

Patient Rights and Responsibilities

The organization believes that patients have certain rights and responsibilities while receiving treatment at Saline Memorial Hospital.

I. Patient Rights

- A. All patients (caregivers/ guardians if the patient is a minor) have the following rights with respect to their medical care.
 1. To be free from discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socio-economic status, sex, sexual orientation, or gender identify or expression
 2. To be treated in a dignified and respectful manner, protecting personal privacy when at all possible.
 3. To know the names of doctors, nurses, and other staff members providing care and to expect them to work as a team.
 4. To work with the medical team, in the patients preferred language, to develop a plan of care including an understanding about your illness, treatment choices, risks and benefits.
 5. To agree, refuse, or change their mind about treatment during hospitalization, and to know how refusal of a treatment will likely affect them.
 6. To participate in ethical questions that arise during his or her care, including issues of conflict resolution, withholding or resuscitative services, forgoing or withdrawal of life sustaining treatment.
 7. To know about the unanticipated outcomes of care, treatment and services.
 8. To know about hospital rules, how things are done, and how that affects you and your care.
 9. To practice their faith and customs as long as these do not cause problems for others or provide a concern for safety.
 10. To agree or refuse to take part in a research program relating to their illness and treatment. If the patient refuses, other treatment or programs, if any will be offered. Patients already involved in investigational drug research may elect to continue the course of treatment if it is in their best interest.
 11. To have their pain assessed and managed.
 12. If the patients are 18 years or older, to have a written "living will" or "advance directive" which describes what medical care you choose if you are unable to speak for himself/herself. This document will describe choices for life support and who may direct their medical care when the patient cannot; these choices should be discussed with their doctor. There is no requirement to have a "living will" in order to receive care.
 13. To receive care in a safe setting free from abuse.
 14. To obtain information on protective services resources and request assistance in accessing those resources, if needed.
 15. To have their health information/medical record kept confidential to review the medical record and have it explained to them.
 16. To be free from restraint and seclusion of any form used for coercion, discipline, convenience, or retaliation or which are not medically necessary.
 17. To have the hospital make every attempt to locate and notify a family member if a minor arrives unaccompanied to the hospital and is admitted. This does not constitute consent to protected health information. For those over 18 and incapacitated, steps will be taken to identify a family member/representative and notify them of the patient's admission.
 18. To file a complaint with the hospital and have your complaint promptly addressed. To have the complaint process explained along with anticipated time frames for resolution.

B. Unique Rights for Adult Patients (18 and over)

1. The right to choose your support person to be present during hospitalization unless the presence of the support person infringes on other's rights, safety or is medically not indicated.
2. This person may or may not be the patient's surrogate decision maker or legally authorized representative.
3. The hospital will be following the same non-discrimination guidelines as in I.1 regarding the patient's selection of their support person.

II. Patient and Family Responsibilities

- A. To ask questions of any member of the healthcare team in order to fully understand the treatment plan.
- B. To follow the plan of care agreed upon with the treatment team. Accepting the consequence of failing to follow the recommended course of treatment or using other treatments.
- C. To voice any concerns about your care to the Doctor, Nurse, Nurse Supervisor, or the Director of Risk Management.
- D. To follow the hospital rules which apply to parents/patients and their visitors.
- E. To provide a complete health history, current symptoms/complaints, known medication allergies, and current medications, both prescribed and over the counter.
- F. To respect the privacy of other patients, families, and staff.
- G. To tell the hospital who to bill for payment of your care received to ask for financial counseling if assistance is needed.

III. Complaint Notification

- A. Complaints about violation of Patient Rights may be directed to the director of Risk Management (501)776-6694. Patients may also contact the Health Facility Services Division of the Arkansas Department of Health, 5800 West 10th St., Suite 400, Little Rock, Arkansas 72204, (501) 661-2201, to file a grievance regarding violation of these patient rights. You may contact the Arkansas Department of Health regardless of whether you have filed a grievance with the hospital.