

Your Rights and Responsibilities

As a patient, you have a number of rights and responsibilities related to your care and treatment. In the case of pediatric and adolescent patients — or those unable to make competent decisions — these policies apply to the responsible party. Swing bed patients are also provided a copy of the federal- and state-mandated “Patient Rights.” A complete list of Patient Rights and Responsibilities is available upon request.

Our mission is to improve the health of those we serve. Our cardinal value is that we honor the dignity and worth of each person. To support our patients, their families and the community, we have a statement of Patient Rights and Responsibilities.

Patient rights

As a patient, you have the right:

1. To have your physician and a family member or someone of your choice notified if you are admitted to Morrow County Hospital, unless you ask that they not be notified.
2. To expect response to your requests and needs for treatment and service.
3. To receive competent and respectful care and treatment which includes addressing your social, psychological, cultural, emotional, and spiritual needs, regardless of your ability to pay.
4. To designate a representative to make healthcare decisions on your behalf.
5. To have your pain assessed, responded to promptly and treated.
6. To receive complete information about your diagnosis, prognosis, treatment and unplanned outcomes.
7. To have all information about your health status so you (or your designee, if you wish) can be involved in and make decisions about your plan of care and treatment.
8. To know the names and the professional status of the people caring for you.
9. To ask any caregiver if they have relationships with outside parties that may influence your care.
10. To know the reasons for any proposed change in the professional staff caring for you.
11. To know the relationship(s) of Morrow County Hospital to other person(s) or organization(s) participating in your care.
12. To know the reasons for your transfer, either within or outside Morrow County Hospital.
13. To be informed if your plan of care and treatment includes experimental, research or educational activities and, if so, to receive information on the procedure, benefits, discomforts, risks and alternatives along with assurance that your refusal to participate will not affect your care.
14. To accept or refuse any medical or surgical treatment, if allowed by law, and to be informed of the risks of any refusal, including forgoing or withdrawing life-sustaining treatment or withholding resuscitative services.
15. To make decisions about life-sustaining treatments allowed by legal, clinical and ethical guidelines.
16. To execute and review advance directives (e.g., living will and healthcare power of attorney documents) in compliance with Ohio law; to designate a surrogate decision-maker on your behalf; and to have Morrow County Hospital comply with those directives.
17. To ask about the hospital’s process for donation of organs.
18. To be in an environment that preserves your dignity, provides a positive self-image and protects — as much as possible — your visual, auditory and personal privacies.

(continued)

Patient rights (continued)

19. To be free from mental, physical, sexual and verbal abuse, neglect and exploitation, and, if needed, to receive help from Morrow County Hospital in accessing protective and advocacy services.
20. To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
21. To request and receive medical information in your preferred language at no additional expense, including interpreter services and free aids and services for vision and hearing accommodations.
22. To have access to a telephone for private conversations unless communication is limited for effective therapy.
23. To expect confidentiality of your clinical and personal information pertaining to your care; to be able to access, request amendment to and receive an accounting of disclosures regarding your health information permitted under law.
24. To have access to, within a reasonable time frame, your medical records except where restricted by law and Morrow County Hospital policy.
25. To express to any of your caregivers any dissatisfaction you have with your care or service and to expect a response that includes an investigation into your complaint or concern.
26. To have access to your bill, itemized when possible, and to ask for help understanding that bill and to know that the bill will list only the charges for care you received.
27. To be informed of the source of the hospital's reimbursement for your services and of any limitations that may be placed on your care.
28. To ask for your own copy of the Patient Rights and Responsibilities (in English, Large Print, Braille, Spanish or Somali) along with help in understanding how it applies to you.
29. To designate and receive visitors.

QUESTIONS?

If there is anything we can do to improve our care or safety, or you have a concern about your healthcare, we encourage you to talk to your nurse, physician and clinicians. You can also talk to the manager of the department or unit caring for you. If you have any questions about any of your care after you get home, please call your physician.

Patient responsibilities

As a patient, you have the responsibility:

1. To answer questions thoroughly about your health and medical history.
2. To ask questions when information is not understood.
3. To cooperate with doctors and Morrow County Hospital staff.
4. To follow all Morrow County Hospital policies, including those addressing smoking, visiting and other matters.
5. To take responsibility for the payment of your medical bills or to provide all needed information so that your medical bills may be paid.
6. To show respect and consideration.
7. To understand that you will assume the responsibility for the outcome of your medical condition if you do not follow the care, treatment and service plan recommended.
8. To refrain from mental, physical, sexual, and verbal (like name-calling, excessive swearing, yelling, bullying) abuse, inappropriate or offensive comments, threats, discriminatory conduct against, and exploitation of, others including OhioHealth visitors, physicians, providers, associates, and other patients. Please care for us while we care for you.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (419) 566-9288.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (419) 566-9288

Discrimination is against the Law

Morrow County Hospital complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently because of race, color, ethnicity, religion, culture, language, national origin, age, disability, socioeconomic status, sex, sexual orientation, or gender identity or expression in its health programs and activities.

Morrow County Hospital provides free aids and services to people with disabilities to communicate effectively with us, such as:

- + Qualified sign language interpreters
- + Written information in other formats (large print, audio, accessible electronic formats, other formats)

Morrow County Hospital also provides free language services to people whose primary language is not English, such as qualified interpreters. If you need these services, please call (419) 566-9288.

If you believe Morrow County Hospital has failed to provide these services or discriminated against you, you can file a grievance.

Send a written letter to:

Morrow County Hospital
651 W Marion Rd
Mount Gilead, OH 43338

Call the hospital's compliance office:

(419) 946-5015

You can also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights.

Online

[OcrPortal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

Mail

U.S. Department of Health and Human Services
200 Independence Ave SW
Room 509F, HHH Building
Washington, DC 20201

Phone

(800) 368-1019
(800) 537-7697 (TDD)

Complaint forms are available at

HHS.gov/OCR/Office/File/Index.html

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Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (419) 566-9288.

(Arabic) ةيبرعلا

نإف ءةيبرعلا ئدحتت تنك اذا: فظوحلم ءظوحلم ءدعاسملا تامدخ مقرب لصتا. نإجملاب لكل رفاوتت ءيوعلا ءدعاسملا تامدخ

Deutsch (Pennsylvania Dutch/German)

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: (419) 566-9288.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (419) 566-9288.

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (419) 566-9288.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (419) 566-9288.

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (419) 566-9288.

Soomaali (Somali)

DIGNIIN: Haddii aad ku hadashid Soomaali, waxaad heli kartaa adeegyada luqadda oo lacag la'aan ah. Wac (419) 566-9288.

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (419) 566-9288 번으로 전화해 주십시오

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (419) 566-9288.

日本語 (Japanese)

ご案内：日本語を話される場合、言語支援を無料でご利用いただけます。(419) 566-9288 まで、お電話にてご連絡ください。

Nederlands (Dutch)

AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel (419) 566-9288.

Українська (Ukrainian)

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (419) 566-9288.

Română (Romanian)

ATENȚIE: Dacă sunteți vorbitor de limba română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunați la (419) 566-9288.

Advance directives

Making decisions for the future

Many people take action about their healthcare before they become seriously ill. You may state your healthcare preference(s) in writing while you are still healthy and able to make such decisions.

Durable power of attorney for healthcare

This form allows you to appoint someone as your agent to make all healthcare decisions for you, should you become terminally ill and unable to communicate, or temporarily or permanently unable to make decisions for yourself. Be sure you talk with that person and your doctor about what you want. This document becomes effective only when you are temporarily or permanently unable to make your own decisions.

Living will

This form allows you to give advanced written directions about all of your healthcare decisions (including wishes about artificial food and water) if you are terminally ill and unable to communicate or in a permanently unconscious state. This document becomes effective only when you are permanently unconscious or terminally ill and unable to communicate. You should also share your wishes with your durable power of attorney, family and doctor.

If you do not have a living will or durable power of attorney, Ohio law allows your next of kin to make all your healthcare decisions if you are terminally ill and unable to communicate or to make decisions for the withdrawal of life support if you are in a permanently unconscious state only after a 12-month waiting period. The law defines specific rules about the withdrawal of artificially supplied nutrition and hydration (food and water). For more information, please refer to the advanced directive documents.

Many people complete both documents because they address different aspects of their medical care. If you are

interested in completing a living will or durable power of attorney, ask your doctor or nurse. You should give copies of these forms to your family and to your doctor and the healthcare facility to put in your medical record. Be sure to tell your family and close friends about what you want done and consider giving them a copy of these documents as well.

Do not resuscitate and comfort care

Do not resuscitate (DNR) means that if a person's heart or breathing stops, no one will try to restart the heart and lungs with CPR (cardiopulmonary resuscitation). A DNR order is a written order by a doctor based upon your wishes to avoid having CPR if your heart or breathing stops.

There are two types of DNR-CC orders:

- + **DNR-CC:** Only treatment to provide comfort care (CC) will be given to you. If your heart or lungs stop working, CPR will not be started.
- + **DNR-CC arrest:** You will get all needed treatment until the time your heart or breathing stop working. Once this occurs, CPR will not be started. All care will be done except CPR. It does NOT change the rest of the treatment plan your doctor has ordered.

Comfort care such as pain medication, oxygen, nutrition, emotional support, supporting the body and clearing the airway will still be done with both of these orders.

Other healthcare providers such as hospice, home health, pain specialists and other physicians may be asked to help in your care.

If you are interested in a DNR order, share your wishes with your physician.