

Your Rights and Responsibilities as a Patient

Your Rights as a Patient

- You have the right to be involved in the development and implementation of your plan of care.
- You have the right to be told about the care you will receive and take part in decisions about your care, including the right to refuse care.
- You have the right to your choice of care after you are discharged from the hospital (home health, nursing home, etc.).
- You have the right to an interpreter or translation service. For language help a certified language line is available with help from the hospital staff. To access devices for the hearing impaired contact hospital staff.
- You have the right to know the names of the caregivers who treat you.
- You have the right to safe care.
- You have the right to have your pain treated.
- You have the right to know when something goes wrong with your care.
- You have the right to be treated with courtesy, respect and dignity.
- You have the right to personal privacy.
- You have the right to religious and spiritual services.
- You have the right to access, request changes to and get information on release of your medical records.
- You have the right to receive visitors of your choice.
- You have the right to have a family member or representative and your own doctor notified of your admission to the hospital and to have a family member, friend or other person be present for emotional support.
- You have the right to appoint another person as a decision maker when you are unable to make decisions about your care.
- You have the right to give or refuse consent for care, treatment and services, and for the use of recordings, films or other images.
- You have the right to decide whether or not to take part in research or clinical trials.
- You have the right to create an advance directive, such as a Living Will or Healthcare Power of Attorney, and to have hospital staff comply with your wishes.
- You have the right to be free from unfair treatment based on age, race, ethnicity, religion, culture, language, physical or mental disability, social or economic status, sex, sexual orientation, and gender identity or expression.
- You have the right to be free from neglect, exploitation, and verbal and sexual abuse.
- You have the right to be free from all forms of abuse, harassment and punishment.
- You have the right to be free from restraint or seclusion except to ensure the immediate safety of you or the hospital staff.
- You have the right to protective and advocacy services.
- You have the right to request and have a chaperone present during certain sensitive physical examinations and treatments.

For Pediatric Patients:

All rights and responsibilities listed for the adult patient also apply to the parent(s) and guardian(s) of their minor children.

Your Responsibilities as a Patient

- Provide information to the hospital to facilitate your care, treatment and services.
- Ask questions if you do not understand your treatment or care choices.
- Follow instructions, policies, rules and regulations that are in place to support safe and excellent care.
- Support mutual respect by using civil language and conduct in your interactions with staff and doctors.
- Meet your financial commitments.

Your Rights as a Medicare Beneficiary

- You have the right to care that meets the standards of quality.
- You have the right to skilled health care as long as it is medically necessary.
- You have the right to written notice of all decisions affecting your health care coverage.
- You have the right to complete information about the services provided and the care received.
- You have the right to report any concern you have about the quality of care you receive to the Quality Improvement Organization (QIQ):

KePRO

5201 W. Kennedy Blvd, Suite 900 Tampa, FL 33609

Phone Number: 888-317-0751; TTY Number: 855-843-4776; Fax: 833-868-4058

Complaints/Grievances

You have the right to voice concerns without fear of discrimination or reprisal, and to have these concerns reviewed and responded to in a prompt manner. If you or your authorized representative are not satisfied with the response to a grievance, you can ask the hospital to review the findings.

You have the right to the confidentiality of your clinical records. If you or your authorized representative thinks your privacy has been violated, you may contact the hospital Privacy Officer at 828-315-3794. For other complaints or grievances, please call 828-315-5595.

You may also contact the following agencies to register a complaint:

KePRO

5201 W. Kennedy Blvd, Suite 900 Tampa, FL 33609

Phone Number: 888-317-0751; TTY Number: 855-843-4776; Fax: 833-868-4058

The Joint Commission

Office of Quality Monitoring, One Renaissance Blvd, Oakbrook Terrace, IL 60181

E-mail: complaint@jointcommission.org; Fax: 630-792-5636

Office for Civil Rights, DHHS

61 Forsyth Street, SW, Suite 16T70, Atlanta, GA 30303-8909

Phone number: 404-562-7886; TTD Number: 404-562-7841; Fax: 404-562-7881

NC Division of Health Service Regulation Complaint Intake Unit

2711 Mail Service Center, Raleigh, NC 27699-2711

Phone number: 1-800-624-3004 (within NC.) or 919-855-4500; Fax: 919-715-7724

**FRYE REGIONAL
MEDICAL CENTER**

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