



SUBJECT: Rights and Responsibilities of Patients	POLICY NUMBER: PAMC/MS 987.001
Policy Type: Patient Care	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Reviewed
EXECUTIVE Approval: /s/ Richard D. Mandsager, MD, Chief Executive Providence Alaska Medical Center	Date Signed: 5-29-2012 Effective Date: 6-13-2012 Implementation Date: 11/30/1996

I. PURPOSE/SCOPE

To list the rights and responsibilities of patients cared for at Providence Alaska Medical Center, to provide for the education of patients concerning these rights and responsibilities, and to delineate staff responsibilities for upholding patients' rights

II. POLICY

In keeping with the philosophy of respect, compassion, and justice and the mission of Providence Health & Services, Providence Alaska Medical Center believes every patient has certain rights and responsibilities. These rights and responsibilities flow directly from the mission, vision, and values of the Sisters of Providence. Patients are educated about their rights and responsibilities and these rights are supported by the staff.

III. DEFINITIONS

None

IV. SPECIAL CONSIDERATIONS

None

IV. PROCEDURES

A A patient at Providence Medical Center has the right to:

1. Considerate, respectful care which reflects personal values and belief system.
2. Access to competent medical care regardless of sex, age, national origin, physical limitations or source of payment.
3. Information about the outcome of care, including unanticipated outcomes.
4. Effective communication. This includes receiving information about risks, benefits and alternatives for procedures and surgery so that consent can be fully informed.

5. To have visitors of your choice except when it interferes with your immediate care.
 6. Knowledge of the names of all physicians and staff involved in the patient's care.
 7. Understand the charges on the bill.
 8. Participate in decisions about care.
 9. Pain Management.
 10. Informed Refusal of care.
 11. Voice complaints regarding the care received and to have those complaints reviewed and addressed.
 12. Be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
 13. Be free from coercion and restraints except when restraints are medically indicated.
 14. Comfort and dignity at the end of life.
 15. Confidentiality, privacy and security of medical records.
 16. Personal privacy.
 17. Recognition and respect of their Advance Directives.
- B. Patients, and their families, when appropriate, have the responsibility to:**
1. Provide an accurate and complete medical history.
 2. Ask questions and seek clarification related to care, treatment and services.
 3. Follow the treatment plan developed with the health caregivers and to communicate with the caregivers if any part of the plan is objectionable or unclear.
 4. Report all changes in condition to the health caregivers.
 5. Follow the rules and regulations of Providence Alaska Medical Center.
 6. Demonstrate respect and consideration for the rights and property of others.

7. Fulfill financial obligations and seek explanations for any questionable or disputed charges.
- C. Patients are informed about their rights and responsibilities initially, and as needed thereafter.
1. Upon admission, the Admitting Clerk gives the patient, and their family, when appropriate, a copy of the rights and responsibilities of patients, PAMC form 8721-584.
 2. The Rights and Responsibilities of Patients form is also posted throughout the hospital.
 3. During the nurse's initial assessment of an inpatient, the patient, and their family, when appropriate, are asked if they have been given a copy of the rights and responsibilities of patients. If they do not have a copy and wish to review one, they will be shown or informed where a copy is available on that inpatient unit.
- D. All employees are oriented to the rights and responsibilities of patients. All physicians and practitioners with staff privileges are also informed the patient's rights and responsibilities.
- E. Staff Responsibilities:
1. All staff are required to support the patient in the free exercise of rights and responsibilities. If a patient or caregiver needs assistance with this, the issues may be discussed with the patient's physician, the patient's nursing team, the case manager, or the Ethics Committee.
 2. In the situation where a patient is not fulfilling the responsibilities as outlined and this is potentially impacting the provision of care or creates a risk to others, the staff may take the following steps:
 - a. Consult with the patient's physician.
 - b. Request a care conference.
 - c. Request an ethics consult.
 - d. Notify the Administrator on Call
 - e. Call Security.

VI. REFERENCES
None

VII. ATTACHMENTS

Attachment A – Rights and Responsibilities of Patients - Hmong (Form #8721-584)
Attachment B – Rights and Responsibilities of Patients – Korean (Form #8721-584)
Attachment C – Rights and Responsibilities of Patients – Spanish (Form #8721-584)
Attachment D – Rights and Responsibilities of Patients – English (Form #8721-584)

VIII. KEY SEARCH WORDS

Patient Rights, Patient Responsibilities

**** Policy is not complete without Signature Authorization sheet following****

End of Policy

HISTORY: This policy REVISES PAMC 100.001 Policy Management, Providence Alaska Medical Center effective date 6-18-11 and incorporates PAMC/ MS 955.047 Policy Management, Patient Care which is being archived

**PROVIDENCE ALASKA MEDICAL CENTER
Policy Approval Sheet**

Policy Title: Patient Rights and Responsibilities	
Policy Number PAMC /MS 987.001	
Policy is: <input type="checkbox"/> New <input type="checkbox"/> Reviewed ~ References verified (to include regulatory and accreditation standards, competencies, forms, evidence based citations and attachments) Past Review dates: <u>3/10, 2/09, 12/07, 1/07</u> <input checked="" type="checkbox"/> Reviewed and Revised with Changes Past Revision Dates <u>4/12, 5/11, 1/07, 8/05, 7/03, 5/02</u> <input type="checkbox"/> To be Archived Reason: _____	
Policy Owner / Reviewer: Monica Anderson, Chief Mission Integration Officer /s/	
Date of Review: 4/12	
Policy has also been Reviewed by:	
Patient Care Policy Review	Facility Policy Review
P&P Committee • Review Date(s) <u>2/07</u> • Approval Date _____	Leadership Distribution Reviewed policy on _____
Policy Triage Subcommittee • Review Date _____ • Minor Policy Changes and Approved at Medical Executive Committee on <u>10/05</u> Or • Major Policy changes and Submitted to Medical Staff Bylaws On _____ then approved at Medical Executive Committee on _____	PAMC Operations Council • Reviewed policy on _____ • Approved Policy on _____
Signature Approvals	
Approved by /s/ Deborah Hansen, RN, MS, NE-BC Chief Nurse Executive	Approved by /s/ Robert Honeycutt Chief Operating Officer
Approved by: Chief Medical Officer	
Approved by: /s/ Robert Pease, MD Chief of Staff	

TUS NEEG MOB COV CAI THIAB COV DEJ NUM

Pawg neeg kho mob ntawm Providence Alaska Medical Center muaj kev ruaj siab los muab kev pab rau nws cov neeg mob thiab lawv tsev neeg yam muaj kev hwm, kev hlub tshua, kev ncaj ncees, kev ua tau zoo tshaj thiab kev saib xyuas. Nyob ncaj nrog rau cov ntsiab tseem ceeb no, peb lees paub tus neeg mob cov cai thiab cov dej num nram qab no:

Ua ib tug neeg mob ntawm Providence Alaska Medical Center, koj muaj **CAI**:

- Tau kev kho mob yam uas siab zoo thiab muaj kev hwm uas lees paub txog qhov tseem ceeb thiab cov kev ntseeg ntawm koj ntiag tug.
- Muaj kev xyuas kom nyab xeeb thiab meej mom thaum txoj sia yuav tu.
- Tau kev kho mob tsis hais txog koj li zeej xeeb, hnub nyoog, yug teb chaws twg, cov kev txwv ntawm kev siv lub cev ua ub no los yog rab peev xwm them nqi.
- Txiaiv txim siab txog txoj kev kho koj thiab kom suav los yog tsis txhob suav cov neeg hauv tsev neeg los yog lwm cov neeg thaum uas txiaiv txim siab.
- Kom qhia rau koj kom ntxaws txog koj txoj kev noj qab haus huv thiab cov txheej txheem tau xav kom ua los kho koj.
- Tsis kam txais txoj kev kho mob uas tau tawm tswv yim tias yuav muab rau koj thiab tseem tau txais lwm cov kev kho mob uas koj pom zoo rau.
- Tau kev txhawb nqa los ntawm cov kev pab neeg thiab kev pab sab ntsuj plig los pab rau lub sijhawm koj tab tom zoo los.
- Cov lus qhia uas pab tau thiab cov lus teb rau koj cov nqe lus nug.
- Tau txais cov ntawv txhais los yog lwm cov kev pab sib txuas lus los pab kom koj nkag siab txog koj tus mob thiab txoj kev kho koj.
- Cov npe ntawm tag nrho cov kws kho mob thiab cov neeg ua hauj lwm uas pab hauv txoj kev kho koj.
- Kev hloov cov kws kho mob.
- Kev pab, raws li qhov koj xav tau, rau qhov uas mob.
- Koj muaj cai muaj qhua tuaj raws li qhov koj xaiv tshwj tsis yog thaum nws cuam tshuam rau txoj kev kho koj tam sim ntawd.
- Muaj kev hwm koj Tsab Ntawv Teev Cov Lus Qhia Ua Ntej Seb Xav Kom Kho Mob Li Cas (Advance Directives), uas yuav caum raws kom ntau li ntau tau.
- Cov lus qhia txog qhov yuav tshwm sim ntawm txoj kev kho koj, nrog rau qhov tsis xav txog tias yuav tshwm sim.
- Kev ywj pheej los ntawm kev raug tsim txom ntawm kev xav, lub cev, kev deev, thiab kev hais lus, kev tsis saib xyuas thiab kev caij tsuj lwm tus neeg.
- Tsis txhob muaj kev tuav tseg dua li ntawm cov uas siv rau kev kho mob los pab rau koj txoj kev nyab xeeb.
- Hwm koj txoj kev tsis pub lwm tus neeg paub txog koj ntiag tug.
- Nug txog cov nqi hauv koj daim nqi. (Thov hu rau Tus Neeg Mob Tus As Khauj ntawm 1-866-397-9269)
- Cov ntaub ntawv kho mob uas tsis pub leej twg paub thiab muaj kev ruaj ntseg. (Saib Providence Health & Services Alaska Tsab Ntawv Qhia Txog Kev Siv Cov Ntaub Ntawv Kho Mob Uas Tsis Pub Rau Leej Twg Paub (Notice of Privacy Practices))
- Hais qhov tsis txaus siab txog txoj kev kho mob uas koj tau txais thiab kom nrog saib cov kev tsis txaus siab ntawd thiab muab lus teb rau cov ntawd. Hu rau Tus Xov Tooj Muab Kev Pab Neeg ntawm 212-3615 los yog 1-800-510-3375 rau ib daim ntawv sau txog kev tsis txaus siab los yog hais kev tsis txaus siab.
- Qhia txog cov kev txhawj xeeb los yog cov kev tsis txaus siab uas tsis tau teb uas hu rau Chav Fai ntawm Kev Saib Xyuas Txog Qhov Zoo hauv Lub Koom Haum Koom Ua Ke (Office of Quality Monitoring of the Joint Commission) uas muab kev pom zoo rau lub tsev kho mob los ntawm kev hu rau 1-800-994-6610 los yog e-mail mus rau complaint@jointcommission.org los yog hu rau Alaska Xeev Fab Muab Ntawv Pom Zoo thiab Ntawv Tso Cai (Alaska State Division of Certification and Licensing) ntawm 1-888-387-9387.

Thaum ua ib tug neeg mob, koj thiab koj tsev neeg, thaum uas tsim nyog, muaj **TXOJ DEJ NUM**:

- Qhia txog txoj kev kho mob yav tas los kom tseeb thiab meej.
- Nug cov lus nug thiab nrhiav kev pab kom koj nkag siab txog txoj kev tu xyuas, kev kho mob, thiab cov kev pab koj.
- Ua raws li lub hom phiaj kho mob uas tau tsim tawm los ntawm pawg neeg kho mob thiab qhia rau cov neeg tu xyuas yog hais tias muaj tej seem hauv lub hom phiaj nws tsis raug chua los yog tsis meej pes tsawg.
- Qhia rau pawg neeg kho mob txog tag nrho cov kev hloov hauv koj tus mob.
- Muab kev hwm thiab kev xam pom txog cov cai thiab tej khoom ntawm lwm cov neeg.
- Ua raws li cov cai thiab txhooj cai hauv Providence Alaska Medical Center.
- Them cov nqi uas koj yuav tau them thiab hais kom tshab txhais cov nqi yog tias koj tsis nkag siab los yog muaj lus nug.
- Muab koj cov khoom muaj nqis tso rau tom tsev, yog tias tau, tsis li koj muaj txoj dej num los xyuas cov ntawd yog tias koj nqa tuaj rau hauv tsev kho mob.



환자의 권리 및 책임

Providence Alaska Medical Center의 건강 관리 팀은 상대방을 존중하고, 배려하고, 공정하고, 전문적이고, 협력하는 자세로 환자와 그 가족을 대하기 위해 최선을 다합니다. 이러한 핵심적인 가치를 기준으로 다음의 환자 권리 및 책임을 주지하고 있습니다

Providence Alaska Medical Center의 환자는 다음의 권리를 가집니다.

- 귀하의 개인적인 가치관 및 신념을 배려하는 친절하고 존중하는 치료를 받을 수 있습니다.
- 생을 마감할 때 편안하고 인간의 존엄성을 유지하는 대우를 받을 수 있습니다.
- 성별, 나이, 국적, 신체 장애, 의료비 자원 및 지불 능력 등에 관계 없는 의학적 치료를 받을 수 있습니다.
- 귀하의 치료에 대한 결정을 내리고 결정시 가족 구성원 또는 기타 사람을 포함시키거나 제외할 수 있습니다.
- 귀하의 건강 상태와 귀하의 치료를 위해 제시된 시술에 대해 완전한 설명을 들을 수 있습니다.
- 귀하께 제시된 치료를 거절하고 귀하가 동의하는 다른 치료를 받을 수 있습니다.
- 귀하의 회복에 도움이 될 수 있는 사회적 서비스 및 정신적 치료를 지원 받을 수 있습니다.
- 귀하의 질문에 대한 유용한 정보 및 응답을 제공 받을 수 있습니다.
- 귀하의 질병 및 치료를 이해할 수 있도록 도움을 주는 번역 또는 기타 대화 보조 수단을 제공 받을 수 있습니다.
- 귀하의 치료를 담당하고 있는 모든 의사 및 직원의 이름을 알 수 있습니다.
- 담당 의사를 변경할 수 있습니다.
- 필요에 따라, 통증 치료를 받을 수 있습니다.
- 귀하의 즉각적인 치료에 방해가 되는 경우를 제외하면 귀하가 원하는 사람이 방문할 수 있도록 할 수 있습니다.
- 귀하의 사전 의사결정서를 존중하고, 이를 최대한 따르도록 할 수 있습니다.
- 예상치 못한 결과를 비롯하여, 귀하의 치료 결과에 대한 정보를 받을 수 있습니다.
- 정신적, 육체적, 성적 및 언어적 학대와, 방치 및 착취로부터 자유로울 수 있습니다.
- 귀하의 안전을 위해 의학적으로 지시된 사항 이외의 제약으로부터 자유로울 수 있습니다.
- 귀하의 개인 정보를 존중 받을 수 있습니다.
- 귀하의 청구서 내역에 대해 문의할 수 있습니다. (원무과 전화 1-866-397-9269번으로 문의)
- 의료 기록의 비밀이 유지되고 안전하고 지켜지도록 할 수 있습니다. (Providence Health & Services Alaska Notice of Privacy Practices 참조)
- 귀하께서 받은 치료에 대해 불만을 제기하고 이러한 불만 사항이 검토되어 그 결과를 통보 받을 수 있습니다. 서면상 또는 구두상 불만 접수는 고객 서비스 라인(Customer Service Line) 전화 212-3615 또는 1-800-510-3375번으로 문의하십시오.
- 응답 받지 못하신 건의 또는 불만 사항은 1-800-994-6610번으로 전화하시거나 complaint@jointcommission.org로 이메일을 보내셔서 병원 인허가를 담당하는 Office of Quality Monitoring of the Joint Commission으로 신고하시거나, 1-888-387-9387번으로 전화하셔서 Alaska State Division of Certification and Licensing으로 알려주십시오.

귀하 또는 귀하의 가족은 환자로서 다음과 같은 책임을 집니다.

- 정확하고 완전한 병력 기록을 제공하십시오.
- 귀하에 대한 처치, 치료 및 서비스를 이해할 수 있도록 질문하고 도움을 구하십시오.
- 건강 관리 팀이 개발한 치료 플랜을 따르고 플랜이 적절하지 않거나 명확하지 않은 경우에 치료 담당자에게 이를 알려주십시오.
- 귀하의 모든 상태 변화를 건강 관리 팀에게 알려주십시오.
- 타인의 권리와 재산을 존중하고 고려하십시오.
- Providence Alaska Medical Center의 규칙과 규정을 따르십시오.
- 재정적인 책임을 이행하고 이해하지 못한 변동 사항이나 질문에 대한 설명을 요청하십시오.
- 가능하면 귀중품은 집에 두고 오시고, 만약 병원에 가져오시는 경우에는 이것에 대한 책임을 지십시오.



DERECHOS Y RESPONSABILIDADES DE LOS PACIENTES

El equipo de atención de la salud de Providence Alaska Medical Center está dedicado a atender a sus pacientes y sus familias con respeto, compasión, justicia, excelencia y organización. En línea con estos valores centrales, reconocemos los siguientes derechos y responsabilidades de los pacientes:

Como paciente de Providence Alaska Medical Center, usted tiene **DERECHO** a lo siguiente:

- Una atención amable y respetuosa, que reconozca sus creencias y valores personales.
- Ser tratado con comodidad y dignidad al final de la vida.
- Atención médica independientemente de su sexo, edad, origen nacional, limitaciones físicas, fuente de pago o capacidad de pagar.
- Tomar decisiones sobre su atención e incluir o excluir a miembros de la familia u otros cuando toma decisiones.
- Estar totalmente informado sobre su salud y cualquier procedimiento sugerido para su atención.
- Rechazar cualquier cuidado que se le ofrezca y aun así, recibir otros cuidados que usted acepte.
- El apoyo de servicios sociales y atención espiritual para fomentar su recuperación.
- Información útil y respuestas a sus preguntas.
- Recibir traducción u otra asistencia con la comunicación para ayudarlo a comprender su enfermedad y tratamiento.
- Los nombres de todos los médicos y el personal que colabora en su atención.
- Cambiar de médicos.
- Tratamiento, según sea necesario, para el dolor.
- Usted tiene derecho a recibir las visitas que elija, excepto cuando interfieran con su atención inmediata.
- Respeto por sus directivas anticipadas, que serán aplicadas en la medida de lo posible.
- Información sobre el resultado de sus cuidados, incluidos los resultados inesperados.
- Libertad de abuso mental, físico, sexual y verbal, abandono y explotación.
- Estar libre de restricciones más allá de las indicadas médicamente por su seguridad.
- Respeto por su privacidad personal.
- Hacer preguntas sobre los cargos en su factura. (Llame a Cuentas de los Pacientes al 1-866-397-9269).
- Registros médicos confidenciales y seguros. (Ver Aviso de Prácticas de Privacidad de Providence Health & Services Alaska).
- Quejarse por la atención que ha recibido y que esas quejas sean consideradas y respondidas. Llamar a la Línea de Servicios al Cliente al 212-3615 o al 1-800-510-3375, para realizar un reclamo verbal o escrito.
- Denunciar todas las inquietudes o quejas no respondidas, comunicándose con la Oficina de Monitoreo de Calidad de la Comisión Conjunta que certifica al hospital, llamando al 1-800-994-6610 o por correo electrónico a complaint@jointcommission.org o comunicándose con la División de Certificación y Licencias del Estado de Alaska al 1-888-387-9387.

Como paciente, usted y su familia, cuando corresponda, tienen la **RESPONSABILIDAD** de:

- Proporcionar una historia clínica completa y verdadera.
- Hacer preguntas y buscar ayuda para comprender su atención, tratamiento y servicios.
- Seguir el plan de tratamiento desarrollado con el equipo de atención médica e informar a los responsables de los cuidados si alguna parte del plan no es aceptable o no está clara.
- Informar al equipo de atención médica sobre todos los cambios en su estado.
- Mostrar respeto y consideración por los derechos y la propiedad de otros.
- Seguir las normas y reglamentaciones de Providence Alaska Medical Center.
- Cumplir sus obligaciones financieras y solicitar explicaciones de todos los cargos que no comprenda o cuestione.
- Dejar sus objetos de valor en casa, si es posible, o asumir la responsabilidad por ellos si los trae al hospital.



Attachment A

Rights and Responsibilities of Patients

The healthcare team at Providence Alaska Medical Center is dedicated to serving its patients and their families with **Respect, Compassion, Justice, Excellence and Stewardship**. To help reach this goal, we recognize the following patient **Rights and Responsibilities**.

As a patient at Providence Alaska Medical Center, you have the **right**:

- To kind and respectful care which recognizes your personal values and beliefs.
- To be treated with comfort and dignity at the end of life.
- To medical care regardless of your sex, age, national origin, physical limitations, source of payment or ability to pay.
- To make decisions about your care and to include or exclude family members or others when you make your decisions.
- To be fully informed about your health and any procedures suggested for you care.
- To refuse any care offered to you and still receive other care that you agree to.
- To the support of social services and spiritual care to aid your recovery.
- To helpful information and answers to your questions.
- To receive translation or other communication assistance to help you understand your disease and treatment.
- To the names of all physicians and staff helping with your care.
- To change physicians.
- To treatment, as you need it, for pain.
- To respect for your Advance Directives, which will be followed as much as possible.
- To information about the outcome of your care, including unexpected outcomes.
- To freedom from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- To be free from restraints other than those medically indicated for your safety.
- To respect of your personal privacy.
- To confidential and secure medical records. (See other side and the Providence Health System in Alaska Notice of Privacy Practices.)
- To ask questions about the charges on your bill. (Please call Patient Accounts at 1-866- 397-9269.)
- To complain about the care you have received and have those complaints looked into and answered. (Please call the Customer Service Line at 261-3615 or 1-800-510-3375 for a written or verbal complaint)
- To report any unanswered concerns or complaints by contacting the Office of Quality Monitoring of the Joint Commission which certifies the hospital by either calling 1-800-994-6610 or e-mailing complaint@jcaho.org or by contacting the Alaska State Division of Certification and Licensing at 1-888-387-9387.

As a patient, you and your family, when appropriate, have the **responsibility**:

- To provide a truthful and complete medical history.
- To ask questions and seek help so that you understand your care, treatment and services.
- To follow the treatment plan developed with the healthcare team and to tell the caregivers if any part of the plan is not acceptable or is unclear.
- To tell the healthcare team about all changes in your condition.
- To show respect and consideration for the rights and property of others.
- To follow the rules and regulations of Providence Alaska Medical Center.
- To meet your financial obligations and ask for explanations for any charges you do not understand or question.
- To leave your valuables at home, if possible, or to take responsibility for them if you choose to bring them to the hospital.

Attachment A (pg. 2)

Advance Directives

The employees of Providence Health System in Alaska respect your right to decide what kind of treatment and procedures you agree to receive. Sometimes patients are too sick to be able to tell us their wishes about treatment choices. At those times, we look to the written documents that you can prepare to tell us how to treat you. These documents are called **Advance Directives** because they are made in advance, while you can still talk for yourself. They direct future decision making in case your illness makes it impossible for you to talk to us. There are two kinds of Advance Directives—the **Living Will** and the **Power of Attorney for Health Care Decision Making**.

The **Living Will** is a written document in which you list your wishes for how decisions about your care should be made. As long as you can still talk for yourself, it is not used.

In a **Power of Attorney for Health Care Decision Making** document you name the person we should go to for permission to treat you if you cannot talk to us yourself. You can appoint any person who knows you well enough to know your values and wishes. When you are not able to tell us yourself, we will ask the person you named as your Power of Attorney to tell us what care you want.

When you are admitted to Providence Alaska Medical Center, we will ask you about your Advance Directives. If you have made one or both of these Advance Directives, we will ask you for a copy since we cannot act on them until we see them. If you cannot get a copy to us, please tell the healthcare team what they say. Once we have a copy, it will stay with your medical record for future use unless you tell us you wish to cancel it.

If you have not made Advance Directives, we can provide you with more information and the typical forms. You may wish to get more information from your physician, family members, or attorney before you complete the forms.

You are not required to make any Advance Directives. It is your choice. We do encourage everyone, young and old, to talk with family members about how they feel about different kinds of treatments. Other family members can then be comfortable about the decisions being made. If you have not appointed someone to speak for you, we will ask your family members what care you would want if you can not tell us. It is helpful to them and to us, if you have talked to them about your wishes. Your physician, nurses, social worker, or chaplain can help with these discussions if you wish.

Confidentiality

You have the right to tell us which family members and friends you wish us to give information about your medical condition and treatment. If you are not able to talk to us, we ordinarily talk to your family members to report your progress and ask them about your wishes. If there are family members or other people you do not want us to talk with, please tell your nurses and physician so your wishes can be followed.

Rights and Responsibilities of Patients

The Healthcare Team at Providence Alaska Medical Center is dedicated to serving its patients and their families with **Respect, Compassion, Justice, Excellence and Stewardship**. To help reach this goal, we recognize the following patient **Rights and Responsibilities**.

As a patient at Providence Alaska Medical Center, you have the **right**:

- ❖ To kind and respectful care which recognized your personal values and beliefs.
- ❖ To be treated with comfort and dignity at the end of life.
- ❖ To medical care regardless of your sex, age, national origin, physical limitations, source of payment or ability to pay.
- ❖ To make decisions about your care and to include or exclude family members or others when you make your decisions.
- ❖ To be fully informed about your health and any procedures suggested for your care.
- ❖ To refuse any care offered to you, and still receive other care that you agree to.
- ❖ To the support of social services and spiritual care to aid your recovery.
- ❖ To receive translation or other communication assistance to help you understand your disease and treatment.
- ❖ To the names of all physicians and staff helping with your care.
- ❖ To change physicians.
- ❖ To treatment, as you need it, for pain.
- ❖ To respect for your Advance Directives, this will be followed, as much as possible.
- ❖ To information about the outcome of your care, including unexpected outcomes.
- ❖ To freedom from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- ❖ To be free from restraints other than those medically indicated for your safety.
- ❖ To respect of your personal privacy.
- ❖ To confidential and secure medical records.
- ❖ To Ask question about the charges on your bill. (Please call Patient Accounts at 1-866-397-9269)
- ❖ To complain about care you have received and have those complaints looked into and answered. Please call the Customer Service Line at 261-3615 or 1-800-510-3375 for a written or verbal complaint.
- ❖ To report any unanswered concerns or complaints by contacting the Office of Quality Monitoring of the Joint Commission which certifies the hospital by either calling 1-800-994-6610 or e-mailing complaint@jcaho.org or by contacting the Alaska State Division of Certification and Licensing at 1-888-387-9387.
- ❖ To request the gender of hospital staff providing intimate care and have that request honored whenever possible, if you are an adult behavioral health patient.

As a patient, you and your family, when appropriate, have the responsibility:

- ❖ To provide a truthful and complete medical history.
- ❖ To ask questions and seek help so that you understand your care, treatment and services.
- ❖ To follow the treatment plan developed with the healthcare team and to tell the caregivers if any part of the plan is not acceptable or unclear.
- ❖ To tell the healthcare team about all changes in your condition.
- ❖ To show respect and consideration for the rights and property of others.
- ❖ To follow the rules and regulations of Providence Alaska Medical Center.
- ❖ To meet your financial obligations and ask for explanations for any charges you do not understand or question.
- ❖ To leave your valuables at home, if possible, or to take responsibility for them if you choose to bring them to the hospital.