

# Your Rights As A Patient

We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, communicate openly with your physician and other health professionals, you help make your care as effective as possible. OMHS encourages respect for the personal preferences and values of each individual.

## Your Rights Under Kentucky Law To Make Decisions About Medical Care:

Federal law requires the hospital give you written information about your rights under state law to make decisions about your medical care. The following is a summary of those rights.

### Patient Representative

**270-688-2770**

We encourage your comments on the care you receive as a patient and the hospitality you find as a family member or visitor. Should you have a suggestion, comment or question while you are here please call a Patient Representative. The Patient Representative can be of assistance by answering questions or by directing your inquires to the appropriate person.

### Patient Rights:

1. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
2. To be given considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity.
3. To wear appropriate personal clothing and religious or other symbolic items as long as they do not interfere with diagnostic procedures or treatment.
4. To be interviewed and examined in reasonable privacy; to have a person of your sex present during certain parts of a physical exam or procedure; not to remain undressed any longer than is required for the medical purpose of an exam or treatment.
5. To expect that monitoring the quality of your care by others will be done only with your written authorization.
6. To request a transfer to another room if you are unreasonably disturbed by another patient or visitor.
7. To be placed in protective privacy when determined necessary to ensure your personal safety.
8. To consult with a specialist at your request and expense.
9. To receive information in a manner that you understand.
10. The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay. (Note: the hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative.)
11. To request and receive an itemized and detailed explanation of your total bill for hospital services.
12. To be told quickly, if the hospital is notified, that you are not eligible for insurance, Medicare, Medicaid or other reimbursement for the cost of your care.
13. To have complaints reviewed by the hospital.
14. To be free from neglect, exploitation and verbal, mental, physical and sexual abuse.
15. To request amendment to and obtain information on disclosures of your health information in accordance with law and regulation.
16. To receive accurate and complete information regarding the process of a Medicare beneficiaries appeal issues surrounding quality of care, coverage decisions and discharge through Healthcare Excell. The toll-free phone number is 1-800-288-1499. If you have questions about this process you may contact Case Management at 270-688-2729.

### Patient Responsibilities:

1. To the best of your knowledge, provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
2. To report unexpected changes in your condition to your attending physician.
3. To follow, to the best of your ability, all reasonable instructions prescribed by your physician and those working under direction, including nurses and other hospital personnel, or question any instructions you do not understand.
4. To keep, to the best of your ability, all appointments scheduled for you.
5. To show consideration for other patients by following all hospital rules.
6. To provide information concerning your ability to pay for rendered services and to work with the hospital in assuring that you pay all charges according to your ability.

### Hospital Responsibilities:

1. To provide you with a safe and clean environment.
2. To protect your privacy and keep the records and communications about your care confidential in accordance with the law and professional ethics.
3. To provide you the name of any person providing treatment or care and the person's relationship to the hospital.
4. To provide you with information about this hospital's relationship to any other healthcare institution regarding your care.
5. To tell you of the need for transfer to another healthcare facility and the alternatives to such a transfer.
6. To let you refuse treatment to the extent permitted by law and fully inform you of legal and physical ramifications which could result from such action.
7. To tell you in advance of any research project which would involve you and your right to refuse involvement.
8. To recommend consultation with other physicians when indicated.
9. To listen and discuss with you any questions about charges for professional services or complaints that you may have.

10. To provide you with reasonable continuity of care while a patient here and after your dismissal from the hospital.

*\* It is not the responsibility of OMHS to monitor, supervise or provide care for family members/visitors of any age who are not a registered patient.*

**Physician Responsibilities:**

The hospital relies on your physician to provide you with information about your diagnosis, treatment, expected and unanticipated outcomes of treatment, risks involved and prognosis.

The rights and responsibilities listed here are designed as a summary of the hospital's complete patient rights and responsibilities policy. If you would like to read the entire policy, please ask your nurse.

**Confidentiality:**

A hospital representative will take you to your room. Once you are settled, several members of the hospital staff, each with specific duties, will visit you. They will ask you for information or perform certain tests that become part of your patient chart. Your medical records, communications regarding your medical condition and course of treatment are confidential.

**Informed Consent:**

Your consent for treatment is documented by signing the Authorization for Treatment form furnished by the hospital during the admission process. Consent forms for specific procedures or treatments may also be used during your hospital stay. You may refuse treatment in writing or by telling your caregivers.

**Concerns About Patient Safety or Quality of Care:**

Patients should communicate concerns first to staff caring for them. If staff is not able to resolve the issues, patients should ask to speak with the manager of the area in which they are receiving care. If you would like to discuss an issue that you believe requires our attention, please contact the OMHS Patient Representative at 270-688-2770. The OMHS Patient Safety Hotline may be accessed by calling 800-500-0333.

Patients who feel that any issues were not resolved to their satisfaction may file a formal written grievance with the Patient Representative. Patients may also file a complaint with:

The Joint Commission  
Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181  
800-994-6610  
[www.jointcommission.org](http://www.jointcommission.org)

Cabinet For Health Services  
Office of Inspector General  
2400 Russellville Road  
P.O. Box 2200  
Hopkinsville, KY 42241  
270-889-6052, Ext. 1201

In addition, if you are a Medicare patient, you have the right to file an appeal with the Peer Review Organization. Owensboro Medical Health System is accredited by The Joint Commission. Accreditation means that OMHS has demonstrated compliance with organizational, patient care and safety standards.

**Bill Payment Assistance**

For many years, our financial assistance program has been helping individuals and families faced with challenging financial circumstances. For people with low-income or disability situations, or who lack insurance, we offer a number of resources to help you resolve your bill.

For more information –

- Ask registration personnel
- Call Financial Counselors at 270-685-7501. If you anticipate difficulty in paying your hospital bill or do not have insurance coverage, they are located on campus near the main registration area and are available to discuss payment options. Office hours are Monday - Friday 8:00 a.m. - 4:30 p.m.
- Go to [www.omhs.org](http://www.omhs.org)

For your convenience, hospital charges not covered by your insurance such as deductible, co-pay and co-insurance can now be paid at the time of pre-registration/registration. We accept cash, personal check, credit/debit cards and flex spending cards. Secure online bill pay is also available at [www.omhs.org](http://www.omhs.org). You will receive a separate bill from your physician or any consulting physicians.

**Smoke-Free Facility**

To protect the health of our patients, visitors and employees, OMHS will soon become smoke-free. Effective January 1, 2012, smoking on the grounds of the hospital or any OMHS location will be prohibited.

OMHS joins more than half of all Kentucky hospitals and nearly 3,000 hospitals across the nation in adopting smoke-free grounds to promote the health and safety of their communities.

If you smoke, we encourage you to consider the benefits of becoming a non-smoker. You can access a list of resources to help you quit at [www.omhs.org](http://www.omhs.org). Enter "smoke-free" in the search box.