

Patient Rights and Responsibilities

RIGHTS

You, as a patient of the Hospital, have the right to be advised of specific rights and how to exercise them.

Those rights include the right to:

1. Considerate, respectful, quality care.
2. Participate in decisions about your care.
3. Current information concerning your diagnosis, treatment, and prognosis in terms you can understand.
4. Receive information necessary to give informed consent prior to any procedure and/or treatment except in emergencies.
5. Refuse treatment to the extent permitted by law and Hospital policy and to be informed of the medical consequences of this action.
6. Consent to, or decline to participate in, experimentation affecting your care or treatment without fear of reprisal.
7. Appropriate assessment and management of pain.
8. Expect that, within its capacity and policies, the Hospital will provide evaluation, service, and/or referral.
9. Be informed about any relationship with other healthcare/educational institutions as far as your care is concerned.
10. Privacy, confidentiality, (including your hospital records), security and safety.
11. Formulate and have honored an Advance Directive in accordance with the laws of Kansas and the mission of the Hospital, and the appropriateness of the setting.
12. Your family/designated representative to exercise your rights/responsibilities when you are unable to do so; and to have notified upon admission, a family member or appointed representative and your physician.
13. Request an Ethics Consultation for assistance in clarifying ethical issues guiding treatment decisions.
14. Be informed of available resources for timely resolution of disputes, grievances, and conflicts without fear of reprisal. (Dial the hospital's toll-free number, (855-489-3410).
15. Continuity of care, education, and discharge planning.
16. Examine your clinical records and/or your bill (and receive explanation of charges) and to have your request granted within a reasonable time frame.

17. Be informed of any adverse or unexpected event related to your care.

18. Contact the Kansas Department of Health and Environment (KDHE) or DNV GL if you have a concern regarding your care/safety that was not resolved at the hospital level. KDHE: 800-842-0078 DNV GL Healthcare: 866-496-9647

19. Receive care that is free from physical or mental abuse, corporal punishment or restraint/seclusion imposed as a means of coercion, discipline, convenience, or retaliation.

RESPONSIBILITIES

You, as a patient of the Hospital and participant in your care, agree to:

1. Provide complete, accurate information in matters of your health as far as possible.
2. Request additional information or clarification about your health status or treatment when you do not fully understand information and instructions.
3. Make known to your physician, caregiver, and the Hospital, any advance directives or religious/cultural beliefs to be honored if/when you are unable to speak for yourself.
4. Follow the treatment plan as ordered by the physician responsible for your care. The consequences of noncompliance or refusal of recommended treatment and instruction rests with you.
5. Be responsible for assuring financial obligations for care received are fulfilled as promptly as possible.
6. Be responsible for following rules and regulations affecting patient care, confidentiality, conduct, and safety.
7. Report any perceived safety issue to any staff member.
8. Treat hospital personnel, other patients and their visitors with respect and courtesy.
9. Respect the rights of other individuals by refraining from using loud and offensive behavior.
10. Refrain from smoking, bringing alcohol, and/or illegal drugs.
11. Refrain from bringing weapons and/or sharp objects that could result in injury to self or others.