanation of your bill, regardless of the source of payment, and the right to receive upon request, information relating to financial assistance available through the hospital.
20. The right to be informed of your responsibility to comply with hospital rules, cooperate in your own treatment, provide a complete and accurate medical history, be respectful of other patients, staff and property, and provide required information regarding payment of charges.
21. The right to receive a full explanation of the reason for transfer, alternatives available, provisions for continuing care and acceptance by the receiving institution (except in emergencies). Medical records will be forwarded on or before the date of transfer.

## **PATIENT RIGHTS AND RESPONSIBILITIES**

22. The right to be informed in writing about the hospital's policies and procedures for initiation, review, and resolution of a complaint, including the address where complaints may be filed with the department of health and hospitals.
23. The right to choose who may visit you during your inpatient stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same-sex domestic partner), or another type of visitor, as well as their right to withdraw such consent to visitation at any time.
24. The right to assistance in obtaining consultation with another physician or practitioner at your request and own expense.
25. The right, upon request, regardless of reimbursement mechanisms, to be informed of customary charges, in advance, for the type of hospital stay anticipated.
26. The right to be informed that this hospital does not have a physician present in the hospital 24 hours per day, 7 days per week, and in the event that you develop a medical emergency, you may be transferred to another hospital for treatment.
27. The right to know the reasons for any proposed change in the professional staff responsible for his/her care.
28. The right to be informed of the right to have pain treated as effectively as possible.
29. The right to designate a caregiver and to ensure that the caregiver has the training and resources needed to care for you at home, if that is the recommended discharge destination, and reduce the possibility of readmission to the hospital.

### **PATIENT RESPONSIBILITIES:**

1. The patient has the responsibility to provide accurate and complete information concerning his/her present complaint, past illnesses and hospitalizations, and other matters relating to his/her health.
2. The patient is responsible for making it known whether he/she clearly comprehends the course of medical treatment and what is expected of him/her.
3. The patient is responsible for following the treatment plan established by his/her physician including instructions of nurses and other health professionals as they carry out the physician's orders.
4. The patient is responsible for his/her actions should he/she refuse treatment or not follow physician's orders.
5. The patient is responsible for assuring that the financial obligations of his/her hospital care are fulfilled as promptly as possible.
6. The patient is responsible for being considerate of the rights of other patients and hospital personnel.
7. The patient is responsible for being respectful of his/her personal property and that of other persons in the hospital.
8. The patient is responsible for choosing a caregiver.

### **Informing Individuals With Limited English Proficiency of Language Assistance Services:**

ATTENTION: Language assistance services, free of charge, are available to you. Call **(317) 477-6789**.

**Concerns or complaints may be expressed to the hospital Chief Executive Officer or Chief Clinical Officer either verbally at (317) 477-6789 or in writing at 801 N. State St., 3<sup>rd</sup> Floor West, Greenfield, IN 46140-1270. You may also contact the AMG Corporate Compliance Hotline number, Toll-Free at (844) 523-2091 or online at [www.amghm.ethicspoint.com](http://www.amghm.ethicspoint.com).**

**You have the right to express a grievance externally by contacting the Indiana State Department of Health, Division of Long Term Care, 2 North Meridian Street, 4B, Indianapolis, IN, 46204, toll free at 1-800-246-8909, or via email at [complaints@isdh.in.gov](mailto:complaints@isdh.in.gov).**

**If you have any concerns or a complaint that has not been resolved through this Hospital's Quality Office, please feel free to contact CIHQ at P.O. Box 1540 Mexia, TX 76667-1540, Attn: Chief Executive Officer, or call 512-661-2813, or online at <https://cihq.org/complaint> for instructions.**