



## PATIENT RIGHTS & RESPONSIBILITIES

*As a patient of San Luis Valley Health (SLVH), we consider you a partner in your health care management. It is important to know your rights as well as your responsibilities to be an active member of your care team. We encourage you to understand and exercise your rights. If you need help in understanding your rights, please let us know.*

### PATIENT RIGHTS

#### **Respectful and Supportive Care:**

You have the right to kind and respectful care in a safe and secure environment free from abuse and neglect. You have the right to receive supportive care that respects your psychological, social, emotional, spiritual, personal values, beliefs, preferences and cultural needs within the extent of the law. You have the right to your privacy being respected within the limitations of the facility.

#### **Nondiscrimination:**

The facility does not discriminate on the basis of race, color, national origin, sex, age, disability, sexual orientation or sexual identity in providing health care services to its patients. The effectiveness and safety of care, treatment and services does not depend on your ability to pay.

#### **Right to Treatment:**

You have the right to access care as long as it is within SLVH's capacity. You have the right to have a family member or representative notified of your admission to the hospital. You may designate a representative to participate in your care and treatment. You have the right to request that your family physician/primary health care provider be notified of your admission to the hospital.

You have the right to request that a person of your own gender be present during physical examination.

#### **Information about Treatment:**

You or your representative has the right to participate in developing and making informed decisions about your care. You have the right to discuss risks, benefits, and alternatives in terms you can understand, except in emergency situations. This includes the right to request or refuse treatment, drugs, tests or procedures. You do not have the right to demand unnecessary or inappropriate treatment or services. You have the right to be informed of the outcomes of your care, including unanticipated outcomes. You have the right to leave the hospital against the advice of your medical provider.

You have a right to know the names and roles of the providers responsible for your care, treatment and services. You have the right to include or exclude any or all of your family members from participating in your care.

### **Participation in Care Planning:**

You have the right to be involved in care planning and treatment, including appropriate pain management. You have the right to be involved in post discharge decisions.

You have the right to ask questions or acknowledge when you do not understand the treatment course or care decision(s).

### **Cultural and Religious Beliefs:**

You have the right to express your spiritual and cultural beliefs as long as these do not harm others or interfere with treatment to the extent allowable by law. You have the right to receive pastoral care and other spiritual services as requested and the facility's ability to accommodate them.

### **Advance Directives and End of Life Care:**

You have the right to create an Advance Directive (such as a living will or durable power of attorney for health care). The facility will honor your wishes to the extent they are known and permitted by law and facility policy. If you have a written advance directive, provide a copy to the hospital, your family, and your doctor. You also have the right to designate a surrogate decision maker.

*SLVH has chosen not to participate in Colorado's End of Life Options Act and SLVH employed physicians may not write prescriptions for medical aid in dying.*

### **Restraints:**

You have the right to be free from chemical or physical restraint. You have a right to be free from seclusion as a means of convenience, discipline, coercion, or retaliation. In an emergency or when a physician authorizes it, restraints may be used to protect you or others from injury. If restraints are indicated, the least restrictive method will be used.

### **Research:**

You have the right to consent or decline to participate in any research project. You also have the right to have it fully explained prior to consent. If you decline to participate, you will continue to receive appropriate care.

### **Billing Information:**

You have the right to request a copy of your bill. You also have the right to question and receive an explanation of your charges. You have the right to ask for **estimated charges** prior to receiving non-emergent care or treatment. You have the right to financial assistance which is available for those individuals who are uninsured or underinsured or who are experiencing financial hardship. Eligible patients would be those who have limited financial resources to pay for an individual insurance policy and who do not qualify for Colorado Medicaid/Health First Colorado. Your inability to pay should not

prevent you from receiving care for emergency medical services. To learn more about our Financial Assistance Program, you can call (719) 587-6364 to speak with one of our patient financial counselors.

**Communication:**

You have the right to receive information in a way that you can understand. Free language services will be provided for patients whose primary language is not English, such as qualified interpreter services and/or information written in other languages. You have the right to interpreter services if you have a vision, hearing, speech, language or cognitive impairment. These free services include the use of assistive devices or sign language interpretation. To request auxiliary aids and services, speak with one of your health care team members.

**Confidentiality of Health/Medical Information:**

You have the right to confidentiality of your health information as required by law. For further information, please refer to our “Notice of Privacy Practices”.

**Visitation Rights:**

You have the right to consent to receive visitors of your choice including your spouse or domestic partner, another family member, or friend. You also have the right to deny or withdraw your consent at any time. You have the right to be informed of any clinically necessary restriction or limitation that the facility may need to place on visitation rights.

**Protection Services:**

You have the right to access protective services. Staff can assist with reporting suspected child/adult abuse or other protective services. The names, address and telephone number of protective agencies will be provided upon request.

**PATIENT RESPONSIBILITIES**

**Accurate Information:**

You have the responsibility to provide accurate and complete information, about current and past illnesses, hospitalizations, medications and other issues that affect your health. You have the responsibility to report any changes in your condition to your health care providers. You are responsible for the outcomes and consequences if you do not cooperate with your care, service or treatment plan.

**Participation:**

You have the responsibility to ask questions when you do not understand your care and treatment. You have the responsibility to ask questions regarding the services(s), or what is expected of you.

**Condition of Treatment:**

You have the responsibility to participate in your care in order to make informed choices. If you do not follow the treatment plan agreed upon, you have the

responsibility to understand the consequences of your actions. You have the responsibility to notify your physician or other healthcare providers if the designated treatment plan cannot be followed.

**Consideration and Respect:**

You, your family and visitors have the responsibility to be caring to others by respecting the rights, privacy, and feelings of staff and other patients so that your behaviors are not disruptive to operations. You, your family and visitors have the responsibility to follow all facility rules with regard to conduct, security, and use of facility property which includes no smoking and no weapons on premises. Use of street drugs and paraphernalia will not be tolerated.

**Financial Fulfillment:**

You have the responsibility to provide insurance information in a complete and timely manner and to pay your bills as required.

**Concerns and Complaints:**

You have the right to discuss concerns, complaints, or file a formal grievance about your medical care and treatment. You are encouraged to ask questions about any of these rights and responsibilities that you do not understand.

If you have concerns regarding your health care services at SLVH please contact:

The office of Patient Affairs: (719) 587-5702. Or provide a written complaint to 106 Blanca Ave, Alamosa, CO 81101.

The Colorado Department of Public Health and Environment by calling (303) 692-2827 or writing to 4300 Cherry Creek Drive So., Building A, 2<sup>nd</sup> Floor, Denver, CO 80206.

DORA (Department of Regulatory Agencies) by calling (303) 894-7855 or toll free at (800) 886-7675 or writing to 1560 Broadway, Suite 110, Denver, CO 80202.

Office for Civil Rights by calling (303) 844-2024, TDD (303) 844-3439, or writing to 999 18<sup>th</sup> Street, Suite 417, Denver, CO 80202.

Medicare beneficiaries may contact the Colorado Foundation for Medical Care at (303) 695-3333 or (800) 727-7086.