

PATIENT RIGHTS AND RESPONSIBILITIES

Every patient has certain rights and responsibilities to help us provide the best possible care for them during their stay in the hospital. These Patient Rights and Responsibilities are detailed below and in the Hospital's Leadership Policies and Procedures Manual. In addition, these Patient Rights and Responsibilities are posted in areas throughout the hospital. If you have a question about your rights and responsibilities as a patient, please contact Administration.

As a natural outgrowth of our beliefs, values and mission, CHI Franciscan Rehabilitation Hospital recognizes the following rights and responsibilities of patients and their designated representatives:

PATIENT RIGHTS

Considerate and Respectful Care

You have a right to quality healthcare that includes dignity and respect for their cultural, physical, psychosocial, spiritual, educational, personal values, beliefs and preferences. You, or when appropriate your representative, have a right to receive notification of your patient rights and responsibilities in writing.

You have a right to receive services at CHI Franciscan Rehabilitation Hospital on a nondiscriminatory basis without regard to race, religion, color, sex, national origin, age, mental status, sexual orientation, gender identity or expression, political affiliation, veteran status, disability or any other classification prohibited by law.

You have a right to receive care in a safe, secure setting and to be free from all forms of abuse, neglect or harassment and exploitation.

You have a right to assistance in obtaining protective and advocacy services.

You have a right to be free from seclusion or restraints of any form that are not medically necessary.

Privacy and Confidentiality

You have a right to personal privacy and confidentiality of information.

You and/or your legally designated representatives have a right to access, and can request amendment to, your health information within the limits of the law.

Information about Your Treatment

You have a right to information about your diagnosis, condition and treatment in terms that you can understand. This includes providing information to communicate with individuals who have vision, speech, hearing or cognitive impairments in a manner that meets their needs including providing language interpreting and translation services as needed.

You have a right to be informed about the outcomes of care, including unanticipated outcomes.

You have a right to have a family member or representative and your own physician notified promptly of your admission to the hospital.

Your legally designated representative has the right to exercise the rights delineated on behalf of yourself if you lack the capacity for participating in the decision-making process.

You have a right to be informed and protected during any human experimentation or other research/educational projects which may affect your care or treatment.

You have a right to examine and receive an explanation of your bill regardless of the source of payment.

You have the right to know the names and professional titles of your physicians and all caregivers.

Participation in Decisions about Your Care

You or your designated representative have a right to be involved in the development and implementation of your plan of care and to receive information from your physician to enable an informed decision and consent prior to the start of any procedure and/or treatment.

You have a right to be informed of alternative treatments and to choose among the alternatives, including a right to accept or refuse treatment to the extent permitted by law, and to be informed of the medical consequences of your actions.

You, or your designated representative, have a right to participate in your discharge planning, including being informed of service options that are available to you and a choice of agencies that provide the service.

Medical Power of Attorney and Other Advance Directives

You have a right to formulate advance directives and have hospital staff comply with these directives in accordance with the law.

Pain Management

You have the right to have appropriate assessments and management of pain.

Ethical Decisions

You have a right to participate in the consideration of ethical issues that arise in your care. You and your designated representatives have access to the ethics committee as well as the right to request an ethics consult.

Reasonable Response to Requests and Needs

You have a right to expect the hospital to make a reasonable response to your request for services consistent with the hospital's obligations, policies and moral religious beliefs, within the hospital's capacity, its stated mission and applicable law and regulation.

You with physical disabilities have the right to reasonable accommodations, subject to your medical needs.

You have the right to be informed of visitor policies including any clinical restrictions or limitations.

You have a right to have a family member, friend, or other individual present with you for emotional support during the course of your stay.

You have the right to receive visitors of your choice or to restrict, withdraw or deny your consent to visitors at any time. The hospital shall not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

You have a right to expect reasonable continuity of care and assistance in locating alternate services when medically indicated.

You have the right to access available communications, including mail and telephones, and permitted visitors unless either is clinically contraindicated. Any restrictions, however, will be explained to patients.

You have a right to have personal possessions reasonably protected.

PATIENT RESPONSIBILITIES

Provide Complete Medical Information

You have a responsibility to provide, to the best of your ability, accurate and complete information about your present condition, past illnesses, hospitalizations, medications, and other matters related to your health, including information about home and/or work that may impact your ability to follow the proposed treatment.

You have a responsibility to inform the healthcare team of the existence of an Advance Directive and the intent contained therein.

You have a responsibility to take care of your health as best you can.

You have a responsibility to tell your caregivers about any changes in your health.

You are expected to inform the healthcare team when experiencing pain or when the pain relief plan is not working.

Ask for Clear Explanations

You are encouraged to ask questions so that your healthcare team may understand your health problems and what to reasonably expect during your course of treatment.

Make Informed Decisions

You have a responsibility for making healthcare decisions that affect your life.

You have a responsibility to follow the treatment plan developed with your provider. You should express any concerns about your ability to understand and/or comply with a proposed course of treatment. You are responsible for the outcomes if you refuse treatment or do not follow your care provider's instructions. If a disagreement as to medically appropriate treatment arises and cannot be resolved with the assistance of patient relations or in consultation with the ethics committee, the hospital will assist in your transfer to a healthcare facility of your choice.

If you are unable to participate in the decision-making process, then your legally designated representative has a responsibility to make healthcare decisions consistent with your values and life goals.

Respect Other's Privacy

You have a responsibility to respect the privacy and confidentiality of other patients.

Accept Financial Responsibilities

You have a responsibility to provide information necessary for claims processing and to maintain personal and financial integrity with respect to healthcare services provided on your behalf.

Support Hospital Policies That Apply to Patient Care and Conduct

You are expected to treat all hospital staff, other patients and visitors with courtesy and respect; abide by all hospital rules and safety regulations; and be mindful of noise levels, privacy and number of visitors.

You and your family should express any needs you may have to enable us to provide reasonable accommodations.

You have a responsibility to inform the healthcare team when you have issues or concerns related to your safety.

You have a responsibility to inform your nurse if you want a family member or physician to be notified of your admission.

You are asked to leave valuables at home or send them home with a family member for safe keeping. If this is not possible, you are able to have them deposited in the hospital's safe during your hospitalization.

You and your family have a responsibility to assist the healthcare team in maintaining your care in the least restrictive environment.

You, family, and any visitors have a responsibility to refrain from tobacco use in and around hospital facilities, consistent with local ordinances and the hospital's policies.

Express Concerns or Grievances

You have a right to voice any concerns that you may have regarding the care you have received and to have those concerns reviewed and resolved. Voicing a concern, whether by you or another individual on your behalf, will not compromise your care or access to healthcare at the hospital.

PATIENT COMMENTS AND COMPLAINTS

Providing quality care with a personal touch is the ultimate goal of the staff at CHI Franciscan Rehabilitation Hospital. We have an ongoing program to monitor and act on any patient comments and complaints. Should you have a comment, suggestion or complaint, please ask to speak to any staff member or a member of Administration. If you would like to submit a written complaint you may mail it to:

CHI Franciscan Rehabilitation Hospital
Attn: Chief Executive Officer
815 S. Vassault Street
Tacoma, WA 98465

You can also lodge a grievance with the following agencies directly:

Washington State Department of Health
Health Systems Quality Assurance Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857
Phone: 360.236.4700

The Joint Commission (TJC), Office of Quality Monitoring:
One Renaissance Blvd., Oakbrook, IL 60181
Email: complaint@jointcommission.org
Phone: 800.994.6610
Fax: 630.792.5636

If you have any concerns about patient care and safety in the hospital, that the hospital has not addressed, you are encouraged to contact the hospital's management. Our hospital is accredited by the Joint Commission and if the concern cannot be resolved through the hospital, you may contact the Joint Commission at 800.994.6610 or via email at complaint@jointcommission.org.

The Joint Commission is an accrediting body that evaluates and accredits healthcare organizations and programs in the U.S. The focus is to assure and improve quality and safety of care provided by healthcare organizations.

All complaints will be acted upon. You will be notified of the results of the review in a reasonable amount of time. If for any reason you are not satisfied with the results or information received, please feel free to contact the administrator of the hospital at 253.444.3320.

You may also contact the hospital's HIPAA Compliance Hotline at 844.760.5835, the Washington State Department of Health, P.O. Box 47857, Olympia, WA 98504-7857