

EFFINGHAM HEALTH SYSTEM PATIENT'S RIGHTS AND RESPONSIBILITIES

As a patient at **Effingham Health System**, you have many rights that are in place to ensure you receive the best care possible. You also have responsibilities that help both you and your caregivers make informed decisions about your treatment while you are in our care. Please review your rights and responsibilities carefully, and be sure to ask if you have any questions.

You have the RIGHT to receive compassionate care that respects your personal, spiritual, cultural, and religious values and beliefs.

You have the RIGHT to be treated with respect and dignity.

You have the RIGHT to be communicated to in a manner in which you fully understand.

You have the RIGHT to have the hospital promptly notify a family member or representative and your physician of your admission to the hospital.

You have the RIGHT to formulate advance directives and to have hospital staff and physicians comply with these directives. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to the hospital, your family, and your doctor.

You have the RIGHT to receive information in a manner that is understandable by you, receive language interpretation and or translation services if needed.

You have the RIGHT to be communicated in a manner that meets your impairment needs, (hearing, and vision and speech recognition).

You have the RIGHT to consent to or refuse any treatment, as permitted by law. If you refuse a recommended treatment, you will receive other needed and available care.

You are RESPONSIBLE for providing information about your health, including past illnesses, hospital stays, and use of medicine.

You have the RIGHT to have your pain assessed and managed appropriately.

You have the RIGHT to expect a quick response to reports of pain.

You are RESPONSIBLE to ask for pain relief when pain first begins and to assist the providers in assessing your pain.

You have the RIGHT to be free from restraints and seclusion of any form that are not medically necessary.

You have the RIGHT to have a family member, friend, or other individual to be present with you for emotional support during the course of your stay. This individual may or may not be the surrogate decision-maker or legally authorized representative.

You have the RIGHT to be involved and participate and make decision about your plan of care, treatment and services including the right to have your physician promptly notified of your hospital admission.

You have the RIGHT to privacy. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.

You have the RIGHT to expect that health records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.

You have the **RIGHT** to receive a Notice of Privacy Practices, which contains information about how your health information is used.

You have the **RIGHT** to review your medical records, to receive an accounting of disclosures, to request restriction on use/disclosures, and request amendment regarding your own health information in accordance with law and regulation.

You have the **RIGHT** to expect that the hospital will give you necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of the risks, benefits, and alternatives.

You have the **RIGHT** to religious and other spiritual services. The hospital will make efforts to accommodate you or make appropriate referrals.

You have the **RIGHT** to be told of realistic care alternatives when hospital care is no longer appropriate.

You have the **RIGHT** to know about hospital rules that affect you and your treatment and about charges and payment methods.

You have the **RIGHT** to review your bill, have the information explained to you, and get a copy of the bill.

You are **RESPONSIBLE** for financial obligations for care and services. This includes providing information for insurance and working with the hospital to arrange payment, when needed.

You have the **RIGHT** to know the identity and professional status of those who care for you. All staff will wear name badges with their name, and job title.

You are **RESPONSIBLE** for asking questions when you do not understand information or instructions.

You are **RESPONSIBLE** to follow your plan of care, and for telling your doctor if you believe you can't follow through with your treatment.

You and your visitors are **RESPONSIBLE** for being considerate of the needs of other patients, staff and the hospital.

You have the **RIGHT** to know about hospital resources, such as patient complaints and grievance processes, or ethics committees, that can help you promptly resolve problems and questions about your hospital stay and care.

If you have patient safety concerns at **Effingham Health System**, please contact your nurse or caregiver to give us an opportunity to resolve your concern. If your concern is not addressed, you may contact the: **Accreditation Officer (912) 754-0174 or (912) 754-0370**
P.O. Box 386 Springfield, Georgia 31329

Effingham Health System is accredited by the Joint Commission. The Joint Commission's accreditation process focuses on systems critical to the safety and the quality of care, treatment and services. If we cannot resolve your concerns, you are welcome to contact the Joint Commission's Office of Quality and Patient Safety (OQPS) by calling 1-800-994-6610 or by mail to:

Office of Quality and Patient Safety, The Joint Commission One Renaissance Blvd. Oakbrook Terrace, IL 60181, by fax to 630-792-5636 or by web at www.jointcommission.org, using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website. Reports of patient safety events to The Joint Commission must include the health care organization's name, street address, city, and state.

We maintain a website that provides information about our entity; this Notice will be on the website.

www.effinghamhealth.org