

Pickens County Medical Center

Administration

Policy and Procedures

Subject: Patients Rights and Responsibilities

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Patient Bill of Rights and Responsibilities

PCMC respects the rights of our patients. We strive to provide care in a considerate and respectful manner based on each patient's individual needs.

The following is a summary of your rights and responsibilities as a patient. Some of the rights and responsibilities listed may be limited by law or special circumstances.

This organization strives to provide comprehensive, quality health care in a spirit of personal caring, safety and concern. In an effort to accomplish this goal, we believe that you, as our patient, and/or your significant other may have the responsibility to make decisions regarding your health care and have the right to:

Patient Rights

1. You have the right to the treatment or accommodations that you need regardless of your age, race, creed, national origin, religion, sex, disability, ability to pay, or how you pay your bill.
2. You have the right to receive health care in a manner that respects your personal, religious, cultural and social preferences. Ask your nurse if you want counseling about or assistance with these issues.
3. You will be treated by medical and non-medical personnel with consideration and respect, in a safe environment that is free from all forms of abuse or harassment.
4. You have the right to privacy concerning your medical program. All information concerning your medical care and records will be treated in a confidential manner. Written permission will be obtained from you, or the person who has legal responsibility to make decisions for you, before medical records are released to anyone not directly related and/or involved in your care.
5. You have the right to know who is caring for you and what kind of professional they are. You also have the right to know what physician is primarily responsible for your care. This includes your right to know the professional relationship of the people who are treating you. You also have the right to know the relationship of any other health care or educational institutions involved.
6. You, or someone you choose to represent you, have the right to receive information from your physician about your illness, course of treatment, outcomes of care (including unanticipated outcomes), and your prospects for recovery in terms that you can understand.
7. You have the right to have visitors and communicate with people outside the hospital.
8. You have the right to be informed of continuing health care treatments and requirements.
9. You have the right to consult with a specialist.
10. You, or someone on your behalf, have the right, by law, to request, accept or refuse treatment.
11. You the patient may not be transferred to another facility or organization unless they have received a complete explanation of the need for the transfer and of the alternatives to such a transfer and unless the transfer is acceptable to the other facility or organization.
12. You have the right to have your bill explained to you no matter how your bill will be paid.

13. You, or someone you choose to represent you, have the right to participate when ethical issues are considered about your care.
14. You have the right to appropriate assessment and management of pain.
15. You have the right to be free from the use of restraints (devices or medications used for the sole purpose of restricting freedom of movement) that are not medically necessary.
16. You have the right to expect that PCMC will treat you if we offer the service and have the capacity.
17. You have the right to expect reasonable continuity of care. When it is time to leave the hospital, you have the right to know why you are being discharged. You also have the right to know what care or services you will need after discharge and how to get the services you need. You have the right to receive this information in a way that you understand.
18. You have the right to obtain from your physician information concerning current diagnosis, treatment plan (including risks and benefits), alternate plans and prognoses in order to give informed consent or refuse treatment, In the event that you choose to refuse treatment, you have the right to be informed of the medical consequences of that decision.
19. You have the right to make, review, and revise an advance directive and to have assistance in formulating an advance directive if you desire. Your choices concerning advanced directives will be placed in your medical record. However, access to and quality of care, treatment, or services will not be affected whether or not you have an advance directive. If you desire assistance or further information about advance directives, please contact a nurse.
20. You have the right to have a family member (or someone you choose) and your physician notified promptly of your admission to the hospital.
21. You have a right to leave the hospital even against the advice of your physician.
22. You have the right to personal privacy and dignity during all aspects of your care at PCMC including bathing, dressing, toileting, and medical treatments.
23. You have the right to information about your care presented in a manner that you can understand. For example, interpretation services should be provided for non-English speaking patients, if they request it, and alternative communication techniques or aides should be provided for those who are deaf or blind, if the patient requests it.
24. You have the right to access information contained in your medical record within a reasonable time frame.
25. You have a right to receive a response to any reasonable request for services.
26. You have the right to be informed that a multidisciplinary group of healthcare professionals provide patient and family education programs.
27. You have the right to have all of your patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.
28. You have the right to be aware that PCMC is committed to high standards of care, safety and hospitality for patient and their families.

Patient Responsibilities

1. You are responsible for your actions if you refuse treatment or do not follow instructions.
2. You are responsible for giving the people who are taking care of you and your physician the most complete and correct information about your present health problems, medical history, hospitalizations, medications and other matters relating to your health. You are responsible for telling your physician or other health care provider whether you understand your treatment plan and what you are to do as you participate in the plan.
3. You are responsible for asking questions when you do not understand what you have been told about your care, or what you are expected to do regarding your care.
4. You are responsible for following the treatment plans given to you by your physician.
5. You are responsible for keeping appointments and, when you are unable to do so, for canceling and rescheduling those appointments.
6. You are responsible for seeing that your health care bills are paid as quickly as possible.
7. You are responsible for following PCMC's policies. You also are responsible for the visitors, including their number and behavior. Your actions and those of your friends, relatives and visitors must be responsible and considerate of other patients and personnel while at PCMC.

8. You are responsible for your belongings. You should also be respectful of the property of others and of the hospital.
9. You are responsible for reporting any safety concerns you might have regarding your care to a member of the healthcare team.
10. You are responsible for providing PCMC with your advance directive, if you have one.

Patient Questions, Concerns or Complaints

At PCMC if you the patient or your representative have questions, concerns or complaints you should contact the Assistant Administrator for Patient Care Services at 205-367-8111 ext 244 Monday through Friday from 8 a.m. to 4:30 p.m. After hours, contact the Charge Nurse through the hospital operator at 205-367-8111.

If a patient is unable to resolve any concerns through the above process, he/she or his/her representative may contact:

ADPH (Alabama Department of Public Health)
 The RSA Tower
 201 Monroe Street Suite 600
 Montgomery, AL 36104
 1-800-356-9596
www.adph.org

Medicare beneficiaries may contact the QIO to lodge a complaint if they have a concern about quality of care, if they disagree with a coverage decision, or if they wish to appeal a premature discharge.

Medicare QIO
 AQAF
 Two Perimeter Park S. Suite 200 West
 Birmingham, AL 35243
 1-800-366-1486
www.aqaf.com

 Patient Signature

 Date

 Witness

 Date