

# 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.*

## **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)*

## Your Rights and Responsibilities

(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 ask for an interpreter or help with any communication needs free of charge.
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 a complete copy of the Patient Rights and Responsibilities along with help understanding how it applies to you.
29. To designate and receive visitors, including, but not limited to, a spouse, domestic partner (including a same-sex domestic partner), another family member or a friend. You also have the right to withdraw or deny consent of a visitor at any time.
30. To answer questions thoroughly about your health and medical history.
31. To ask questions when information is not understood.
32. To cooperate with physicians and Morrow County Hospital staff.
33. To follow all Morrow County Hospital policies, including those addressing smoking, visiting and other matters.
34. To take responsibility for the payment of your medical bills or to provide all needed information so that your medical bills may be paid.
35. To show respect and consideration.
36. 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.
37. To the same quality of care and accommodations regardless of your race, color, national origin, ethnicity, religion, culture, language, age, disability, socioeconomic status, sex, sexual orientation and gender identity or expression in its health programs and activities.

### 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

### 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.