

## **PATIENT RIGHTS AND RESPONSIBILITIES**

Effective March 1, 2022

Citizens Memorial Hospital District and Citizens Memorial Health Care Foundation (CMH) will protect and promote each patient's rights. CMH is committed to providing quality medical care respectfully, courteously and promptly. CMH must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible. CMH will take reasonable steps to determine a patient's wishes concerning designation of a representative. CMH wants you to be aware of your rights and responsibilities as a patient and consumer of our services.

### **Access to Care**

CMH prohibits discrimination. You (the patient) shall be provided treatment or accommodations that are available or medically indicated, regardless of your age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression. Please visit OCR's website at [www.hhs.gov/ocr](http://www.hhs.gov/ocr) to file a complaint or to request to speak with someone who can answer your questions and guide you through the process.

### **Admission and Communication**

You (the patient) have the right to have a family member (or representative) of your choice and your own physician notified promptly of your admission to the hospital. CMH respects your right to receive information in a manner you understand. Information will be tailored to your age, language and ability to understand. Resources for language interpretation, translation services, vision and speech impaired services are available.

### **Respect and Dignity**

You (the patient) have the right to be treated with dignity and respect. You have the right to an environment that preserves dignity and contributes to a positive self-image. You have the right to individualized, considerate, and respectful care at all times and under all circumstances. CMH respects your culture, personal values, beliefs and preferences and will attempt to accommodate your religious and other spiritual services.

### **Patient Visitation, Phone and Mail**

You (the patient) have the right to have a family member or other individual to be present with you for emotional support during the length of your stay unless the individual's presence infringes on other's rights, safety or is medically or therapeutically contraindicated. You have the right to consent to receive the visitors whom you designate, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and you have the right to withdraw or deny such consent at any time. CMH will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. CMH will ensure that all visitors enjoy full and equal visitation privileges consistent with your preferences. You have the right to use a phone and receive mail in a confidential manner. If communication is restricted in any way, you have the right to know why. If you are too ill or incapable of communicating, your physician may, with your permission, discuss your condition with your family or representative.

### **Privacy and Safety**

You (the patient) have the right to receive care in a safe setting. You have the right to personal privacy and confidentiality. You have the right to access protective and advocacy services. Your information may be included in a patient directory and you may restrict any or all uses and disclosures. Those not directly involved with your care must have your permission to be present in discussions regarding your care. If you think

confidentiality has been breached, you may file a complaint by contacting the patient advocate (417-328-6539) or privacy officer (417-328-6422). They will assist you in filing the complaint with CMH or you may call the Office for Civil Rights in the Department of Health and Human Services at 1-800-368-1019. If you have brought personal possessions to the hospital, you have the right to have these possessions reasonably protected.

### **Medical Records**

You (the patient) have the right to the confidentiality of your medical records. You have the right to access information contained in your medical records within a reasonable time frame. CMH strives to enable you to receive your medical records in an efficient and timely manner. CMH will not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits. You or your designated representative have the right to review your medical record and to receive copies of the record at a reasonable photocopy fee. You have the right to obtain information on disclosures of health information. You have the right to request an amendment to your medical record.

### **Consent and Refusal of Treatment**

You (the patient) or your representative (as allowed under State law) have the right to receive information from your physician in order to give informed consent before any procedure and/or treatment is started. CMH honors your right to give or withhold informed consent to produce or use recordings, films, or other images of you for purposes other than your care. You or your representative have the right to participate in decisions about your care plan, treatment and services. CMH honors your right to give or withhold informed consent. You have the right to accept medical care or to refuse it to the extent permitted by law and to be informed of the medical consequences of refusal.

### **Information Regarding Care**

You (the patient) or your representative (as allowed under State law) have the right to make informed decisions regarding your care. You and/or your representative have the right to be informed about your health status, diagnosis, and prognosis, including unanticipated outcomes of care, treatment, and services that relate to sentinel events. Your rights include being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right should not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. You or your designated representative have the right to be informed, upon request, regarding general information pertaining to services you received.

### **Discharge Planning**

You (the patient) or your designated representative, or family, have the right to participate in discharge planning, including being informed of service options that are available to you and a choice of agencies which provide the service. If the patient is concerned about the quality of care or premature discharge, you have the right to contact the quality improvement organization (QIO) or other insurance.

### **Care Team Identity**

You (the patient) have the right to know the name and professional status of individuals providing service to you. You have the right to know which physician primarily is responsible for your procedures and/or treatment.

### **Hospital Charges**

Regardless of the source of payment for your care, you (the patient) have the right to request and receive an explanation of your total bill for services provided in the hospital. You have the right to have your bill audited for accuracy.

### **Designation of a Decision-Maker**

You (the patient) have the right to appoint a surrogate to make health care decisions, on your behalf, including refusal of care and consent for treatment, in accordance with law and regulation. CMH will address your decisions about care, treatment and services received at the end of life. You have the right to formulate, revise and revoke advance directives and to have the hospital staff and practitioners who provide care to you in the hospital comply with these directives which state your wishes. You have the right to designate a decision-maker in your Advance Health Care Directive in the event you are, or become incapable of, understanding a proposed treatment or procedure or if you are or become unable to communicate your wishes regarding care. Additional copies of an Advance Health Care Directive are available through CMH Social Services at extension 6316 (or 417-328-6316).

### **Ethical Decisions or Dilemmas**

You (the patient) have the right to participate in ethical questions that may arise in the course of your care. These may include issues of conflict resolution, withholding resuscitative services, forgoing or withdrawal of life-sustaining treatment and participation in investigational studies or clinical trials. To access services of the Ethics Committee, please contact a social worker at CMH or notify your nurse.

### **Pain Management**

You (the patient) have the right to discuss your pain, pain management options and any concerns with your physicians, nurses and staff.

### **Restraints or Seclusion**

You (the patient) have the right to be free from physical or mental abuse, and corporal punishment. You have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of yourself, staff or others and must be discontinued at the earliest possible time.

### **Abuse and Protective Services**

You (the patient) have the right to access protective and advocacy services. You have the right to be free from all forms of abuse including verbal, mental, physical, sexual and financial abuse, as well as harassment, neglect or exploitation. You have the right to protective oversight while you are a patient in the hospital. The CMH Social Services Department will assist you, if suspected or requested, in notifying appropriate agencies. Protective agencies include those for children and vulnerable adults who may be in a hazardous living condition or situation. Many of these agencies' telephone numbers are listed within CMH's Patient & Visitor Service Guide. If there are services required, please notify Social Services by calling extension 6316 (or 417-328-6316).

### **Complaint Process**

You (the patient) have the right to file an informal or formal complaint or written grievance and to expect a prompt resolution. You have the right to voice a complaint concerning your treatment, accommodations, hospital personnel, or staff without fear of repercussions or unreasonable interruption of care. You have the right to ask your nurse and/or care provider to help you resolve care issues during your visit. You have the right

to ask for the department supervisor to resolve care issues during your visit. You have the right to voice your complaint to the CMH Patient Advocate at extension 6539 (or 417-328-6539).

### **Grievance Process**

Any patient service or care issue that cannot be resolved promptly by staff present will be considered a grievance. To file a grievance, please contact the CMH Patient Advocate at extension 6539 (or 417-328-6539). Upon your request, you will be provided with a copy of the hospital's policy and procedure on grievances. Grievances about situations that may endanger the patient will be reviewed immediately. In most cases, CMH will review and respond to all other grievances within seven (7) days or will inform you (the patient) or representative that the hospital is working to resolve the grievance and the anticipated response date. You also may call the Health Services Regulation MO Department of Health & Senior Services at 1-573-751-6303 to voice a grievance. Complaints that pertain to patient safety or quality of care issues may be made to The Joint Commission at the toll free number 1-800-994-6610 or by going to the website [www.jointcommission.org](http://www.jointcommission.org) and clicking on Report a Complaint option.

Health Services Regulation  
MO Department of Health & Senior Services  
PO Box 570  
Jefferson City, MO 65102

### **CMH Complaint and Grievance Process**

1. Begin by contacting a Department Manager or CMH Patient Advocate at 417-328-6539.
2. Managers and/or other research, respond and resolve complaint, or
3. If complaint can't be resolved, Patient Advocate initiates grievance process.
4. Patient Advocate establishes and communicates time frame for resolution.
5. Grievance Committee reviews concerns, develops resolution and sends a letter of resolution.

CMH strives to provide the highest quality customer service, but if we have failed to meet your expectations, know that you have many resources within CMH to voice your concerns.

### **PATIENT RESPONSIBILITIES**

#### **Provision of Information**

You (the patient) have the responsibility to provide, to the best of your knowledge or ability, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the physician responsible for your care. You are responsible for reporting whether you clearly comprehend a contemplated course of action and what is expected of you to care for yourself.

#### **Compliance with Instruction**

You (the patient) are responsible for following the treatment plan recommended by the physician primarily responsible for your care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible physician's orders and enforce the applicable hospital rules and regulations.

#### **Refusal of Treatment**

You (the patient) are responsible for outcome(s) of your actions if you refuse treatment or do not follow the physician's instructions.

**Hospital Charges**

You (the patient) are responsible for assuring that the financial obligations of your healthcare are fulfilled as promptly as possible.

**Hospital Rules and Regulations**

You (the patient) are responsible for following hospital rules and regulations affecting patient care and conduct.

**Respect and Consideration**

You (the patient) are responsible for being considerate of the rights of other patients and hospital personnel and for cooperating in the control of noise, the number of visitors, and observing CMH and state no smoking laws. You are responsible for being respectful of the property of other persons and of the hospital, and maintaining civil language.

**Advance Health Care Directives/Religious Beliefs**

You (the patient) have the responsibility of informing your physician and the hospital of any advance directives, Do-Not-Resuscitate (DNR) orders, living wills or religious beliefs that need to be considered during the course of your hospitalization.

**Personal Possessions**

You (the patient) are responsible for your personal property, including cell phones, eye glasses, dentures, canes, jewelry, etc., while in the CMH facility. Any valuables should be sent home with family when possible.

You may obtain an additional copy of these rights from the CMH Social Services office at extension 6316 (or 417-328-6316) or from your nurse. If you have a question, concern or comment that you would like to ask about CMH, either during your stay with us or after you return home, please contact our patient advocate at extension 6539 (or 417-328-6539).