

PATIENT RIGHTS

Know Your Rights & Responsibilities

As a patient of Pratt Regional Medical Center, you have the right to:



PRATT • REGIONAL
MEDICAL • CENTER

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RECEIVE CARE/PARTICIPATE IN CARE DECISIONS:

- To have respectful care given by competent personnel.
- To participate in the development and implementation of your plan of care and treatment.
- To make health care decisions. Each patient has the right to the information necessary to make treatment decisions reflecting the patient's wishes and to request a change in his physician or transfer to another health facility due to religious or other reasons.
- To accept medical care, to refuse treatment to the extent permitted by state law and to be informed of the medical consequences of refusing treatment.
- To have a second opinion, at your own expense, discuss your request with your physician, a nurse, a social worker, or other healthcare provider.
- To hospital services without discrimination based upon your color, race, sex, national origin or source of payment.
- To have assistance with ethical issues, such as if a conflict of values occurs between the physician and the patient, family, or patient's representative regarding the decision to withhold or withdraw treatment. Any party may seek advice from the PRMC ethics committee. A nurse or physician can direct you to the ethics committee, or you may contact the administrative secretary at 450-1160 for assistance.

EFFECTIVE COMMUNICATION:

- To have your physician, family member(s) and/or personal representative notified promptly of your admission to the hospital.
- To receive instruction and information that is understandable to you.
- To be given, upon request, the name and professional status of any person providing your care.
- To know the reasons for any change in the professional staff who are responsible for your care.
- For you and your legally designated representative to have access to the information contained in your medical record within the limits of the state law.
- Assistance in obtaining consultation with another physician or practitioner at your request and at your own expense.
- Have the information in the medical record explained to you by qualified staff or your physician.
- To an interpreter, if there is a language barrier.
- To send and/or receive visitors, mail, telephone calls or other forms of communication with restriction. If restrictions are required for therapeutic reasons, the patient and/or family will be informed of the rationale for restrictions.

INFORMED CONSENT:

- To be fully informed in advance of care or treatment, and to actively participate in decisions regarding planning of care and/or treatment.
- A patient representative may exercise your rights when you are incapable of doing so, without coercion, discrimination or retaliation. A "Patient's Representative" means the agent previously and legally designated by you and executed as a "Durable Power of Attorney for Health Care Decisions: or, if none, and, if you become incompetent, in order of priority, your (1) spouse; (2) adult children; (3) parents; (4) adult brother and/or sister; or (5) other close relative or friend who have acted in the role as a patient's caregiver. If the above persons cannot or will not act as the patient's representative or, if such persons cannot agree or act unreasonably, a court appointment or court authority for approval of actions through the Department of Social and Rehabilitation Services may be necessary. If you would like more information about obtaining an advance directive contact social services at 450-1412 or 450-1567.
- Be informed of health status, diagnosis, prognosis, and treatment.
- Be informed of circumstances when treatment is considered futile, medically unnecessary or inappropriate.
- To consent, request, or refuse treatment after being adequately informed of the benefits and risks of, and the alternatives to, treatment that the law allows. Be told how the refusal could affect condition. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- Informed consent of donation of organs and tissue.

SAFE ENVIRONMENT:

- To receive care in a safe setting and a secure environment.
- To be free from all forms of abuse and harassment.
- To be free from restraints and seclusion not medically necessary or to protect you or others.
- Restraints, if used for your safety or the safety of others will be discontinued at the earliest possible time, when such safety is determined.
- To be free from sexual, verbal, physical and mental abuse, corporal punishment, and exploitation.

ADVANCE DIRECTIVES:

- To formulate advance directives and appoint a surrogate to make health care decisions on your behalf in the event you are not able to express your wishes, to the extent permitted by law.
- To have your physician and PRMC staff comply with these directives.
- To receive more information regarding advance directives, when requested. Call social services for further information at 450-1412 or 450-1567.

DISCHARGE PLANNING:

- To receive assistance with discharge planning.
- To participate in the development and implementation of your discharge plan.
- Be informed of continuing health care needs following discharge from the medical center and of the reason for transfer either within or outside of the facility.

RESOLUTIONS OF CONCERNS:

- To have prompt resolution of concerns about your care. If you have a concern, we encourage you to:
 - First speak to the staff member or the supervisor of the area. If you still have concerns after speaking to this person, you may:
 - Contact the Risk Manager at 450-1270 or the Chief Executive Officer at 450-1160.
 - Place your concern in writing and address it to the CEO or the Risk Manager at Pratt Regional Medical Center.
- If your concern is not taken care of you may call the KDHE at 1-800-842-0078 or the State Peer Review Organization at 1-800-432-0407. You may also use this number if you want to discuss quality of care issues, coverage decisions, and appeal a premature discharge.

CONFIDENTIALITY/PRIVACY:

- Personal privacy.
- Confidentiality.

EFFECTIVE PAIN MANAGEMENT:

- To have your pain assessed regularly and frequently.
- Be involved in making care decisions regarding pain management. You have the right to have your pain relieved to the greatest extent possible.

BILLING/BUSINESS ISSUES:

- Receive a detailed explanation of your bill, when requested.
- Be informed of the source of the hospital's reimbursement for your services, and of any limitations that may be placed upon your care.
- Any business ethics concerns should be directed to the business office director at 450-1146.

VISITORS

- Patients have the right to receive visitors, mail, telephone calls or other forms of communication with restriction. If restrictions are required, the patient and/or family will be informed of the rationale for restrictions. General patient visiting hours are from 8:00 a.m. to 8:30 p.m. unless posted otherwise.

PATIENT RESPONSIBILITIES:

As a patient you are expected to:

- Respect medical center policies.
- Respect the rights of other patients and the health care providers.
- Give correct and complete information about your illness, any past illnesses, and current medications.
- To inform care givers when pain is not relieved or treatment is not effective.
- Participate in the plan of care. Inform caregivers of specific needs, including treatment desires, personal values and beliefs that might alter the plan of care.
- Report to your care giver if you don't clearly understand your plan of care and what is expected of you.
- Follow the treatment plan recommended by your doctor. If you choose not to follow the suggested treatments or instructions, you are responsible for any consequences.
- To notify the practitioner or the hospital if you are unable to keep your appointments.
- To provide PRMC with a copy of your Advance Directives (Living Will and/or Durable Power of Attorney for Health Care Decisions).
- To pay your hospital bill promptly. If you need assistance with your bill, please call our financial counselor at 620-450-1146 to discuss a payment plan or to find out if you qualify for benefits.