

PATIENT'S BILL OF RIGHTS

The Patient has the right to:

- a. respectful care by competent personnel and the appropriate level of care/service;
 - b. be given, upon request, the name of the attending physicians and all other practitioners directly participating in his/her care, as well as the names and functions of other health care personnel having direct contact with the patient;
 - c. information necessary to make treatment decisions and to request a change in his/her physician or transfer to another health facility due to religious or other reasons;
 - d. accept medical care, to refuse treatment to the extent permitted by state law and to be informed of the medical consequences of refusing treatment;
 - e. assist in obtaining consultation with another physician or practitioner at the patient's request and own expense;
 - f. medical center services without discrimination based upon the patient's race, color, religion, sex, age, disability, national origin, sexual orientation, gender identity, ability to pay or source of payment;
 - g. the information contained in the patient's medical records within the limits of the state law (see Medical Record's policies);
 - h. examine and receive an itemized bill and have it explained in detail; assistance if he does not have health coverage in finding financial help or make other arrangements;
 - i. mail – "prompt" delivery of mail or other materials to the patient within 24 hours of delivery by the postal service and delivery of outgoing mail to the postal service within 24 hours of regularly scheduled postal delivery and pickup service;
 - j. a grievance process – The patient may:
 1. register a complaint by requesting to talk to a supervisor or department manager,
 2. ask to talk to the Patient Advocate;
 3. ask to talk to the Chief Executive Officer
4. have a grievance documented by any of those mentioned in 1, 2, or 3 above.

A grievance is documented, investigated and taken to the Quality Assurance/Risk Management Committee. A response is then reported to the patient or family member registering the complaint. If satisfaction is not attained, the complaint will be taken to the Board of Trustees, from whom a response will be reported to the patient/family member.
 5. file a complaint with the Hospital & Medical Programs Bureau of Adult and Child Care:

Kansas Department on Aging
Adult Complaint Program
503 South Kansas Avenue
Topeka, Ks. 66603-3404
Phone: 1-800-842-0078
Attn: Complaint Coordinator or Complaint Intake Specialist
 - k. participate in the development and implementation of his or her plan of care. The patient also has the right to formulate advance directives and to have hospital staff & practitioners who provide care in the hospital comply with these directives.
 - l. personal privacy, to receive care in a safe setting and to be free from all forms of abuse or harassment.
 - m. the confidentiality of his or her clinical records and the right to access information contained in his/her clinical records within a reasonable time frame. (see Medical Records policies)
 - n. be free from restraints or seclusion of any kind. The use of a restraint should never harm or cause pain to the patient. (See restraint/seclusion policy – Contact Nursing Dept.)
 - o. notification of unanticipated outcomes.
 - p. appropriate assessment and management of pain.
 - q. end of life care.
 - r. be informed at the time of hospital discharge about their needs for and ways of obtaining follow-up care.

Responsibilities as a Patient are to:

1. provide accurate and complete information about present and past health problems and illnesses, hospitalizations and medications; and response to current treatment.
2. learn about their illness and care, to ask about care alternatives including the risks and benefits of each and to make preferences clear to the health professionals involved in their care.
3. follow the treatment plan recommended by medical personnel attending to their care. The patient is responsible for the consequences for failure to follow instructions, for refusal of treatment or for failure to follow recommendations for their continuing care after discharge from the hospital.
4. follow Clay County Medical Center's rules and regulations affecting patient care and personal conduct.
5. be respectful and considerate of the rights of other patients and the Medical Center's personnel and property.
6. work with Clay County Medical Center to assure that the financial obligations for the health care services provided on your behalf are fulfilled. This may include notifying your insurance company prior to admissions if the insurance requires pre-admission certification.
7. express concerns, complaints or care related conflicts to your physician or a member of the Medical Center's staff.
8. understand that as a patient if they are unable to exercise the above listed rights and responsibilities, their guardian, next of kin or legally authorized surrogate has the right to exercise on their behalf.

EMERGENCY ROOM COVERAGE

Physicians are not on the premises at Clay County Medical Center 24 hours a day 7 days a week. Physician services for emergency services are provided by physicians who are contacted by telephone, if not already on the premises, and will report to the medical center as needed.

**PATIENT'S BILL
OF RIGHTS
AND
EMERGENCY
ROOM
COVERAGE
NOTIFICATION**



"The heart of healthcare"

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