PATIENT RIGHTS AND RESPONSIBILITIES

YOU AS THE PATIENT, HAVE THE RIGHT TO....

ACCESS TREATMENT & SERVICES
★ receive treatment regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression or any other discrimination prohibited by law
★ receive emergency treatment regardless of your ability to pay & regardless of your eligibility under the WellStar Community Financial Aid Policy
★ resources related to protective & advocacy services

RESPECT
★ be treated in a respectful, safe environment that preserves your dignity & contributes to a positive self-image
★ have your cultural & personal values, beliefs & preferences respected
★ be accommodated regarding your religious & other spiritual services
★ have your confidentiality, privacy & security honored
★ voice complaints & recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care
★ be free from the use of restraints and/or seclusion unless clinically necessary

Effective Communication
★ have your physician notified of your admission
★ receive information, including names & roles of individuals responsible for & providing your care, treatment & services
★ receive information tailored to your age, language & ability to understand & in a manner that meets your impairment needs, if any; language, interpreting and translation services
★ have diagnosis & treatment options explained, including the need for transfer if necessary
★ receive information about outcomes of care, treatment & services needed including unanticipated outcomes of care, treatment & services
★ access, request amendment to, & obtain information on disclosure of your health information in accordance with law & regulation
★ to review or obtain a copy of your medical information upon submission of a written request
★ to request corrections to the medical record if information is incorrect or missing
★ to amend medical information
★ to obtain a list of those instances where we have disclosed medical information about you
★ to request that medical information be communicated to you in a confidential manner, upon submission of a written request

BE INVOLVED IN CARE DECISIONS & INVOLVE OTHERS
★ participate in decisions about your care, treatment & services & to involve your family when you choose
★ involve your surrogate decision maker when you are unable to make decisions
★ have your pain managed
★ have a support person of your choice present, unless their presence infringes on others’ rights, safety, or is medically or therapeutically not indicated
★ refuse care, treatment & services

INFORMED CONSENT
★ give, withhold or revoke informed consent including consent to produce or use recordings, films or other images for uses other than your care

MAKE END OF LIFE DECISIONS
★ written information about advance directives, forgoing or withdrawing life sustaining treatment, & withholding resuscitative services
★ resources for assistance in formulating an advance directive
★ review & revise your advance directive (living will and/or durable power of attorney for health care decisions) regarding future healthcare decisions
★ have your end-of-life decisions & advance directive honored to the extent that is medically appropriate & lawful
★ have your wishes concerning organ donation honored within the limits of the hospitals capability & in accordance with law & regulation

PROTECTION
★ be free from neglect; exploitation; & verbal, mental, physical & sexual abuse while under our care
★ receive all necessary information prior to decision whether to participate in research, investigation or a clinical trial

BILL & PAYMENT INFORMATION
★ understand your bill & payment methods
★ accurate billing for care, treatment, & services received
★ prior notice of termination of eligibility for reimbursement by any third party payer for the cost of care

YOU AS THE PATIENT, HAVE RESPONSIBILITY TO...

RESPECT
★ treat the property & privacy of others & WellStar & its employees & caregivers in a respectful & considerate manner
★ support mutual consideration & respect by maintaining civil language & conduct in your interactions with staff & physicians

Effectively Communicate & Cooperate
★ ask questions when you do not understand your treatment course or care decision
★ follow mutually agreed upon treatment plans or to express concerns to caregivers regarding your ability to comply with the proposed care or treatment
★ follow instructions, policies, rules & regulations in place to support quality care & a safe environment
★ accept consequences for your actions & outcomes for choosing to refuse treatment or not following treatment plans

Provide Information & Meet Obligations
★ provide, to the best of your knowledge, accurate & complete information on all matters related to your health
★ meet your financial obligation

If you have any questions or concerns regarding your care or treatment, please speak to your nurse, physician, or the office manager. If your questions or concerns have not been handled to your satisfaction, please contact Patient Relations: Cobb Hospital 770-792-3775; Douglas Hospital 770-920-6406; Kennestone Hospital 770-793-5171; Paulding Hospital 470-644-7125; Windy Hill Hospital 770-644-1080; Physician Offices 770-792-5337. Revised 08/2015