

Patient Rights and Responsibilities

Hospital Main: (308) 455-3600/ **Fax:** (308) 455-3950

Clinic Main: (308) 865-2263/ **Fax:** (308) 865-2541

This organization strives to provide comprehensive, quality healthcare in a spirit of personal caring, safety and concern. In an effort to accomplish this goal, we believe that you, as our patient, and/or your representative may have the responsibility to make decisions regarding your healthcare and have the right to:

- Receive impartial access to respectful and safe care given by competent personnel. Treatment will be provided to our patients with respect to race, color, religion, gender, national origin, cultural or economic background, or payer. Hospitals and clinics are not required to provide uncompensated or free care unless otherwise required by law.
- Have cultural and personal values, beliefs and preferences respected.
- Be informed of patient rights during the admission process.
- Be informed in advance about care and treatment and of any change,
- Be informed of your visitation rights, including any clinical restriction or limitation on such rights.
- Receive the visitors you designate, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and you have the right to withdraw or deny such consent at any time.
- Receive visitors without limitation or restrictions from facility based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors will enjoy full and equal visitation privileges, consistent with your preferences.
- Be treated by medical and non-medical staff with consideration, dignity and respect, in a safe environment that is free from all forms of abuse, neglect, harassment and/or exploitation.
- Personal privacy and dignity.
- Access to the cost, itemized when possible, of services rendered, in a reasonable period of time and regardless of source of payment.
- Be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care.
- Receive appropriate assessment and management of pain.
- Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Be informed of continuing healthcare treatments and requirements.
- Have knowledge of the name and/or professional status of the physician who has the primary responsibility for coordinating your care and the names and/or professional status of other physicians and non-physician staff who are involved in your treatment.
- Be informed of reasons for any proposed change in the Professional Staff involved in your care.
- Right to know reasons for your transfer either within or outside of the hospital.
- Have a family member or representative of your choice and your personal physician notified promptly of your admission to the hospital.
- Receive information from your physician about your illness, course of treatment, outcomes of care (including unanticipated outcomes), and your prospects for recovery in terms that you can understand to allow for effective communication.
- Participate in the development and implementation of your care and actively participate in your plan of care.

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- Obtain from your physician information concerning current health status, diagnosis, treatment plan (including risks and benefits), alternate plans and prognoses in order to give informed consent or refuse treatment. In the event that you choose to refuse treatment, you have the right to be informed of the medical consequences of that decision. Upon refusal of prescribed treatment, a negative consent form will be provided for your signature. This right must not be construed as a mechanism to demand provision of treatment or services deemed medically unnecessary or inappropriate.
- Be advised if the hospital or your physician(s) propose to engage in or perform human experimentation affecting your care. You have the right to refuse to participate in such research projects. Your refusal to participate or your choice to discontinue participation in research, investigation and/or clinical trial will not compromise your access to care, treatment and services. Should you choose to participate in research, investigation and/or clinical trials, you have the right to full support and respect of all of your patient rights, including the right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information that is given to you as a participating subject will be contained in the medical record or research file, along with all consent forms.
- Formulate advance directives regarding your healthcare, and have hospital staff and practitioners who provide care in the hospital comply with these directives (to the extent provided by state laws and regulations). If unable to comply the facility will notify you.
- Be informed that all information concerning your medical care and records will be treated in a confidential manner. Written permission will be obtained from you, or the person who has legal responsibility to make decisions for you, before medical records are released to anyone not directly related and/or involved in your care, within the law.
- Access information contained in your medical record within a reasonable time frame, including access to disclosures of protected health information in accordance with law and regulations, subject to limited circumstance where the attending physician determines it would be harmful to disclose the information to you for therapeutic reasons. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.
- Have all of your patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.
- Be informed of relationship(s) of the hospital to other persons or organizations participating in the provision of your care.
- Have your family receive informed consent for donation of organs and tissues.
- Voice complaints and file grievances without discrimination or reprisal and have those complaints and grievances addressed. Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.

Grievances can be reported to :

Corporate Compliance/Grievance Officer
Kearney Regional Medical Center
804 22nd Ave
Kearney, NE 68845-2206
Phone - (308) 455-3600

Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
301 Centennial Mall South
Lincoln, NE 68509
Phone - (402) 471-3484

Office for Civil Rights
U.S. Department of Health & Human Services
233 N. Michigan Ave, Suite 240
Chicago, IL 60601
Phone - (800) 368-1019
Fax - (202) 619-3818
TDD - (800) 537-7697

www.hhs.gov/oc

You may also contact the Office of the Medicare Beneficiary Ombudsman at:
<http://www.cms.hhs.gov/center/ombudsman.asp>

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As a patient, you are responsible for:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
- The patient is responsible for reporting perceived risks in his/her care and unexpected changes in his/her condition to the responsible practitioner.
- The patient and family are responsible for asking questions about the patient's condition, treatments, procedures, Clinical Laboratory and other diagnostic test results.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient and family are responsible for immediately reporting any concerns or errors they may observe.
- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for keeping appointments and for notifying the hospital or physician when he/she is unable to do so.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her hospital care are fulfilled as promptly as possible.
- The patient is responsible for following hospital policies and procedures.
- The patient is responsible for being considerate of the rights of other patients and hospital staff.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the hospital.
- Advise the organization of barriers to learning such as visual, auditory, or other deficits to include language barriers.

Kearney Regional Medical Center does not discriminate against any person on the basis of sex, race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact:

(The Corporate Compliance/Grievance Officer, (308) 455-3600, Nebraska relay TDD/ dial 711)
