### HOSPITAL PATIENT RIGHTS AND RESPONSIBILITIES

Federal and state law provide you certain rights and responsibilities while you are receiving healthcare services. AdventHealth is committed to making every effort to protect and uphold your rights. If you have any questions or would like additional information, including a copy of the full text of your state's laws regarding your rights and responsibilities, please ask. Your rights and responsibilities include:

# **General Rights**

You have a right to:

- An interpreter when you do not speak English and when one is available;
- Be informed of the facility's policies regarding your rights during the admission process or prior to discontinuing your care whenever possible;
- Not to be discriminated against or have your visitation privileges denied on the basis of race, ethnicity, color, national origin, religion, culture, language, physical or mental disability, age, socioeconomic status, sex, sexual orientation, or gender identity or expression, diagnosis, or payment source;
- Religious and other spiritual services;
- Access available protective and advocacy services;
- A reasonable response to your requests and needs for treatment or service, within the hospital's capacity, its stated mission, and applicable law and regulation;
- Care and treatment, in compliance with state statute and consistent with sound and quality nursing and medical practices, that is in a safe setting, is competent and respectful, recognizes a person's dignity, cultural and personal values, beliefs, and preferences, and religious beliefs, and provides for personal privacy to the extent possible during the course of treatment; and
- Have your property treated with respect.

## **Quality of Care and Decision Making**

You have a right to:

- Know the name, business telephone number, and business address of the person supervising your services and how to contact that person;
- Choose the participating physician responsible for coordinating your care;
- Know the names, professional status, and experience of the staff providing your care or treatment;
- Know the reasons why there are changes to any professional staff providing your care or treatment;
- Be informed of your health status, including full information in laymen's terms, concerning your condition and diagnosis, proposed treatment (including information about risks, benefits, alternative treatments and possible complications or side effects) and prognosis;
- Be informed about your outcomes of care, treatment, and services, as well as unanticipated outcomes;
- Have your pain treated as effectively as possible;
- Effective communication in a manner tailored to your age, language, and ability to understand, taking into account any vision, speech, hearing, or cognitive impairments;
- Participate in and make informed decisions regarding the development and implementation of your plan of care:
- Except for emergencies, to give informed consent prior to the start of any procedure or treatment, or both, and to have care implemented without unnecessary delay;
- Request or refuse any treatment, drug, test, or procedure, and be informed of the risks and benefits of your request or refusal;

- Be promptly and fully informed in advance of any changes in your plan of care including the reason for any transfers within or from the hospital;
- Be free of all forms of neglect, exploitation, abuse (verbal, physical, mental, or sexual), corporal punishment, involuntary seclusion or harassment;
- Be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff (restraint or seclusion may only be used to ensure the immediate physical safety of a patient, a staff member or others and must be stopped as soon as possible);
- Have any legal permitted restraints or seclusion implemented safely by trained staff;
- Have your allegations, observations, and suspected cases of neglect, exploitation, and abuse, including injuries of unknown sources and misappropriation of your property, reported to appropriate authorities based on the hospital's evaluation of the suspected events or as required by law;
- Have a family member or representative of your choice and your own physician notified promptly of your admission to or discharge or transfer from the hospital, with the understanding that your primary care physician will be notified automatically unless you ask us not to automatically notify him/her;
- Bring any person or receive visitors of your choosing including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend to the patient-accessible areas of the health care facility or provider's office, unless doing so would risk the safety, rights, or health of the patient, other patients, or staff of the facility or office, or is medically or therapeutically contraindicated, as well as the right to withdraw or deny this consent to visitation at any time;
- Involve your family of your surrogate decision-maker in your care, treatment and service decisions, in accordance with law and regulation;
- Know whether referrals to other providers are entities in which we have a financial interest; and
- Assistance in obtaining consultation with another physician or practitioner at your request and expense.

### **Advance Directives and Surrogates**

You have a right to:

- Receive written information about your right to refuse care, treatment, and services, advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services;
- Formulate, review, and revise advance directives, to have them filed with the hospital, and to have hospital staff and practitioners who provide care in the hospital comply with these directives to the extent the hospital is able, unable or unwilling to follow the requested directives;
- Be referred to, upon request, resources for assistance in formulating advance directives;
- Not have the existence or lack of an advance directive determine your right to access care, treatment, and services:
- Upon request, have your wishes documented concerning organ donation and have those wishes honored within the limits of the hospital's capability, policy, and law and regulation, with the understanding that if you do not document your wishes concerning donation of your organs, the law outlines which family members or surrogate decision-makers may make that decision for you upon your death;
- Appoint a surrogate to make health care decisions on your behalf to the extent permitted by law; and
- Not be denied the right of access to an individual or agency who is authorized to act on your behalf to assert or protect your rights.

### **Research and Clinical Trials**

You have a right to:

- Receive an explanation of the nature, purpose, expected duration, procedures to be followed, and possible consequences, benefits, risks, discomforts, and side effects before the research or experiment is conducted and provide prior informed consent and to refuse to participate without jeopardizing your access to care, treatment, and services unrelated to the research;
- Receive information on alternative care, treatment, and services available; and
- Be advised when a physician is considering you as a part of a medical care research program or donor program, to give informed consent prior to actual participation in such a program, and to, at any time, refuse to continue in any such program.

### **Finances**

You have a right to:

- Receive our general billing procedures;
- Receive, upon request and prior to initiation of care or treatment, estimated average charges for nonemergent care, including deductibles and co-payments that would not be covered by a third-party payer based on the coverage information supplied by you or your representative; and
- Regardless of source of payment, to examine and to receive a reasonable explanation of your total bill for health care services rendered by your physician or other health care provider, including the itemized charges for specific health care services received.

# **Privacy and Confidentiality**

You have a right to:

- Personal privacy and confidentiality in health care (may be waived in writing);
- Give consent prior to any recordings or images of you being taken and shared with others;
- Personal privacy and confidentiality of your personal records and written communications, including the right to send and receive mail promptly;
- Confidentiality of your clinical records except as otherwise provided by law; and
- Upon a verbal or written request, access, request amendment to, and obtain information on disclosures of your health information contained in your clinical records within a reasonable time frame in a form or format requested if readily available and if not, in a readable hard copy or other form or format you and AdventHealth agree to.

#### Grievances

You and your family have a right to:

- Be informed of the complaint procedures and the right to submit complaints, either orally or in writing, without fear of discrimination or retaliation and to have them investigated by your provider within a reasonable period of time;
- Be given the name, business address, and telephone number of the person that will handle any complaints or questions about services being delivered to you;
- Receive a written notice of the address and telephone number of the licensing authority in your state which is charged with the responsibility of licensing your facility provider and investigating complaints regarding licensing regulations; and
- Obtain a copy of the most recent completed report of licensure inspection upon written request.

### **Patient Responsibility**

You have the responsibility to:

- Advise your provider of any changes in your condition or any events that affect your service needs;
- Ask questions or acknowledge when you do not understand the treatment course or care decision;
- Follow instructions, policies, rules, and regulations in place to support quality care for patients and a safe environment for all individuals in the hospital;
- Support mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners; and
- Meet your financial commitments.

### **North Carolina Patients**

If you are a patient in North Carolina, you also have a right to:

- Medical and nursing treatment that avoids unnecessary physical and mental discomfort and to be free from duplication of medical and nursing procedures as determined by the attending physician;
- Designate visitors who will receive the same visitation privileges as your immediate family members, regardless of whether the visitors are legally related to you;
- Not be awakened by hospital staff unless it is medically necessary;
- When medically permissible, be transferred to another facility upon request;
- Be informed upon discharge of your continuing health care requirements following discharge and the means for meeting them; and
- Full information and counseling on the availability of known financial resources for your health care.

### **Texas Minors**

If you are a minor patient in Texas, you also have a right to:

- Appropriate treatment in the least restrictive setting available;
- Not receive unnecessary or excessive medication;
- An individualized treatment plan and to participate in the development of the plan;
- A humane treatment environment that provides reasonable protection from harm and appropriate privacy for personal needs;
- Separation from adult patients; and
- Regular communication between you and your family.

### **Concerns or Complaints**

Your satisfaction is important to us. If you have a concern or a complaint, please allow the person responsible for your care or their supervisor the opportunity to listen, review, and to assist you with an appropriate resolution. If your complaint is unresolved, please ask to speak to the department's manager, director or the house supervisor. If your concern cannot be resolved by the AdventHealth process indicated, please allow the facility the opportunity to address your grievance.

Georgia	Facility Contact Information
AdventHealth Gordon	
1035 Red Bug Road	Patient Grievance Line
Calhoun, GA 30701	706-602-7800, ext. 2568
AdventHealth Murray	
707 Old Dalton Ellijay Road	

Chatsworth, GA 30705	Patient Grievance Line 706-602-7800, ext. 2568
AdventHealth Redmond	
501 Redmond Road	Hospital Advocate
Rome, GA 30165	706-802-3950
	OR
	Quality Director
	706-236-4969
Kansas	
AdventHealth Ottawa	
1301 Main Street	Chief Clinical Officer
Ottawa, KS 66067	785-229-8312
AdventHealth Shawnee Mission	
9100 West 74th Street	Patient Advocate
Shawnee Mission, KS 66204	913-676-2155
AdventHealth South Overland Park	
7840 W 165 <sup>th</sup> Street	Patient Advocate
Overland Park, KS 66223	913-676-2155
AdventHealth Lenexa	
23401 Prairie Star Parkway	Patient Advocate
Lenexa, KS 66227	913-676-2155
Kentucky	
AdventHealth Manchester	
210 Marie Langdon Drive	Patient Experience Coordinator
Manchester, KY 40962	606-598-5104 ext. 3183
North Carolina	
AdventHealth Hendersonville	
100 Hospital Drive	Customer Service/Case Management/Hospital Supervisor
Hendersonville, NC 28792	828-684-8501
Texas	
AdventHealth Central Texas	
2201 South Clear Lake Road	
Killeen, TX 76549	
Adamaticald Daily Day	Deliver Advance Demontor
AdventHealth Rollins Brook	Patient Advocate Department
608 North Key Avenue	254-519-8553 OR
Lampasas, TX 76550	TTY number: 877-746-4674
Texas Health Huguley	Dationt Advisorts
11801 South Freeway	Patient Advocate
Burleson, TX 76028	817-551-2495
Texas Health Mansfield	Detical Advances
2300 Lone Star Road	Patient Advocate
Mansfield, TX 76063 Wisconsin	817-551-2495
AdventHealth Durand	Administration
1220 Third Avenue, West	
Durand, WI 54736	715-672-4211

Additionally, if your concern has not been resolved, you may reach out to the AdventHealth Corporate Risk Management team, 407-357-2290, 900 Hope Way, Altamonte Springs, Florida 32714. Most issues will be resolved in 30 days or less.

The following state agencies may be contacted:

State/Facility	Licensing Agency	Accreditation Agency
Georgia	Georgia Office of Regulatory	Joint Commission:
AdventHealth Gordon	Services	Submit Online:
1035 Red Bug Road	Two Peachtree Street, NW	https://www.jointcommission.org/resources/
Calhoun, GA 30701	Atlanta, GA 30303-3142	patient-safety-topics/report-a-patient-safety-
		concern-or-complaint/
AdventHealth Murray		concern or complaint
707 Old Dalton Ellijay Road		Mail:
Chatsworth, GA 30705		Print form from website and mail to:
		Office of Quality Monitoring
AdventHealth Redmond		The Joint Commission
501 Redmond Road		One Renaissance Boulevard
Rome, GA 30165		Oakbrook Terrace, IL 60181
North Carolina		
AdventHealth Hendersonville	N.C. Division of Health Services	
100 Hospital Drive	800-624-3004	
Hendersonville, NC 28792		
Tomas		
Texas AdventHealth Central Texas	Texas Department of State	
2201 South Clear Lake Road	Health Services	
Killeen, TX 76549	1100 West 49th Street	
Killeeli, 17 70349	Austin, TX 78756	
AdventHealth Rollins Brook	Austin, 1X 70730	
608 North Key Avenue		
Lampasas, TX 76550		
Lampusus, 171 70550		
Texas Health Huguley		
11801 South Freeway		
Burleson, TX 76028		
,		
Texas Health Mansfield		
2300 Lone Star Road		
Mansfield, TX 76063		
Kansas	Kansas Division of Public Health	
AdventHealth Ottawa	1000 SW Jackson, Suite 540	
1301 Main Street	Topeka, KS 66612	
Ottawa, KS 66067		
AdventHealth Shawnee		
Mission Snawnee		
1711221011		

9100 West 74 <sup>th</sup> Street		
Shawnee Mission, KS 66204		
AdventHealth South Overland		
Park		
7840 W 165 <sup>th</sup> Street		
Overland Park, KS 66223		
A 1 OTT 11 Y		
AdventHealth Lenexa		
23401 Prairie Star Parkway		
Lenexa, KS 66227		
Wisconsin	<b>Wisconsin Department of Health</b>	
AdventHealth Durand	Services	
1220 Third Avenue, West	1 West Wilson Street	
Durand, WI 54736	Madison, WI 53703	
Durand, W134750	Wadison, W1 33703	
Kentucky	<b>Kentucky Cabinet for Health</b>	
AdventHealth Manchester	and Family Services	
210 Marie Langdon Drive	275 East Main Street, 5E-A	
Manchester, KY 40962	Frankfort, KY 40621	
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