

## WILLIAM BEE RIRIE HOSPITAL & RURAL HEALTH CLINIC

### POLICY: PATIENT RIGHTS AND RESPONSIBILITIES

#### Mission Statement

The mission of White Pine County Hospital District is to provide quality health services in a compassionate atmosphere, safe and secure environment that supports the dignity and well being of individuals and families. This non-profit entity directly provides services appropriate to a rural community and coordinates the access to needed health services.

#### Admission Policy

It is our policy to admit and provide services to patients at the William Bee Ririe Hospital without prejudice to race, color, national origin, sex, religion, age or disability (including AIDS and AIDS-related conditions). Violations of these policies should be brought to the attention of the Section 504 Coordinator. Unresolved complaints of discrimination may be filed with the office of Health and Human Services, 50 United Nations Plaza, San Francisco, California 94102.

#### Statement of Patient Rights

Patients in this hospital have the right:

- \* to receive considerate and respectful care.
- \* to receive, from his/her physician, a complete and current description of his/her diagnosis, plan for treatment and prognosis in terms which he/she is able to understand. This information shall be effective for each patient served, including the hearing and speech impaired. If it is not medically advisable to give this information to the patient, the physician shall:
  - . . . provide the information to an appropriate person responsible for the patient, and

## STATEMENT OF PATIENT RIGHTS & RESPONSIBILITIES – CONTINUED

- . . . inform that person that he/she shall not disclose the information to the patient.
- \* to receive, from his/her physician the information necessary for him/her to give his/her informed consent to a procedure or treatment. Except in an emergency, this information must not be limited to a specific procedure or treatment and must include:
  - . . . a description of the significant medical risks involved,
  - . . . any information on alternatives to the treatment or procedure if he/she requests that information, and
  - . . . the name of the person responsible for the procedure or treatment.
- \* to be informed from his/her physician about the outcomes of care, including unanticipated outcomes.
- \* the right to appropriate assessment and management of pain
- \* to refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal.
- \* to retain his/her privacy concerning his/her program of medical care. Discussions of a patient's care, consultation with other persons concerning the patient, examinations or treatments, and all communications and records concerning the patient are confidential. The patient must consent to the presence of any person who is not directly involved with his/her care during any examination, consultation or treatment.
- \* to be provided the services necessary to be treated properly or the transfer of the patient to another facility which can provide that care will be arranged.
- \* if necessary, to be transferred to another facility only if the patient has received an explanation of the need to transfer him/her and the alternatives available, unless his/her condition necessitates an immediate transfer to a facility for a higher level of care and he/she is unable to understand the explanation.

## STATEMENT OF PATIENT RIGHTS & RESPONSIBILITIES – CONTINUED

- \* to receive information concerning any other health and care or educational facility associated with the facility at which he/she is a patient which relates to his care.
- \* to obtain information concerning the professional qualifications or associations of the persons who are treating him.
- \* to receive the name of the person responsible for coordinating his/her care in the facility.
- \* to be advised if this facility proposes to perform experiments on patients which affect his/her own care or treatment. The patient has the right to refuse to participate in such research projects.
- \* to receive continuous care from the facility. The patient must be informed:
  - . . . of his/her appointments for treatment and the names of the persons available at the facility for those treatments, and
  - . . . by his/her physician or an authorized representative of the physician, or his/her need for continuing care.
- \* to have any reasonable request for services reasonably satisfied by the facility, considering it's ability to do so.
- \* to know the facility's regulations concerning his/her conduct at the facility.
- \* to examine the bill for his/her care and received an explanation of the bill, whether or not he/she is personally responsible for payment.
- \* to have any complaint handled in a manner in accordance with the hospital policy. Patient complaints can be directed to any hospital employee who will refer them to the proper persons(s).

## STATEMENT OF PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect.

- \* This hospital is a healthcare facility and therefore allows **NO SMOKING THROUGHOUT THE BUILDING(S) AND WBRH OWNED VEHICLES.** Patients are required to smoke outside the facility in the areas designated by the Chief Executive Officer.

Please inform your friends and relatives of this policy in respect for all patients in order to and each and everyone to recover as quickly and comfortably as possible.

- \* The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past medical history, and other matters relating to his/her health.
- \* The patient is responsible for making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him.
- \* 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 on his/her hospital care are fulfilled as promptly as possible.
- \* The patient is responsible for following hospital policy and procedures.
- \* The patient is responsible for being considerate of the rights of other patients and hospital personnel.
- \* The patient is responsible for being respectful of his/her personal property and that of other persons in the hospital.

For questions concerning this document contact: Robert Morasko, Administrator

## **WILLIAM BEE RIRIE HOSPITAL & RURAL HEALTH CLINIC**

### **PEDIATRIC RIGHTS AND RESPONSIBILITIES OF PARENTS/GUARDIANS**

#### PATIENT RIGHTS – STAFF RESPONSIBILITY FOR THE PEDIATRIC PATIENT

In addition to the rights to adult patients, the needs of children/adolescents and they, with their parents/guardians, shall have the following rights:

1. Respect for:
  - . . . each child and adolescent as a unique individual
  - . . . the care-taking role and individual response of the parent.
  
2. Provision for normal physical and physiological needs of a growing child to include: nutrition, rest, sleep, warmth, activity and freedom to move and explore.
  
3. Consistent, supportive and nurturing care which"
  - . . . meets the emotional and psychosocial needs of the child
  - . . . fosters open communications
  - . . . encourages human relationships
  
4. Provision for self-esteem needs which will be met by attempts to give the child:
  - . . . the reassuring presence of a caring person, especially of a parent
  - . . . freedom to express feelings or fears with appropriate reactions
  - . . . as much control as possible, over both self and situation
  - . . . opportunities to work through experience before and after they occur, verbally, in play or in other appropriate ways
  - . . . recognition and reward for coping well during difficult situations
  
5. Provision for varied and normal stimuli of life which contributes to cognitive, social, emotional and physical developmental needs.
  - . . . play, educational and social activities essential to all children and adolescents.

PATIENT RIGHTS/STAFF RESPONSIBILITY FOR THE PEDIATRIC PATIENT-  
CONTINUED

6. Information about what to expect prior to/during and following procedure/experience and support in coping with it.
7. Participation of children/families in decisions affecting their own medical treatment.
8. Minimization of hospital stay duration by recognizing discharge planning needs.

FAMILY RESPONSIBILITY

1. Parent/family\* shall have the responsibility for:
  - . . . continuing their parenting role to the extent of their ability
  - . . . being available to participate in decision-making and providing staff with knowledge of parents/family whereabouts.
  - . . . providing an adult family member to stay with the child, 24 hours per day.

\* The family consists of those individuals responsible for physical and emotional care of the child on a continuous basis, regardless of whether they are related.

**For questions concerning this document  
contact: Robert Morasko, Administrator**