

PATIENT BILL OF RIGHTS
BRISTOL BAY AREA HEALTH CORPORATION

MISSION

*BBAHC's mission is to promote health with competence,
a caring attitude and with cultural sensitivity*

We consider you a partner in your health care. You are the reason we exist. We are here to serve the needs of patients/residents in the best manner possible. We will treat you with courtesy, dignity and respect your personal preferences and values. This is not only important as an aspect of human interaction, but it is vital to your treatment, care and recovery. To further our goal of excellence in patient/resident care, we adopt and promote the following patient bill of rights.

Patient Rights

You have the right to considerate, respectful care in a safe and secure environment free from all forms of abuse, harassment or humiliation. You have the right to receive supportive care that respects your psychological, social, emotional, spiritual and cultural needs. You have the right to have your privacy respected within the limitations of BBAHC. You have the right to be treated with dignity and respect by all members of our staff. You have the right to expect our staff will uphold these rights.

You have a right to exercise these rights regardless of your race, physical or mental disability, ethnicity, gender, sexual orientation, creed, age, religion or national origin, cultural or educational background, economic or health status, English proficiency, reading skills or source of payment for your care.

You have the right to privacy concerning your own health care. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly and with consideration for your dignity. Those not directly involved in your care must have your permission to be present. You have the right to be addressed by your surname or as you direct us.

You have the right to obtain from the physician complete current information concerning your diagnosis, treatment, and prognosis in terms you understand. When it is not medically advisable to give you such information, the information will be made available to an appropriate person on your behalf. You have the right to know the names and professional titles of the people who provide your care.

You or your representative has the right to be involved in care planning and treatment and make informed decisions about your care. This includes discussion of the risks, benefits and alternatives in terms you can understand. You have the right to refuse treatment throughout your hospital stay. You have the right to be informed of the outcomes of your care, including unanticipated outcomes. If you refuse a recommended treatment, you will continue to receive other appropriate care. You have the right to

include or exclude any or all of your family members from participating in your care. You have the right to have your physician, a family member, or representative informed of your admission to the hospital. You also have the right to request that no information be given to your physician, family or others regarding your admission.

You have the right to refuse treatment, including life-sustaining treatment to the extent permitted by law, and to be informed of the medical consequences of such action.

You have the right to expect that within our capacity, the hospital must make a reasonable response to your request for patient/resident services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, you, along with your medical information, may be transferred to another facility only after you have received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which you would be transferred must first accept the transfer.

You have the right to express your spiritual and cultural beliefs as long as they are not medically contraindicated or they do not harm others or interfere with treatment. You have the right to receive pastoral care and other spiritual services if requested.

You have the right to an appropriate assessment and management of pain as an important part of your care plan.

You have the right to create an Advance Directive (such as a living will or durable power of attorney for health care) and the hospital will honor your wishes to the extent permitted by law. You also have the right to designate a surrogate decision maker.

You have the right to be free from chemical or physical restraint, or 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 shall be used.

You have the right to obtain information regarding any relationship of this hospital to other health care and educational institutions, if that relationship may influence the medical services provided.

You have the right to be advised if the hospital proposes to engage in or perform research, investigation, and clinical trials affecting your care or treatment. You have the right to have a full explanation (informed consent) prior to your consent or you may refuse to participate in such research projects. If you decline to participate in the research project, you will continue to receive appropriate care.

You have the right to expect reasonable continuity of care. You have the right to know in advance what appointment times are available and where.

You have the right to expect that the hospital will provide a mechanism whereby you are informed by the physician or a delegate of the physician of continuing health care requirements following discharge. You have the right to be involved in post discharge decisions.

You have the right to request a copy of your bill. You also have the right to question and receive an explanation of unclear charges. You have the right to be advised of available financial resources including available methods of payment.

You have the right to confidential treatment of all communications and records pertaining to your care. Your information will be kept confidential unless the disclosure is required by federal or state law or with your written permission.

Under our Confidentiality and Privacy Policies, you have the right to:

- Inspect and request a copy of your medical information records and to appeal any denial of your request for inspection and copying;
- Request amendments to your medical information if you feel the information is incorrect or incomplete;
- Request that we communicate with you about confidential matters in a certain way or at a certain location; For example, you can ask that we only contact you at work or by mail;
- Request that we restrict how we use or disclose your medical information. We do not have to agree to your restriction;
- Receive an accounting of certain disclosures we have made, if any, of your medical information; and
- Receive a copy of our Notice of Privacy Practices.

You have the right to receive visitors, mail, telephone calls and other forms of communication while hospitalized. However, if may be necessary to restrict these communications for therapeutic reasons. If so, you have the right to an explanation and involvement in this decision.

You have the right to interpreter services if you have hearing or speech impairments, require language interpretation or reading assistance in order to understand and actively participate in your care.

You have the right to request protective services if the need arises. The names, address, and telephone numbers of protective agencies will be provided at hospital admission upon request.

You have the right to receive information about the initiation, review and resolution of issues concerning your care. You may speak to your physician, a social worker, a patient advocate or pastor.

You have the right to discuss concerns or file formal grievances or complaints about your medical care and treatment. Staff can provide and if needed, assist with filling out a

grievance form. You will be directed where you can confidentially submit grievance forms in mounted, locked boxes provided throughout the hospital.

PATIENT RESPONSIBILITIES

The patient/resident has the responsibility to provide to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to health. You have the responsibility to report unexpected changes in your condition to your healthcare provider. You are responsible for making it known whether you clearly understand a contemplated course of action and what is expected of you. You are responsible for your actions if you refuse treatment or do not follow the practitioner's instructions.

You have the responsibility to work with your physician or other caregiver to develop a treatment plan. This includes following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable hospital rules and regulations. You have the responsibility to ask questions if you do not understand medical instructions, procedures or other information concerning treatment. You are responsible for keeping appointments and, when you are unable to do so for any reason, notifying the responsible practitioner or the hospital.

You have the responsibility to identify yourself appropriately and use your insurance benefit card in accordance with your health care coverage program policies and procedures. You are responsible to pay your bills as required and cooperate in the proper processing of third party payments.

You are responsible for being considerate of others by respecting the rights, privacy and feelings of hospital personnel and other patients. You have the responsibility for assisting in the control of noise and the number of your visitors to allow for uninterrupted services to other patients. You are responsible for being respectful of the property of other persons and of the hospital property, including buildings and parking areas. You have the responsibility for following all hospital rules and regulations with regard to security, conduct and patient care.

This patient Bill of Rights is not a legal document. It is a statement of rights and responsibilities presented in the interest of better patient care. We appreciate your willingness to speak to your physician and health care providers about your health care needs. We encourage you to discuss any issues, knowing that you can do so free of interference, discrimination, restraint or reprisal from our organization.