



Patient Name: _____

FC: _____ MRN: _____

Sex: _____ DOB: _____ Age: _____

Admit Date: _____ ACCT: _____

PATIENT RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

1. Seek and receive necessary healthcare regardless of your age, gender, race, national origin, religion, sexual orientation, or disabilities.
2. Receive a considerate, respectful and compassionate care, with dignity and comfort, including consideration of your personal time, values, and beliefs.
3. Be informed about your health status, treatment, and results of care, including unanticipated outcomes, and what you can expect with your illness in terms you can understand.
4. Have a family member or representative of your choice or own physician notified promptly of your admission to the hospital.
5. Participate in the development and implementation of your plan of care. Should you be unable to participate in your care and treatment, your rights are to be exercised by your designated representative.
6. Receive from your physician, information necessary to make treatment decisions. Except in emergencies, such as information should include, but not limited to, the specific procedure and/or treatment, associated risks, and the medically significant alternatives for care.
7. Be provided publicly reported quality data on post-acute care providers and facilities relevant to your goals and preferences post hospitalization.
8. Know the identity and professional status of people providing care, including the doctor responsible for your care and treatment.
9. Information communicated to you in a manner that you can understand. If needed, alternate methods of communication will be provided, free of charge (i.e. large print materials, interpreters, second language materials).
10. Privacy concerning your interview, medical and nursing treatments when requested as appropriate. You also have the right to have a member of the same sex present during a physical examination.
11. Expect that all communications and records pertaining to your care, including the source of payment of treatment, will be treated as confidential.
12. Inspect and obtain a copy of the information contained in your medical records as permitted by law.
13. Be free from verbal or physical abuse, negligence or harassment while hospitalized.
14. Be free from the use of seclusion and restraints as means of coercion, convenience, or retaliation by staff. If restraints are used, they will be used only if clinically required and in accordance with your plan of care as a last resort in the least restrictive manner possible to protect you and others.
15. Expect that within its capacity, the hospital will make a reasonable response to your request for services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, you may be transferred after you have received complete information and explanation concerning the need to transfer.
16. Expect reasonable safety in as far as the hospital practices and environment is concerned.
17. Know about any relationship between Appalachian Regional Healthcare and other healthcare and education institutions as if it affects the care provided. You also have the right to be told of any professional relationships among individuals who are treating you.
18. File complaints and grievances about your care, or any aspect of your rights, without fear of retaliation. You can file a complaint with the state directly, in addition to or instead of using the hospital's process. Should you wish to contact the state agency directly, see below under voicing a complaint.
19. Accept, refuse, or stop/withdraw treatment to the extent permitted by law, and to be informed of the medical consequences of your action.
20. Leave the hospital against medical advice. Please note that leaving the hospital against medical advice may pose health risks and may result in denial of reimbursement by third-party payers.

21. Formulate an advance directive, which expresses your wishes concerning treatment in the event you become incapacitated. Advance directives may include a living will, a durable power of attorney, or similar documents conveying your preferences and will be honored to the extent permitted by law.
22. Access protective services, which can include a protective privacy, guardianship and advocacy services, and child or adult protective services. Should you or your family desire additional information, or require assistance in determining the need for these services, contact the nursing staff member on duty.
23. IF you or a family member needs to discuss an ethical issue related to your care, contact a nursing supervisor.
24. Have your pain assessed and to be involved in decisions about managing your pain. Please notify your nurse immediately when pain first begins, help your doctor and nurse assess your pain, and inform them when you pain is or is not relieved.
25. Religious and spiritual services when requested. Should you desire pastoral services, contact the nursing staff member on duty.
26. Refuse to talk with or see anyone not officially connected with the hospital or directly in your care.
27. Expect a reasonable continuity of care upon discharge. We will assist with follow-up appointments and/or referrals as necessary.
28. Examine and receive and explanation of your bill, regardless of the payment source(s), including available payment methods.
29. Know the hospital's rules and regulations that apply to your conduct as a patient.
30. You (adult patients) have the right to choose your visitors with no obstruction based on race, national origin, religion, or gender identity.
31. Be treated with discretion regarding values and beliefs surrounding tissue and organ donation.

PATIENT RESPONSIBILITIES

YOU, OR YOU AND YOUR FAMILY, ARE RESPONSIBLE FOR:

1. Wearing your hospital I.D. bracelet at all times.
2. Providing to the best of your knowledge, accurate and complete information about present health problems, past illnesses, hospitalizations, medications and other matters relating to your health.
3. Reporting perceived risks in your care and an unexpected change in your conditions to your nurse and/or physician.
4. Following the treatment plan recommended by your physician and nurse.
5. Your actions if you refuse treatment or do not follow the physicians' instructions.
6. Asking questions when you do not understand what you have been told about your care or what you are expected to do.
7. Asking your care provider to arrange for an interpreter if you are deaf, hearing impaired, or if English is not your primary language.
8. Ensuring the financial obligations of your healthcare are fulfilled as promptly as possible.
9. Following hospital rules and regulations affecting your care and conduct.
10. Being considerate of the rights of other patients and hospital personnel, for assisting in the control of noise and number of visitors, and adhering to the hospital's no smoking policy.

VOICING A COMPLAINT

We hope that your experience is positive and conducive to healing. We understand, however, if you feel there has been a certain aspect of your care that could have been improved upon, ARH encourages this feedback as we view it as a useful in making our hospital better. We encourage you to contact us directly if you have a complaint or concern about the services you are receiving from our facility and its staff. If you have a complaint, please contact the nursing supervisor.

You also have the right to contact the state hospital agency of licensing and regulations instead of, or in addition to, using the internal complaint process. In Kentucky, complaints can be made by contacting the Office of Inspector General, Southern Enforcement Branch, and asking for the complaint coordinator at (606) 330-2030. In West Virginia, contact office of Health Facility Licensure and Certification (OHFLAC) at (304) 558-0050. For complaints reported to our accrediting organizations for Sleep Clinics contact Accreditation Commission for Healthcare (ACHC) (855)937-2242 and for our hospitals, contact DNV Healthcare by one of the following methods:

Website: <https://www.dnvhealthcareportal.com/patient-complaint-report>

Email: hospitalcomplaint@dnv.com

Phone: 866-496-9647

Fax: 281-870-4818

Mail: DNV Healthcare USA Inc.

Attn: Hospital Complaints

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