

NOTICE OF PATIENT RIGHTS

YOU AND YOUR LEGAL REPRESENTATIVE HAVE THE RIGHT TO BE INFORMED OF YOUR RIGHTS AS A PATIENT IN OUR HOSPITAL.

BENEFICIARY NOTICE OF NON-COVERAGE AND RIGHT TO APPEAL PREMATURE DISCHARGE. If you are a Medicare beneficiary and an inpatient, you will be provided with a standardized notice: "Important Message from Medicare."

PATIENT PARTICIPATION AND MEANS FOR MAKING INFORMED DECISIONS REGARDING YOUR PLAN OF CARE. Our hospital must include you and your legal representative in the development, implementation, and revision of your plan of care.

You and your representative have the right to information about your care and to be involved in making informed decisions regarding your health status and your care planning and treatment, including requesting or refusing treatment. The right to make decisions about your healthcare, however, is not equivalent to an entitlement to demand treatment or services that are deemed medically inappropriate or unnecessary.

You and your representative, as allowed by law, have the right to participate in the development and the implementation of your plan of care, including, at a minimum, the right to:

- Information regarding your health status, diagnosis, and prognosis
- Participation in the development and the implementation of your inpatient treatment and care plan or outpatient treatment and care plan, including providing consent to, or refusal of, medical or surgical interventions and participation in the development and the implementation of your discharge plan and pain management plan

You and your representative should receive information in a manner that you can understand and to ensure that you can effectively exercise the right to make informed decisions.

PROMPT NOTIFICATION. You have the right to name persons of your or your representative's choice to be notified of your admission to the hospital and to the prompt notification of your physician.

PERSONAL PRIVACY. Your right to personal privacy includes, at a minimum:

- Privacy during personal hygiene activities (e.g., toileting, bathing, and dressing)
- Privacy during medical/nursing treatments
- Privacy when you appropriately request it

The right to personal privacy also includes limiting the release or disclosure without your prior consent of such information as your presence in the hospital, location in the hospital, and personal information such as name, age, address, income, and health status.

PROVISION OF CARE IN A SAFE SETTING. Our hospital staff will follow current standards of practice for patient environmental safety, infection control, and security. Our hospital will protect vulnerable patients, including newborns and children.

FREEDOM FROM ALL FORMS OF ABUSE OR HARASSMENT. Abuse is defined as intimidation, punishment, unreasonable confinement, or the willful infliction of injury, with resulting physical harm, pain, or mental anguish. This includes staff neglect as well as indifference to intimidation or infliction of injury of one patient by another. Neglect is considered a form of abuse and is defined as the failure to provide goods and services necessary to avoid

physical harm, mental anguish, or mental illness.

Our hospital must ensure that any incidents of abuse, neglect, or harassment are reported and analyzed and that the appropriate corrective, remedial, or disciplinary action occurs, in accordance with applicable local, state, and federal law. You have the right to request names and phone numbers of protective and advocacy services.

CONFIDENTIALITY OF CLINICAL RECORDS. Our hospital must have sufficient safeguards in place to ensure that access to all information regarding patients is limited to those individuals designated by law, regulation, and policy and those who are duly authorized as having a need to know. No unauthorized access or dissemination of clinical records is permitted. Clinical records are kept secure and are viewed only when necessary by those persons having a part in your care.

ACCESS TO YOUR CLINICAL RECORDS. You have the right to access your clinical records as quickly as the recordkeeping system permits. Our hospital must not impede the legitimate efforts of individuals to gain access to their own clinical records and must actively seek to meet these requests as quickly as the recordkeeping system permits.

PAIN MANAGEMENT. You have the right to have your pain managed, as allowed by law.

ADVANCE DIRECTIVES. You have the right to formulate advance directives, to make end-of-life decisions, and to have the hospital's staff and practitioners comply with the advance directives in accordance with federal and state law, rules, and regulations.

If you do not currently have an advance directive in place and would like information and assistance with

the advance care documents, ask your nurse, physician, or chaplain. There is also information online at www.oregonhealthdecision.org.

LANGUAGE AND COMMUNICATION.

You and your legal representative have the right to be informed of your rights in a language and a format that you and your representative understand.

INFORMED CONSENT.

Our hospital shall obtain an informed written consent from you or your representative for the provision of medical or surgical care except in medical emergencies. The consent shall include an explanation of the risks, benefits, and alternatives for high-risk procedures, sedation, and participation in research projects, as defined by the medical staff and state law.

RESTRAINT OR SECLUSION.

You should be treated with respect and dignity. You have the right to be free from physical or mental abuse and corporal punishment. You have the right to be free from restraint or seclusion, of any form, that is not medically necessary or that is imposed by staff as a means of coercion, discipline, convenience, or retaliation. You have the right to safe implementation of restraint or seclusion by trained staff. Hospitals must report deaths associated with the use of restraint or seclusion.

VISITORS. You have the right to receive the visitors whom you designate, including but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, and a friend. You also have the right to withdraw or deny consent to visit at any time. Asante ensures that all visitors enjoy full and equal visitation privileges consistent with the patient's preference. Asante will not restrict, limit, or deny visitation

on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Patient rights to visitation may be limited for clinically necessary reasons, including reasonable restriction or limitation that may be needed. If clinically necessary restrictions or limitations are required, you will be informed of the reason for the clinical restriction or limitation.

GRIEVANCE PROCEDURE. You have the right to file a grievance. You may do so by writing or by calling Asante Rogue Regional Medical Center, **extension 14126** or **(541) 789-4126**; Asante Three Rivers Medical Center, **extension 57168** or **(541) 472-7168**; or Asante Ashland Community Hospital, **(541) 201-4673**. We will review each grievance and provide you with a written response within 30 working days in most cases. Concerns regarding quality of care or premature discharge will also be referred to the appropriate utilization and quality improvement organization upon your request.

You also have the right to file a complaint with the accrediting agency Det Norske Veritas (DNV) and/or the Oregon Department of Human Services regardless of whether you use the hospital's grievance procedure.

To contact DNV Healthcare, call **(866) 523-6842**, e-mail hospitalcomplaint@dnv.com, or write to:
Hospital Complaint DNV
Healthcare Inc.
400 Techne Center Drive, Suite 100
Milford, OH 45150-2792

To contact the Oregon Department of Human Services, call **(541) 774-8209** or write to:
Oregon Department of
Human Services
Public Health Division
PO Box 888
Medford, OR 97501

You also have a right to file a "serious complaint" with the American College of Radiology regardless of whether you use the hospital's grievance procedure. A *serious complaint* is defined as a report of a serious adverse event, which means an event that significantly compromises clinical outcomes or one for which a facility fails to take appropriate corrective action in a timely manner. Examples of serious adverse events include poor image quality, missed cancers, the use of personnel who do not meet the applicable requirements of section 900.12(a) of the federal Mammography Quality Standards Act, and failure to send to the appropriate person(s) mammography reports or lay summaries within 30 days. Grievances on file are maintained for three years. The complaint may be mailed, faxed, or e-mailed to:

Director, Breast Imaging
Accreditation Programs
American College of Radiology
1891 Preston White Drive
Reston, VA 20191-4397
Fax: (703) 648-9176
E-mail: mamm-accred@acr.org