

# **Choctaw Memorial Hospital**

*As a health care facility, we are committed to delivering quality medical care to you, our patient, and to making your stay as pleasant as possible. The following "Patient Rights Statement" and "Patient Responsibilities" are endorsed by the administration and staff of this hospital, and are applicable to all patients. In the event that you are unable to exercise these rights on your own behalf, then these rights are applicable to your designated/legal representative. As it is our goal to provide medical care that is effective and considerate, we submit these to you as a statement of our policy.*

## **Patient Rights Statement**

- 1) You have the right to receive a written copy of these patient rights and to have these rights followed by physicians, nurses and other healthcare staff.
- 2) You have the right to quality, considerate, and respectful care given by competent personnel and to expect that professional standards are continually maintained.
- 3) You have the right to medical and nursing care and treatment without discrimination based upon race, color, religion, sex, sexual preference, gender identity, national origin or source of payment.
- 4) You have the right to participate in making care decisions and to participate in the development, implementation, and revision of your plan of care. You also have the right to participate in your discharge plan and pain management plan. Information regarding your health status, diagnosis, and prognosis developed in these plans is available to you during this process.
- 5) You have the right to have a family member or representative of your choice and to have your own physician notified promptly of your admission to the hospital.
- 6) You have the right to make informed decisions regarding your care. You may designate a surrogate decision maker or health care proxy to make decisions regarding your health care. Alternatively, you have the right to exclude family members from participating in your health care decisions.
- 7) You have the right to selection of post-hospital extended care providers, as long as they can provide appropriate care needed by you, such as hospice providers, home health care and nursing home placement.
- 8) You have the right to know what hospital rules and regulations apply to our facility and how we comply with these requirements.
- 9) You have the right to refuse or request care. This includes the right to refuse any drug, treatment, or procedure offered by the hospital, to the extent permitted by law. Your physician or practitioner will inform you of the medical consequences of your refusal of any drug, treatment, or procedure.
- 10) You have the right to receive notice of your beneficiary discharge rights and for notice of any non-coverage by your insurance company, Medicare, or Medicaid. You have the right to receive a copy of your right to appeal a premature discharge.

- 11) You have the right to all necessary measures to assure comfort by the provision of treatment of symptoms, pain management and the acknowledgment of the psychological, social, emotional, cultural and spiritual concerns of you and your family.
- 12) You have the right to formulate an Advance Directive (Living Will, Durable Power of Attorney for Healthcare e.g., Health Care Proxy, Mental Health Advance Directive, DNR Order, or Organ Donation Request). The provision of your care is not conditioned upon whether or not you have an Advance Directive. You have the right to receive information about the hospital's policies and procedures relating to Advance Directives and to have these advance directives followed as required, and in accordance with, state or federal law.
- 13) Your next-of-kin or legally designated representative has the right to participate in the consideration of ethical issues. For more information about the hospital's Ethics Committee, contact the Director of Social Services at 580-317-9500 Ext. 454.
- 14) You or your family may seek spiritual counsel from Pastoral Care by calling 580-317-9500 Ext. 454.
- 15) You have the right, upon request, to be given the name of your attending physician, the names of all other practitioners directly participating in your care, and the names and functions of other health care personnel having direct contact with you.
- 16) You have the right to have all records pertaining to your medical care treated as confidential except as otherwise provided by law or third-party contractual arrangements. We will provide you, upon request, access to all information contained in your medical records in accordance with applicable regulations unless this access is specifically prohibited by law.
- 17) You have the right to full information in layman's terms concerning diagnosis, treatment and prognosis, including information about advantages/disadvantages, alternative treatments and possible complications except as prohibited by law or regulation. Except in emergencies, you should expect that your physician or practitioner will obtain written consent from you prior to the start of any procedure or treatment.
- 18) You (or your legal representative if you are incapacitated) have the right to be advised when a physician is considering you as part of a medical care research program or donor program. You or your representative must give informed consent prior to participation in such a program. You or your representative may at any time refuse to continue in any such program to which informed consent was previously given. Such refusal will not compromise access to services. Informed consent will consist of expected benefits, potential discomforts and risks, a description of alternative services that might also prove advantageous and a full explanation of procedures to be followed.
- 19) You have the right to personal privacy and security concerning your medical care at this facility. Case discussion, consultation, examination, and treatment by hospital staff are confidential and will be conducted discreetly, making every attempt to maintain your verbal and visual privacy.
- 20) You have the right to be free from all forms of abuse and harassment and neglect and to have your care provided in a safe setting.
- 21) You have the right to be free from restraints in acute medical and surgical care and to be free from seclusion and restraints in behavior management, unless clinically necessary or in an emergency situation to protect you or others from harm.

- 22) You have the right to expect emergency procedures to be implemented without unnecessary delay and to be provided emergency stabilizing treatment regardless of your ability to pay for this emergency stabilizing care.
- 23) You have the right to assistance in obtaining consultation with another physician or practitioner other than your attending physician or practitioner.
- 24) When medically necessary or upon your request, you may be transferred to another facility. You or your representative will receive complete the required information and an explanation of the risks for and benefits of such a transfer will be given to you. The facility to which you are to be transferred must agree to accept you in advance.
- 25) You have the right to expect we will provide a mechanism whereby you are informed upon discharge of your continuing health care requirements, and means for meeting them.
- 26) If you cannot communicate with hospital staff because you do not speak English or if you are not proficient in English, or if you have communication challenges such as deafness, low vision, or blindness, you will have access, where possible, to an interpreter and/or technology that will facilitate communication. Interpreters are provided at no cost to you. If you need assistive devices, such as magnifying glasses, Braille or sign language, you can contact your nurse to help you assess your needs.
- 27) You have the right of access to an individual who, or an agency which, is authorized to act on behalf of the patient to assert or protect the rights set out in this policy.
- 28) You have the right to be informed in advance of care of customary charges for the type of hospital stay anticipated and to receive an itemized hospital bill for the care you receive. If you disagree with the bill, you have the right to be advised of any and all hospital procedures to resolve differences in charges. You also have the right to full information and counseling on the availability of financial resources for health care.
- 29) You have the right to be informed of these rights at the earliest possible time during the course of the hospitalization, and in advance of furnishing or discontinuing care.

### **Patient Responsibilities**

- 1) You are responsible for providing correct information about your health, including past illnesses, hospital stays, and use of medicine, drugs, tobacco or alcohol.
- 2) You are responsible for asking questions when you do not understand information or instructions.
- 3) You are responsible for telling your doctor if you believe you cannot follow through with your treatment.
- 4) You and your visitors are responsible for being considerate of the needs of other patients, staff, and the hospital.
- 5) You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.
- 6) You are responsible for recognizing the effect of life-style on your personal health. Your health depends not just on your hospital care but in the long term, on the decisions you make in your daily life.

## **Grievance/Compliant Procedures**

It is the intent of the hospital to provide quality care and address any concerns that you may have. If you have a question about your rights as a patient or have a quality concern related to your care, you should contact the charge nurse of the unit where you are receiving care. Please discuss your concerns with them and an appropriate follow-up will be conducted. We want to resolve your problems as quickly as possible during your hospital stay.

In the event that you have a concern that has not been resolved to your satisfaction or a grievance about your care, we encourage you to contact our Complaint Manager at the following location:

**Tammy Parker  
Complaint Manager  
Choctaw Memorial Hospital  
1405 E. Kirk  
Hugo, OK 74743  
Telephone: 580-317-9546**

Please include details of your concerns, your name, address and telephone number, and a timely response will be given. You may submit your concerns verbally or in writing.

Should you feel that your concerns are not adequately addressed or would prefer not to discuss these issues with hospital personnel, you have the right to complain directly to the Oklahoma Department of Health, the agency that regulates our hospital. This agency may be contacted at the following address:

**Medical Facilities  
Oklahoma State Department of Health  
1000 NE Tenth  
Oklahoma City, OK 73117-1299  
1-800-234-7258 or 1-405-271-6576**

Medicare Beneficiaries may also contact the following organization if you have a concern about the quality of care you receive, premature discharge or appropriate utilization of your Medicare benefit:

**Oklahoma Foundation for Medical Quality  
1400 Quail Springs Parkway, Suite 400  
Oklahoma City, OK 73134  
1-800-522-3414**