

## Patient Rights

As a patient you are a key member of your Health Care Team and have the right to:

- Receive considerate, dignified, respectful care given by competent individuals.
- Receive services without discrimination based on age, race color, religion, national origin, handicap, disability, sexual orientation, veteran status, or source of payment.
- Maintain personal and informational privacy, within the law, as manifested by the following rights:
  - To refuse to talk with or see anyone not officially connected with the Hospital, including visitors or personnel officially connected with the Hospital, but not directly involved in your care.
  - To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- Expect reasonable safety regarding hospital practices and environment.
- Be provided the name of your attending practitioner, the names of all other practitioners directly participating in your care, and the names and functions of other persons having direct contact with you.
- Able to obtain from the practitioner responsible for coordinating your care, complete and current information concerning your diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms you as the patient can reasonably be expected to understand.
- Choose who can and cannot visit you, without regard to legal relationship, race, color, national origin, religion, sex, sexual orientation, gender identity or disability. You may withdraw or deny consent for visitation at any time.
- Examine and receive explanation of your bill, regardless of the source of payment.
- Receive reasonable informed participation in decisions involving your health care. To the degree possible, this should be based on a clear, concise explanation of your condition and of all proposed technical procedures including possibilities of risk or mortality, serious side effects, problems related to recuperation and probability of success. You should not be subject to any procedure without your voluntary, competent and understanding consent or that of your legally authorized representative.

Where medically significant alternatives for care or treatment exist, you shall be informed.

- Consult with a specialist at your own request and expense.
- Refuse treatment to the extent permitted by law, and to be informed of the medical consequences of your actions.
- Receive continuity of care, including guidance in continuing health care requirements upon dismissal.
- Be free from restraints or seclusion unless medically necessary.
- Receive appropriate assessment and management of pain.
- Express grievances, make suggestions to the organization and complain to the Oklahoma State Health Department if you have not been able to reach a solution with the hospital for issues about quality of care.
- Have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- Have an advance directive (such as a living will, healthcare proxy, or durable power of attorney for healthcare) concerning treatment or designating a surrogate decision maker with the intent of that directive to the extent permitted by law. If a copy of the advance directive is available at the hospital and your health status requires transfer to a hospital a copy of the advance directive will be sent.
- Have a family member, support person, or other individual be present with you for emotional support during the course of your stay, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated.
- Have a family member, support person, or other individual of your choice and your own physician notified promptly of your admission to the hospital.
- Be free from all forms of abuse, neglect or harassment.
- Know the reasons for any proposed change in the professional staff responsible for your care.
- Know the reasons for your transfer either within or outside of the hospital.
- Be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care.
- Donate, request or refuse organ and tissue donations.

## Patient Responsibilities:

You and/or your family member, support person, or other designated individual (if acting on your behalf) have the responsibility to:

- Provide correct and complete information about yourself and your health, including past complaints, past health problems and hospital visits, medications you have taken and are taking (including prescriptions, over-the-counter and herbal medicines), and any other information you think your caregivers need to know.
- Speak up and share your views about your care/service needs and expectations, including your pain needs and any perceived risk or safety issues.
- Provide correct and complete information about your Advance Directive, Living Will, Durable Power of Attorney, or Do Not Resuscitate if you have one and provide a current copy.
- Follow your agreed-upon care plan and report any unexpected changes in your condition to your doctor.
- Ask questions when you do not understand your care, treatment, and services or what you are expected to do. Express any concerns about your ability to follow your proposed care plan or course of care, treatment, and services.
- Accept consequences for the outcomes if you do not follow the care, treatment, and service plan.
- Follow all hospital rules and regulations. Including respecting property and helping control noise.
- Leave your valuables at home, have your family members take them home, or have them placed within the lockable cabinet within your patient room until you are discharged. Respect the rights, property, privacy, dignity, and confidentiality of patients and others in the hospital.
- Respect hospital staff without regard to age, race, color, national origin, language, religion, culture, disability, sex, gender identity or expression, or sexual orientation. Keep our environment tobacco-free. You may not use any tobacco products inside or outside this healthcare facility.

- Keep a safe environment free of drugs, alcohol, weapons, and violence of any kind, including verbal intimidation.
- Provide correct and complete information about your financial situation as best you can and promptly meet any financial obligations agreed to with the hospital.

## Facility Response to a Patient Complaint

Every effort will be afforded to make your stay as safe and enjoyable as possible. In the event you encounter an unfavorable experience, it is our desire to resolve swiftly and comprehensively.

- All staff at OneCore Health are empowered to resolve patient complaints at the time they are received. Should you want to privately communicate your concerns to our Chief Nursing Officer, she may be contacted at (405) 631-3085 ext: 225.
- In the event your complaint cannot be resolved by staff present, your complaint will be escalated to a grievance and investigated by leadership within the organization. You will receive a timely notice of the resolution.
- At no time will you or your family member experience an adverse reaction to your complaint by any employee of the hospital.
- You also have a right to present complaints or grievances to the following organizations:

Oklahoma State Health Department  
Attention: Medical Facilities Dept.  
1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73104  
405-271-6576

[www.medicare.gov/Ombudsman/activities.asp](http://www.medicare.gov/Ombudsman/activities.asp)

Ohio KEPRO Medicare Quality  
Improvement Organization  
Rock Run Center  
5700 Lombardo Center Dr., Suite 100  
Seven Hills, OH 44131  
Beneficiary Helpline, toll-free: 1-855-408-8557