



## *Patient Rights and Responsibilities*

We believe that patients who understand and participate in their treatment achieve better results. Please take a moment and familiarize yourself with your rights and responsibilities as a patient.

### ***You have the right to:***

- Know the risks, benefits and alternatives to proposed treatments or procedures
- Choose the physicians or other clinicians who will be providing care or treatment, as well as have information about them
- Receive information in easy to understand terms that will allow for an informed consent
- Privacy regarding medical care
- Participate in the plan of care, including your treatment plan, notifying your family or physician of admission and discharge planning
- Pain management
- Refuse care, treatment, and services in accordance with law and regulation
- Be informed about the outcomes of care, treatment, and services
- Receive information and communication in an understandable manner and preferred language including provision of interpreter and translation services
- Receive information and communication to accommodate vision, speech, hearing, or cognitive impairments.
- Formulate advanced directives and have staff and practitioners comply with those directives
- Reasonable responses to reasonable requests of service
- Leave the medical center against the advice of the physician
- Examine and receive an explanation of the bill for services regardless of the source of payment
- Select providers of goods and services after discharge
- Receive a Notice of Privacy Practices
- Request privacy protection
- Access protected health information in a reasonable time frame
- Amend protected health information
- Request an accounting of disclosures of protected health information
- Be free from any forms of restraint or seclusion as a means of convenience, discipline, coercion, or retaliation
- The least restrictive restraint or seclusion should be used only when necessary to ensure patient safety

- Care regardless of your race, color, religion, sex, national origin, age, ability to pay or disability and any other legally prohibited reasons.
- Receive care in a safe and dignified environment, free from all forms of abuse, neglect, harassment and/or exploitation
- Protection and respect of your rights if you are participating in a human research clinical trial.
- Have a support person during care provided it does not interfere with the rights of other patients or the care process.
- Consent to receive the visitors who you designate, including but not limited to a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend. You may withdraw your consent to receive any visitor at any time. To the extent this hospital places limitations or restrictions on visitation, you have the right to set any preference of order or priority for your visitors to satisfy those limitations or restrictions. This hospital does not and will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. This hospital will ensure that the visitors chosen by you will be able to enjoy full and equal visitation privileges, consistent with your preferences.

***You have the responsibility to:***

- Provide accurate and complete information concerning your present medical condition, past illnesses or hospitalization and any other matters concerning your health
- Tell your caregivers if you do not completely understand your plan of care
- Follow the caregivers' instructions
- Follow all medical center policies and procedures while being considerate of the rights of other patients, medical center employees and medical center properties

***You also have the right to:***

Lodge a concern with state and regulatory agencies, whether you have used the hospital's grievance process or not. If you have concerns regarding the quality of your care, coverage decisions, or want to appeal a premature discharge, you may contact the following regulatory agencies via phone, fax or mail:

Georgia Department of Community Health Healthcare Facility Regulation Division Healthcare Facility Regulation Complaint Intake Unit: (404) 657-5726, (404) 657-5728 or (800) 878-6442. Fax (404)657-5731 2 Peachtree Street, NW, Suite 3100 Atlanta, GA 30303 Georgia Medical Care Foundation Quality Improvement Organization (800) 982-0411 1455 Lincoln Parkway, Suite 800 Atlanta, Georgia 30346

***Regarding problem resolution, you have the right to:***

Express your concerns about patient care and safety to hospital personnel and/or management. If your concerns and questions cannot be resolved at this level, contact The Joint Commission at 1 (800) 994-6610, by Fax at (630) 792-5636, by e-mail at [complaint@jointcommission.org](mailto:complaint@jointcommission.org), or by mail at: Office of Quality Monitoring • The Joint Commission One Renaissance Boulevard • Oakbrook Terrace, IL 60181