

# Your Guide to Patient Rights

*Dear Patient:*

*This pamphlet is designed to acquaint you with your rights as a patient. Please notify a staff member or your Physician if you have any questions.*

*Thank You*

## Your Rights

1. Receive information about our organization, its services, its practitioners and providers, and patients' rights and responsibilities.
2. Considerate and respectful care, recognition of their dignity, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences.
3. Have family members (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
4. Designate a representative to participate in care and treatment.
5. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physician and non-physicians who will see you.
6. Receive information about your health status, course of treatment, prospects for recovery and outcome of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
7. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
8. A discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage, in terms you may understand.
9. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.
10. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
11. Logical responses to any reasonable requests made for services.
12. The right, subject to your consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time, and to be informed of any clinical restriction or limitation on such rights, unless restricted by hospital policy.
13. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.
14. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.



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15. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
16. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate “Notice of Privacy Practices” that explains your privacy rights in detail and how we may use and disclose your protected health information.
17. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
18. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
19. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care, unless emergent services are required where information may be limited.
20. Be informed, by the physician, or a delegate of the physician, of continuing health care requirements following discharge from the hospital. Upon your approval, a friend or family member may also be provided with this information.
21. Know which hospital rules and policies apply to your conduct while a patient.
22. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. Designate a support person to be present throughout the stay unless restricted by policy and to make decisions regarding visitation.
23. Examine and receive an explanation of the hospital’s bill regardless of the source of payment.
24. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation or marital status or the source of payment for care.
25. File or voice a complaint, grievance, and appeal or seek independent assessment about the organization, the care provided, or their rights as a patient; and to receive a timely response from the organization without reprisal or prejudicial treatment.
26. File a complaint with the Nebraska Department of Health and Human Services by mailing the complaint to: Health Facility Investigations, Licensure Unit – DHHS, PO Box 94986, Lincoln NE 68509-4986 or call 402-471-0316. You may also mail your complaint to: Center for Improvement in Healthcare Quality, Attn: Chief Executive Officer, P.O. Box 1540, Mexia, TX 76667-1540, regardless of whether you use the hospital’s grievance process.



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