

Patient Responsibilities Statement

Our patients have the responsibility to:

1. Provide, to the best of your knowledge, accurate and complete information about present symptoms and complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
2. Report unexpected changes in your condition to the responsible provider.
3. Make it known whether you clearly comprehend a contemplated course of action and what is expected.
4. Follow the treatment plan recommended by your care team including following the instructions of your providers. You are responsible for asking questions when you do not understand information or instructions. If at any time you feel that you cannot follow through with instructions, please notify your provider or care team.
5. Take responsibility for your well being. Understand that you are responsible for your actions if you refuse treatment or do not follow your provider's instructions.
6. Regardless of the type of insurance coverage you have, pay your bill promptly or make arrangements with our Patient Services department.
7. Be considerate of the rights of other patients and CH personnel. Refrain from behavior that is threatening or disruptive to the operations of CH or is abusive to our staff or other patients.
8. Provide CH with copies of any written health care advance directives (living will, healthcare power of attorney, POLST forms).

If you have any questions about your rights and responsibilities as a patient at CH, please feel free to ask any one of the professionals who are caring for you.

Patient Rights Statement

Our patients have the right to:

1. Be treated with dignity and respect in a safe setting that is free from verbal and physical abuse, free from financial or other exploitation, free from harassment, retaliation, humiliation, and neglect.
2. Receive the information necessary to agree and give informed consent prior to the start of any procedure and/or treatment.
3. Participate in the development and implementation of your plan of care including the resolution of any problems with care decisions and any ethical issues that might arise in the course of your care.
4. Communication of information in terms and a format you can understand about your condition and medical treatment. If communication restrictions are needed for patient care and/or safety, we will document and explain these restrictions to you.
5. Request medically necessary and appropriate services or refuse treatment or services to the extent permitted by law, and be informed of the medical consequences of such decisions.
6. Have your comfort needs addressed through appropriate pain assessment and management.
7. Be informed of an adverse event or unanticipated outcome of care, treatment or services.
8. Choose your attending physician and consult a specialist or seek a second opinion.
9. Know the names of your providers and caregivers, the name of your primary provider, as well as anyone who might be consulting in your care.
10. Prompt notification to a family member (or chosen representative) and your physician of your inpatient admission to a CH hospital.
11. Input by family (or a designated representative) in your care decisions with your consent.
12. Receive visitors as designated by you. Visitors may be restricted depending on clinical requirements, your medical condition, and/or any established visiting hours applicable to your location. You have the right to refuse visitors at any time.
13. Be notified of your rights, and exercise your rights in regard to your care without fear of retaliation. CH providers, staff, and contractors have an obligation to protect and promote your rights.

14. Nondiscrimination on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity or expression, creed, religion, marital status, veteran or military status, inability to pay for medically necessary evidence-based care or for urgent or emergent services, insurance coverage under Medicare/Medicaid/CHIP, or any other status protected by law in admission to, participation in, receipt of the services at, or exercise of patient rights at CH.
15. Know there is a complaint process and be able to complain about your care without the fear of retribution or denial of care. You may complain to CH by dialing 509-663-8711. You have the right to a resolution of your complaint within 30 days unless an extension of time is needed.
16. Be aware that you may also complain directly to any of the following external governmental entities:
 1. The Washington State Department of Health (DOH), Health Systems Quality Assurance, P.O. Box 47857, Olympia WA 98504, 1-800-633-6828 or 360-236-4700, or HSQAComplaintIntake@doh.wa.gov
 2. Medicare, 1-800-MEDICARE (1-800-633-4227) or <https://www.cms.gov/center/ombudsman.asp>
 3. For Medicare beneficiaries with quality of care complaints, contact Kepro, the designated Quality Improvement Organization (QIO): 888-305-6759 or beneficiary.complaints@kepro.com.
 4. U.S. Department of Health and Human Services - Office for Civil Rights, 1-800-368-1019 (TDD 1-800-537- 7697) or https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf
17. Freedom from chemical and physical restraints except when necessary for a limited period of time to protect patient injury to self or others and never imposed as a means of coercion, discipline, convenience or retaliation.
18. Access protective services.
19. Respectful treatment of your personal property by CH staff.
20. Confidentiality in clinical and billing records related to your care.
21. Personal privacy consistent with your care needs. Case discussions, consultation, examination, and treatment will be conducted to protect patient privacy to the extent possible.
22. Access information in your own medical record in a reasonable period of time and within state and Federal guidelines. We take every measure to ensure that your medical record is accurate and complete.
23. Receive spiritual support if desired.
24. Personal choice regarding private association and communication with others. You may send and receive private communications and use the telephone in private, unless medically contraindicated. You have the right to personal choice regarding participation in activities of social, religious, and community nature, unless doing so would infringe upon the rights of others.
25. Be informed about advance directives and sign an advance directive such as a living will, durable power of attorney for health care, or Physician's Order for Life Sustaining Treatment (POLST), and have CH staff follow your wishes to the extent permitted by CH policy and state and Federal law.
26. Know that CH has a process in place to facilitate organ and/or tissue donation.
27. Know about CH policy, procedures, rules or regulations applicable to your care.
28. Know that participation in clinical training programs or in the gathering of data for research purposes is voluntary. You may withdraw your permission at any time.
29. Be moved to another facility at your request or when medically appropriate and legally permitted. You have a right to be given a complete explanation about why you need to be moved and if there are other options. The facility to which you will be moved must first accept you as a patient.
30. Be informed during your hospital stay of patient care options when hospital care is no longer needed. You have the right to participate in planning for when you leave the hospital.
31. Receive an itemized and detailed explanation of your total bill for services.
32. If you are a Medicare patient, you have the right to receive a notice of your discharge rights, a notice of your non-coverage rights, and be notified of your right to appeal a premature discharge.