PATIENT RIGHTS AND RESPONSIBILITIES

RISE Community Hospital is committed to providing quality services and to assuring that the basic human rights of expression, decision making, and personal dignity are preserved. We respect the inherent dignity of each person and recognize the rights of patients regardless of their race, creed, color. religion, gender, age, disability, national origin, sexual orientation, marital status, or source of payment.

The following statements summarize your rights and responsibilities as a patient. You will be offered a copy of these rights and responsibilities for your records. Keep this information for reference; review It carefully and share It with those involved in your care. If you are unable to exercise any or all of these rights, your legally authorized representative may exercise these rights on your behalf, consistent with state law. These rights are to be exercised on behalf of the minor by the minor's parents or guardian when so indicated.

YOUR STAY

- Considerate and Respectful Care. You have the right to be treated in a considerate and compassionate manner that recognizes their personal dignity, privacy and respects their cultural and personal values, beliefs, preferences, race, color, national origin, sex, age, religion, disability, sexual orientation, gender identity and expression, genetic information, veteran status, or financial status. This facility will make reasonable efforts to accommodate spiritual expression and your preferences regarding personal clergy.
- Notification of Family and Physician. You have the right to have a family member, chosen representative and or your own physician notified promptly of admission to the facility.
- Identity. You have the right to know the name, function and qualifications of individuals providing service; and to know which physician or other practitioner is primarily responsible for care. This includes the right to know of the existence of any professional relationships among individuals providing treatment, as well as the relationship to any other healthcare or educational institutions involved in care provided.
- Communications. You have the right to effective communication and the right to unrestricted access to communication within the capacity of the hospital unless restrictions are necessary for your care. Such restrictions, if necessary, will be fully explained to you.
- Interpretive Services**.** An interpreter service is available to assist patients with language barriers in order to ensure the communication of information in a manner that is understandable to each patient. Additionally, resources are available for patients with communication impairments, such as sign language interpreters.
- Facility Rules & Regulations. You have the right to know what rules and regulations apply to your conduct as a patient. You have the right to information about our mechanism for the initiation, review, and resolution of complaints.

YOUR CARE

- Treatment. You have the right to receive treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay or source of payment.
- Involvement in Care. You and, when appropriate, your family, have the right to collaborate with physicians and be involved in decisions about your treatment and care. You have the right to be informed about your illness, course of treatment, and outcomes of care, including unanticipated outcomes and prognosis for recovery.
- Informed Consent. You have the right to reasonable, informed participation in decisions involving your health care. You (or your designated representative, if applicable and consistent with state laws) have the right to give informed consent prior to the start of any procedure or treatment, except in certain emergency situations.
- Pain Management**.** You have the right to expect that their pain will be assessed and managed in a timely and appropriate manner.
- Refusal of Treatment**.** You (or your designated representative, if applicable and consistent with state laws) have the right to refuse treatment or procedures, to the extent permitted by law. You will be informed of the medical consequences of such refusal.
- Advanced Directives. You have the right to create or present Advance Directives (such as a written directive, Medical Power of Attorney, or Living Will) and to appoint a surrogate to make health care decisions on your behalf to the extent permitted by law. Your Advance Directives will be placed in your medical record and may be reviewed periodically by you or your designated decision-maker.
- Notification of Outcomes of Care. You have the right to be informed about the results of treatment, including any significant unexpected patient care outcomes or when the outcomes differ significantly from the anticipated outcomes.
- Health Status. You have the right to be informed of your health status, including whether being admitted as an inpatient or being kept on observation status, being involved in care planning and treatment, and being able to request or refuse treatment. This right shall not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate;
- Research and Clinical Trials. You have the right to be informed if your physician proposes to engage in or perform research, investigational studies or clinical trials that affect your care or treatment. You have the right to refuse to participate in such research projects and refusal will not affect your access to care or treatment.
- Consultants. You have the right to be informed if the hospital has authorized other health care and/or educational institutions to participate in the patient's treatment. The patient shall also have a right to know the identity and function of these institutions, and may refuse to allow their participation in his/her treatment
- Transfer and Continuity of Care. You have the right not to be transferred to another facility or organization until you have received a complete explanation of the need for the transfer and of the alternatives to such a transfer. Any transfer of patients must be acceptable to the other facility or organization. You have the right to be informed of continuing health care requirements that your physician feels you may need after you leave the hospital.
- Hospital Charges. Regardless of the source of payment for your care, you have the right to request and receive an explanation of your total hospital bill for services rendered. You may receive upon request, information relating to financial assistance available through the hospital. Such explanation shall include information in relation to balance billing disclosure in accordance with R.S. 22:1880 et seq., or current law.
- Organ or Tissue Donation. You have the right to accept or decline the opportunity to become an organ or tissue donor. You may make your wishes known to a hospital representative.
- Discharge Plan. You have the right to be informed by the attending physician and other providers of health care services about any continuing health care requirements after your discharge from the hospital. You also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge.

PATIENT RIGHTS AND RESPONSIBILITIES

YOUR PRIVACY AND SAFETY

- Privacy and Confidentiality. Within the limits of the law, you have the right to privacy and confidentiality of health information. You will be offered a Notice of Privacy Practices that describes the way the hospital safeguards and may use or disclose your information. The Notice of Privacy Practices also explains how you may obtain a copy of your health care records from the Hospital Medical Records Department.
- Access. You have the right to access information contained in his/her medical records within a reasonable time frame in accordance with the requirements of LA §9387.
- Personal Safety. You have the right to receive care in a safe setting and to be free from all forms of abuse or harassment.
- Protective Services. You have the right to access protective services and authorized individuals or agencies. For those wishing more information on these services, a hospital representative is available to assist you.
- Restraints and Seclusion. You have the right to be free from restraints or confinement of any form that is not medically necessary or is used as a means of coercion, discipline, convenience or retaliation.

YOUR RESPONSIBILITIES

- Giving Information. You are responsible for providing accurate and complete information about your health and for reporting changes in your condition.
- Involvement in Care. You have the responsibility to report perceived risks in their care and unexpected changes in their condition. You have the responsibility to ask questions about any directions or procedures you don't understand.
- Consideration. You have the responsibility for being considerate of the rights of other patients and facility personnel, and for assisting in the control of noise and the number of visitors. You are responsible for respecting the property of other persons and of the facility. This facility maintains a zero-tolerance policy for any threats, threatening behavior, or acts of violence by patients, their family members, visitors, volunteers, and/or employees that undermine a culture of diversity and inclusion.
- Compliance with Instructions. You have the responsibility for following the treatment plan recommended by the practitioner primarily responsible for their care. This may include following the instruction of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders: and as they enforce our applicable rules and regulations. You are responsible for keeping appointments and, when unable to do so for any reason, notifying the responsible practitioner.
- Financial Responsibility. You are responsible for ensuring that the financial obligations of your health care are fulfilled at time of service. Upon request, you have the right to receive information about the hospital's financial assistance programs.

YOUR VISITORS

- Who May Visit. You have the right to choose who may visit you for emotional support during your hospital stay. Visitors may include spouses, partners, family members, friends or other individuals regardless of formal relationship status. Patients also have the right to withdraw consent for visitors at any time by informing hospital staff.
- Visitation Restriction. Licensed healthcare workers will use their best professional judgement to decide when visitation is, and is not, permitted. Best professional judgement means thinking about the benefits of visitation on the patient's care as well as possible negative effects that visitors may have on patients in the hospital. There are times when clinically necessary or reasonable restrictions on visitation may be required.

COMPLAINT RESOLUTION

We welcome your feedback on the services you received. If you have any complaints, we hope you will first report your complaint to the clinical staff providing your care. If you feel your issue is not being addressed appropriately, please contact our Patient Advocate at ***225-755-9765***.
We will investigate your complaint through our formal complaint process and will follow up with you to provide a response.

We encourage you to first bring your complaints directly to hospital staff and administration, but you always have the right to make a complaint to the Louisiana Department of Health and/or the Joint Commission using the contact information below.

Louisiana Department of Health
628 N. 4th Street, Baton Rouge, LA 70802
Phone: (225) 342-9500

The Joint Commission
One Renaissance Boulevard, Oakbrook Terrace, IL 60181
Email: complaint@jointcommission.org
www.jointcommission.org, Report a Patient Safety Event

Report any abuse, neglect, or illegal, unethical, or unprofessional conduct in accordance with Louisiana Law to the Louisiana Department of Health's Health Standards Section at (888) 810-1819.

If you feel you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, please file a complaint with our Civil Rights Coordinator, whose information may be found in the Notice of Non-Discrimination. Or you may contact the office of civil rights directly using the contact information below.

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Ave. S.W., Washington, D.C. 20201
1-877-696-6775 www.hhs.gov/ocr/privacy/hipaa/complaints/

Patient/Authorized Person Signature _____ **Date** _____

Print Name

Relationship to Patient