

	Mid-Columbia Medical Center 1700 East 19 th Street The Dalles, OR 97058	<i>Department:</i> Ethics	
		<i>Source:</i> Patient Handbook	
<i>Title:</i> <p style="text-align: center;">PATIENT RIGHTS and RESPONSIBILITIES</p>			
<i>Approved by:</i> Ethics Committee	<i>Origination Date:</i> 6/85	<i>Reviewed:</i> 1/09	<i>Revised:</i> 10/11, 2/14

Philosophy:

Mid-Columbia Medical Center has a long-standing philosophy of providing quality care. The patient's right to treatment or service is respected and supported. Each patient and patient representative receives a copy of his or her rights. The individuality and human dignity of each patient is so important to us that the board of directors adopted the following resolution formalizing our commitment. On admission the packet of information, which includes patient rights, is reviewed by the admitting nurse with the patient or patient representative.

As a Patient you have a Right to:

1. Reasonable access to care treatment and services within the hospital's capability.
2. Language interpreting and translation assistance, and communication aids and services at no cost to you.
3. Receive information with assistance for any vision, speech, hearing or cognitive impairments in a manner that meets your needs.
4. Have a family member or representative of your choice with you during your stay unless it infringes on other's rights, creates an unsafe situation, or is against medical or therapeutic advice.
5. To receive visitors, subject to your consent, whom you designate, including, but not limited to, a spouse, a domestic partner, another family member, or a friend, and the right to withdraw or deny such consent at any time. Restrictions or limitations on visitations include when it infringes on other's rights, creates an unsafe situation or is against medical or therapeutic advice.
6. An assessment and interventions implemented to reduce falls based on your risk factors, developmental age and ability to move with or without assistive devices.
7. Participate or have your representative participate in the development and implementation of your care, treatment, and services.
8. Considerate and respectful care including consideration of your personal values, beliefs and preferences, psych-social, cultural and spiritual beliefs and personal dignity.
9. Not be discriminated against based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
10. Pastoral and other spiritual services.
11. Formulate advance directives, (i.e. living will or power of attorney). The hospital will follow advance directives and provide treatment and services within the hospital's capability and mission, and in compliance with laws and regulations.
12. Access, request amendment to, and accounting of disclosures regarding your own health information as permitted under law.
13. Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
14. Know the names of all physicians or other practitioners participating in your care and know which doctor is coordinating your care.
15. Obtain from your doctor, or a delegate of your doctor, complete information – in understandable language – concerning your care, outcomes or unanticipated outcomes of care, and your continuing health care requirements.
16. Read your medical record and expect that all records and communication pertaining to your care will be treated confidentially, unless you give permission to release information or reporting is required or permitted by law.
17. Be fully informed by your doctor – in understandable language – prior to your consent to any procedure or treatment, except in emergencies or where medically inadvisable. (The information supplied rests in the professional judgment of your doctor, but usually includes a description of the procedure or treatment, the significant risks involved, benefits, side effects, reasonable medical alternatives, and the probable length of time you will be incapacitated.)

18. Make informed decisions, or delegate your representative (as allowed by law) to make informed decisions, concerning your health care including the right to refuse care, medical or surgical treatment and/or services, forego or withdraw life-sustaining treatment or withhold resuscitative services, and to be informed of the medical consequences of your refusal.
19. Personal privacy in the discussion and performance of your health care.
20. Be informed of any human experimentation and research/education projects that affect patient care.
21. Be informed, before transfer to another health care facility, of the need for the transfer and the alternatives to transfer.
22. Designate a representative decision-maker. In the event you are incapable of understanding a proposed treatment or procedure or are unable to communicate your wishes regarding your care, your representative will make decisions on your behalf.
23. Withdraw the designation of a representative at any time.
24. A chaperone upon your request, or the request of a staff member.
25. Receive care in a safe setting and to be free from all forms of abuse or harassment including mental, physical, sexual, and verbal abuse, and neglect or exploitation and have access to protective services.
26. Appropriate assessment and management of pain.
27. Examine your bill and have it explained, regardless of the sources of payment.
28. A copy of the visitation rights, including the right to receive visitors designated by you.
29. Freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment, or services.
30. Report concerns related to care, treatment, services and patient safety issues by asking to speak with the Nurse Manager/Supervisor or requesting to speak with a Performance and Quality Representative by calling 541-296-7285 (ext. 7285 from a hospital phone).
31. File a formal grievance and receive a return notification within 7 days regarding the processing of the grievance. To obtain a copy of our grievance process handout, please contact Patient and Visitor Services at 296-7215.
32. Lodge a grievance with the following agencies: Oregon Health Division, 800 NE Oregon St. #21, Portland Oregon, 97232, 971-673-0540; Oregon Medical Professional Review Organization, 2020 SW 4th, Suite 520, Portland, Oregon, 97201, (503) 279-0100.
33. Contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited health care organization by either calling 1-800-994-6610 or E-mail: complaint@jointcommission.org

As a Patient you have the following Responsibilities:

1. A responsibility to actively participate in decisions regarding your health care.
2. A responsibility to be as accurate and complete as possible when asked for information about your medical history.
3. A responsibility to be honest and direct about everything that happens to you as a patient.
4. A responsibility to let your doctor or nurse know if you are concerned about a treatment, or if you feel you cannot or will not follow a specific treatment plan.
5. A responsibility to accept the outcome if your treatment plan is not followed.
6. A responsibility to notify your doctor or nurse at once if you notice, or think you notice, any perceived risks in your care or unexpected changes in your condition.
7. A responsibility to notify your doctor or nurse at once if you have any concern about your hospital care.
8. A responsibility to ask promptly for clarification if you do not understand what is asked of you, or why it is asked.
9. A responsibility to be considerate and respectful of other patients.
10. A responsibility to use hospital property and equipment only for their intended use.
11. A responsibility to follow the hospital's rules and regulations.
12. A responsibility to examine your bill and ask any questions you have regarding the charges or method of payment.