

Patient Rights and Responsibilities



We value working with you to improve your care and services. It is our goal to encourage open communication, compassion and respectful partnerships. You are a part of your health care team, therefore it is important that you understand your rights and responsibilities.

QUALITY CARE

Rights:

Participate in the development and implementation of my plan of care and request a discharge planning evaluation

Receive the best and safest health care possible

Responsibilities:

Be an active, involved and informed member of my health care team

Ask questions when I do not understand the treatment course, care decisions or follow-up care

Follow instructions, policies, rules and regulations to support safe quality care

DIGNITY AND RESPECT

Rights:

Dignified and respectful treatment based on my cultural, religious beliefs, personal values and preferences as able

Receive care in a clean, safe and secure environment; free from any form of abuse, neglect, exploitation, harassment or discrimination

Request a chaperone be present when examined

Expect my personal privacy to be respected

Be free from seclusion and restraints unless clinically necessary

Responsibilities:

Treat all staff and other patients with dignity and respect

Be respectful of other patients, families, staff and the facility by not threatening, harming, or destroying property

Be responsible for my valuables/belongings by sending them home with family/friends when possible. Altru Health System is not responsible for valuable/belongings

CONSENT FOR HEALTH CARE AND TREATMENT

Rights:

Participate in my care by asking questions and being provided information regarding the reason for treatment, associated risks, benefits and alternatives

Refuse treatment to the extent of the law and be informed of the medical consequences of my actions

Change my mind about any procedure for which I have given my consent

Know Altru Health System will honor my healthcare/advance directive when I am unable to make my own health care decision or be informed if it cannot be honored

Consult with a specialist, additional physician, request a second opinion or be transferred to another facility knowing it could come at an extra cost to me as determined by my insurance

Request students and residents not be involved in my care

Responsibilities:

Ask questions until I feel I have all the information I need to make an informed health care decision

Accept the consequences of my actions if I choose not to participate in the recommended treatment plan

Provide Altru Health System with a complete and updated healthcare/advance directive

Make sure the person making health care decisions on my behalf knows and understands my wishes.

COMMUNICATION

Rights:

Be informed of my health status and changes in my plan of care as they arise

Know the name of the primary provider responsible for my care as well as the identity and professional status of the people caring for me

Hear in a language I understand and be provided interpretation services free of charge

Have information explained to my satisfaction in terms I understand

Have a family member, representative and my physician notified of my hospital admission

Have a support person present during my stay and limit my visitors

Notify staff of any concern I may have with regard to my care; free from retaliation or barriers to service.

Responsibilities:

Provide the name of a contact person to whom information can be released to

Give my caregivers clear, honest and accurate information about my health

Provide information that facilitates my care, treatment, and services.

We encourage you and your caregivers to talk openly about your health and encourage you to ask these three questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

INFORMATION

Rights:

Confidentiality of all records and communications concerning my treatment to the extent of the law

Request amendments to my medical record or request a list of disclosures of my protected health information, as permitted under applicable law

Review or receive copies of my health record, except in limited circumstances

Request an explanation about all items on my bill

Responsibilities:

Be considerate of the privacy/rights of other patients and staff

To meet financial commitments



CONCERNS AND COMPLAINTS

If we fail to meet your expectations, we invite you to share your concerns regarding treatment, patient safety and quality of care. You may voice concerns to:

- » Any Employee
- » Your care provider or physician
- » Manager of the clinic or hospital department
- » Patient relations Department

We encourage you to resolve complaints immediately at the time of service. If you feel any of your concerns/complaints have not been resolved to your satisfaction, you may initiate a formal complaint by notifying the Patient Relations Department by writing or calling:

Altru Patient Relations

P.O. Box 6002
Grand Forks, ND 58206
701.780.5055

You will be contacted by the Patient Relations Department to acknowledge receipt of your complaint.

The information will be reviewed internally, and a written response with the resolution will be sent to you within a reasonable time frame.

Altru Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see link on our website at altru.org. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.732.4277. ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.732.4277. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.732.4277.

Should you choose not to use our complaint process, or if you are unable to resolve a concern/complaint to your satisfaction, you also have the right to contact:

North Dakota Department of Health

600 East Boulevard Avenue
Bismarck, ND 58505-0200
701.328.2352

Centers for Medicaid and Medicare Services

Rock Run Center
5700 Lombardo Center, Suite 100
Seven Hills, OH 44131
844.430.9504

Minnesota Department of Health Office of Health Facility/Complaint

P.O. Box 64970
St. Paul, MN 55164-0970
651.201.4201 or 800.369.7994

The Joint Commission

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Fax: 630.792.5636
www.jointcommission.org
"Report a Safety Event"

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