# Patient Rights & Responsibilities





SaintAlphonsus.org

Saint Alphonsus honors the sacredness and dignity of every person by informing you of your rights and responsibilities.

Please do not hesitate to ask questions or seek clarification from a staff member.



## Saint Alphonsus promotes and supports your rights as a patient to:

- Receive information in a manner that is understandable
  - Saint Alphonsus provides free aids and services to patients to allow you to communicate effectively with us, such as:
    - Qualified interpreters, including sign language interpreters
    - o Information written in other languages
    - Written information in other formats such as large print, audio, accessible electronic and other formats

If you need these services, please contact our Community Services Coordinator at 1 (866) 727-6248.

- Have a family member or representative and your care provider notified upon your admission to the hospital.
- Be notified of your rights in advance of starting or discontinuing your care whenever possible.
- Have the presence of a support individual of your choice, unless the individual's presence infringes on others' rights, safety, or is counter to recommendations regarding your care. Your support individual may or may not be your representative.
- Know the names and roles of your caregivers.
- Be informed about Saint Alphonsus' policies and rules that apply to your conduct.

• Enjoy full and equal right to visitors consistent with your preferences. Saint Alphonsus will not restrict, limit, or otherwise deny visitors access on the basis of race; color; national origin including ethnicity, culture, or language; religion; physical or mental disability; socioeconomic status; or sex, including sexual orientation, gender identity or gender expression. You have the right to decline visitors at any time during your stay.

You have the right to receive visitors whom you designate, including but not limited to, your spouse or partner (including same-sex partner), a family member, or a friend. You also have the right to have a support individual exercise your visitation rights on your behalf. Visiting is encouraged between 6am and 10pm to provide an opportunity for family and friends to visit and support you while also promoting optimal rest and healing. Children under 14 years old must be accompanied by an adult visitor.

Providing you safe, high-quality care is our top priority. Therefore, Saint Alphonsus may limit visitors when their

> presence presents an impediment to your care or the care of other patients. Bedside visitation is limited during changes of shift to optimize hand-off communication between caregivers. Additional circumstances in which Saint Alphonsus may restrict or otherwise deny visitation include, but are not limited to, circumstances in which: there is a court order restricting contact; your visitor engages in disruptive, threatening or violent behavior: you or your roommate needs rest, privacy or care interventions; or there exists an infection control concern.

### You have the right to receive considerate and respectful care in a safe setting, including the rights to:

- Receive respect for your personal values and beliefs.
- Have access to religious and other spiritual services.
- Be free from any form of restraint or seclusion imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be used to ensure your immediate physical safety or the safety of a staff member or others, and may only be used when less restrictive interventions have been determined to be ineffective. When restraint or seclusion is used, it must be discontinued at the earliest possible time.
- Be free from all forms of abuse, neglect and harassment.
- Receive considerate and respectful care without discrimination on the basis of age, race, color, national origin (including ethnicity, culture, or language), religion, physical or mental disability, socioeconomic status, or sex (including sexual orientation, gender identity, or gender expression).
- Receive a medical screening examination and stabilizing treatment for an emergency medical condition, regardless of your ability to pay.
- Receive care that protects your personal privacy. Saint Alphonsus may use a remote video monitoring device to observe you when needed to ensure your safety. The remote video monitoring device does not record audio or video.
- Have your health information protected as specified in the Notice of Privacy Practices and directed by the Health Insurance Portability and Accountability Act of 1996.
- Receive, upon request, an explanation of your bill, regardless of the source(s) of payment(s).

## You have the right to make informed decisions regarding your care, including the rights to:

- Receive complete information about your diagnosis and state of health.
- Participate in your plan of care, discussing and working together with your provider to make decisions regarding your treatment.
- Formulate and provide Advance Directives and to have Saint Alphonsus' staff and practitioners comply with your stated wishes.
- Request or refuse treatment to the extent permitted by law.
- Have your pain assessed and to be involved in decisions about pain management.
- Be informed of the need for a transfer and the alternatives to transfer, prior to your transfer to another health care facility.
- Accept or decline to take part in research.
- Be told about reasonable care choices when hospital care is no longer appropriate.
- Access information in your medical record, unless restricted by law, within a reasonable timeframe. Upon your request, other designated individuals may also access your medical record.
- Receive a discharge planning evaluation.

## Saint Alphonsus recognizes your responsibilities as a patient to be an active member in the planning, creation and review of your plan of care, including:

- Making informed decisions regarding your care, health status, diagnosis, prognosis and your right to request and refuse treatment (i.e., informed consent).
- Asking your care team questions if you do not understand the care plan.
- Providing accurate and complete information regarding your health history, current medications and past admissions/ treatment.
- Informing your care team of the name of your durable power of attorney for healthcare (Idaho)/appointment of healthcare representative (Oregon) if you have selected one, and bringing a copy of any Advance Directives.
- Following your healthcare team's instructions and making a concerted effort to follow recommended health care guidelines that support your health status.
- Following Saint Alphonsus' rules for patient care and conduct, including "no smoking" policy and protection of your personal property. Please leave your valuables at home.
- Treating others respectfully regardless of age, race, color, national origin (including ethnicity, culture, or language), religion, physical or mental disability, socioeconomic status, or sex (including sexual orientation, gender identity, or gender expression).
- Discussing with your health care team or your representative if you feel your rights have not been respected.
- Providing Saint Alphonsus with accurate information about your sources of payment and ability to pay your bill, including health insurance coverage. Saint Alphonsus can make no guarantee concerning third party reimbursement for your care; any charges that are not reimbursed will be your responsibility.
- Informing Saint Alphonsus of any financial hardship so you can receive information about financial assistance.

## You have the right to file a grievance if you feel Saint Alphonsus has not respected your rights or you have other concerns about your care.

If you have concerns about your care, we encourage you to share them with your care team so we can quickly resolve the issue.

If you are not satisfied with the response to your concerns or if you are uncomfortable raising your concerns to the care team, please contact Saint Alphonsus' Patient Relations Coordinator:

Saint Alphonsus Health System Attn: Patient Relations Coordinator 1055 N. Curtis Rd., Boise, ID 83706 Phone: (208) 367-6226 I Fax: (208) 367-8181 Email: BO-PatientRelations@saintalphonsus.org

You may also independently report any concerns about your care to the applicable State agency or The Joint Commission:

#### Idaho:

Idaho Department of Health & Welfare Bureau of Facility Standards P.O. Box 83720 Boise, ID 83720-0009 Phone: (208) 334-6626, ext. 4 Oregon:

Oregon Health Authority Health Care Regulation & Quality Improvement P.O. Box 14450 Portland, OR 97293 Phone: (971) 673-0540, ext. 2

#### The Joint Commission:

Office of Quality and Patient Safety One Renaissance Blvd. Oakbrook Terrace, IL 60181 Phone: (800) 994-6610 | Fax: (630) 792-5636 Web: Jointcommission.org using the Report a Patient Safety Event link

If you have concerns about discrimination, you may also report your concerns to the U.S. Department of Health & Human Services, Office of Civil Rights:

U.S. Department of Health & Human Services 200 Independence Ave., SW Room 509F, HHH Building Washington, DC 20201 Web: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Phone: 1 (800) 368-1019 I TTY 1 (800) 537-7697

## **Non-Discrimination Policy**

#### Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات الترجمة اللغوية تتوافر لك بالمجان. اتصل بالرقم: 2028-271- 864 , (رقم هاتف الصم والبكم: 2032-844-81 )

#### Burmese

သတိ။ ။ သင် [ဗမာစကား] ပြောရင် ဘာသာစကားအတွက် အကူအညီပေးတဲ့ဝန်ဆောင်မှု အစမဲ့ရနိုင်ပါတယ်။ <u>1-866-727-6248</u> TTY: <u>1-844-801-7932</u> ကို ဖုန်းဆက်ပါ။

#### Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-866-727-6248 TTY:1-844-801-7932。

#### Farsi

**ئوچ**: اگر بـه زيبان فـارس<sub>ا</sub>ی گـفـنـگـو چی کـزید، شـمویالت زيبانی بـصرورت رایگـان بـر ای شها . شماس بـگـورید . <mark>1-8426-1039 فـر</mark> ام چی باشد. بـا . 1-8426-202

#### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-727-6248 ATS : 1-844-801-7932.

#### Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 1-866-727-6248 TTY: 1-844-801-7932 まで、お電話にてご連絡ください。

#### Karen

**ဟ်သူဉ်ဟ်သး** မှမ့ါ်နတဲတါ်ပုၤကညီကိုဉ်အကိုးလီတဲစိနိုဉ်ဂ်ံ၊ 8428-727-668-1 TTY: 2397-108-448-1. မၤစၢၤနှါသူဒီးစုတလိဉ်ဘဉ်မှအကလိ.

#### Kirundi

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-866-727-6248 TTY: 1-844-801-7932.

#### Nepali

ध्यान दनिृहोस्: तपार्इले नेपाली बोल्नुहुन्छ भने तपार्ड्को नमि्त भाषा सहायता सेवाहरू नश्चिलक रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-866-727-6248 टविवाः: 1-844-801-7932 ।

#### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-727-6248 телетайп: 1-844-801-7932.

#### Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-727-6248 TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-844-801-7932.

#### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-727-6248 TTY: 1-844-801-7932.

#### Spanish

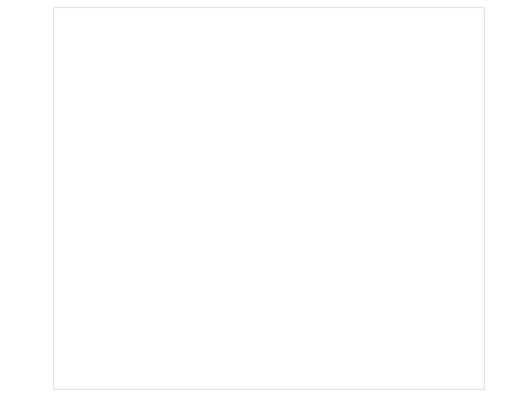
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-727-6248 TTY: 1-844-801-7932.

#### Swahili

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-866-727-6248 TTY: 1-844-801-7932.

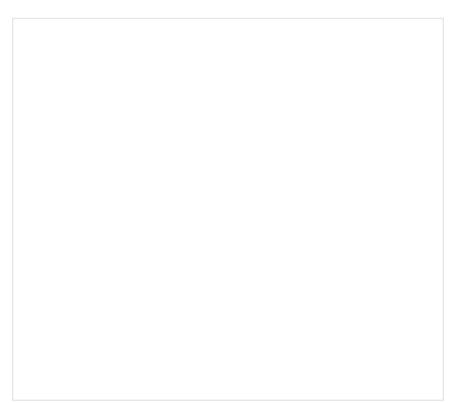
#### Urdu

جبر دار : اگر آپ اردو بولٹے میں، تو آپ کو زبان کی ہند کی خمات ہفت ہیں دستیاب میں ۔ کال 1-866-727-6248 کے 1-844-801-7932



### Notes

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