

# PATIENT RIGHTS

*As a patient, you have certain rights and responsibilities. Our primary responsibility is to give you the best possible healthcare. We encourage you to understand, cooperate and participate in your healthcare. Your questions, comments and suggestions are welcome. We will make every effort to protect your rights as a patient.*

## Notice of Program Accessibility and Nondiscrimination

Our facility does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission or access to, or treatment or employment in, its programs, services or activities, or on the basis of sex (gender) in its health programs and activities.

Our facility and all of its programs, services, and activities are accessible to and useable by individuals with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments.

### You have the right...

- To receive kind and respectful care, regardless of your personal values and beliefs, age, sex, race, color, religion, national origin or ability to pay for the care.
- To get complete, current information about your diagnosis, treatment and prognosis from your physician in terms you can understand.
- To know, by name, the physician responsible for your care and/or the physician providing procedures or treatments for you.
- To participate in decisions about your care, and to receive from your physician information necessary to give informed consent before the start of any procedure and/or treatment. Except in emergencies, information should include the specific procedure and/or treatment, the medically significant risks involved, the likely length of disability and medically significant alternatives.
- To refuse treatment to the extent permitted by law, and to be informed of the medical consequences if you do refuse treatment.
- To give or to withhold informed consent to produce or use recordings, films, or other images of patients for purposes other than their care.
- To be told if there are plans to be involved in or perform human research affecting your care or treatment and to refuse to participate in such research projects.
- To name a decision-maker for the times when you may not be able to make decisions for yourself, to receive information about formulating or revising an Advance Directive, to provide it to your physician and your service provider, and expect that it be followed as long as it is not intended to end life or make death occur sooner.
- To be told about pain and pain relief measures, and to participate in the development and implementation of a pain management plan.
- To be free from restraints that are not medically necessary.
- To express spiritual beliefs and cultural practices, as long as these do not harm others, interfere with treatment, or interfere with hospital processes.
- To be involved in ethical questions that come up during your care and to ask for help from the Ethics Committee, which is available to help patients make difficult decisions. Some ethical questions may include refusing CPR, or other life prolonging actions, or stopping life sustaining treatments, such as a breathing machine or feeding tube.
- To privacy and confidentiality about your care and medical records.
- To look at your medical records, request an amendment to them, and to have the information explained, except when restricted by law.
- To voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care. If you wish to file a formal grievance, you may get information about the Patient Grievance Process from the Patient Representative during weekdays, or the house supervisor on evenings and weekends. You have the right to speak to an administrator regarding a complaint or grievance. Call the main hospital number and ask for the hospital supervisor or administrator on call. You have the right to file a grievance with the state of Colorado regardless of whether you have first used our internal grievance process.
- To request reasonable accommodation, auxiliary aids or services, as needed for individuals with disabilities. Access features available include: level access into first floor levels with elevator access to other floors, fully accessible offices, restrooms, cafeteria, patient treatment areas, etc. Let the receptionist or your nurse know if you require specific auxiliary aids or services. Complaints regarding discrimination should also be directed to the Patient Representative.
- To be free from abuse or harassment, and to access protective services, including guardianship and advocacy services, and child or adult protective services.
- To have a family member, or representative of your choice, and your own physician, notified of your admission to the hospital promptly upon request.
- To have a family member, friend, or other individual (regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression) to be present for emotional support during the course of stay unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be your surrogate decision-maker or legally authorized representative.
- To receive information in a manner you understand including language interpreting and translation. A full range of assistive and communication aids including qualified sign language interpreters and readers is available at no cost to the patient.
- To an environment that is safe, secure, comfortable, preserves dignity, and contributes to a positive self-image.

### You have the responsibility...

- To provide information that facilitates your care, treatment and services.
- To ask questions or acknowledge when you do not understand the treatment course or care decisions.
- To follow instructions, policies, rules and regulations in place to support quality for patients and a safe environment for all individuals in the hospital.
- To support mutual consideration and respect by maintaining civil language and conduct in your interactions with staff and licensed independent practitioners.
- To meet financial obligations.

### Patient Grievance Process

We will do our best to address your patient care and safety concerns. If, after working with your caregiver and department director, the resolution is not satisfactory, you may contact the patient representative or hospital management. The hospital supervisor is available to assist you after hours and on weekends. Hospital management contacts include:

**Good Samaritan Medical Center**  
Patient Representative, 303-689-5306  
Hospital Management, 303-689-5200

**Lutheran Medical Center**  
Patient Representative, 303-425-2964  
Hospital Management, 303-425-2962

**Saint Joseph Hospital**  
Patient Relations Manager, 303-812-4395  
Hospital Management, 303-812-4930

You also have access to the Colorado Department of Public Health and the Environment, various oversight boards at the Department of Regulatory Agencies (DORA), the Office for Civil Rights, the Colorado Office of Behavioral Health, The Joint Commission, and the Beneficiary and Family Centered Care – Quality Improvement Organization.

**Colorado Department of Public Health and the Environment**  
Health Facilities Division  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
CDPHE Complaints, 303-692-2827  
cdphe.hfdintake@state.co.us

**Department of Regulatory Agencies (DORA)**  
1560 Broadway, Suite 1350, Denver, CO 80202  
Phone: 303-894-7855 Toll-Free: 800-886-7675  
Fax: 303-894-7885  
www.dora.colorado.gov

**Office of Civil Rights (for HIPAA Privacy and Discrimination Issues)**  
c/o Centralized Case Management Operations  
200 Independence Avenue, S.W.  
Room 515F HHH Bldg.  
Washington, D.C. 20201  
Customer Response Center: 800-368-1019  
Fax: 202-619-3818  
TDD: 1-800-537-7697  
www.hhs.gov/ocr

**Colorado Office of Behavioral Health**  
3824 West Princeton Circle  
Denver, CO 80236  
303-866-7400  
www.colorado.gov/cdhs

**The Joint Commission**  
Office of Quality and Patient Safety  
One Renaissance Blvd  
Oak Brook Terrace, IL 60181  
1-800-994-6610 Fax: 630-792-5636  
complaint@jointcommission.org

**Beneficiary and Family Centered Care – Quality Improvement Organization (BFCC-QIO)**

Medicare beneficiaries have the right to request a review by the state peer review organization, KEPRO, for quality of care, Medicare written Notice of Non-coverage, or premature discharge concerns. This can be arranged through our patient representative or one of our care managers.  
KEPRO  
5700 Lombardo Center Dr., Suite 100  
Seven Hills, OH 44131  
1-844-430-9504  
TTY 1-855-843-4776  
www.keproqio.com

*Natural parents and/or legal guardians of babies and children have the same rights and responsibilities as other patients while we are providing care and treatment for a minor child unless otherwise restricted.*