



PATIENT RIGHTS AND RESPONSIBILITIES

PATIENTS HAVE A RIGHT TO:

- Be informed of your patient rights in advance of receiving or discontinuing care when possible.
- You or your surrogate decision-maker will receive a written copy of the Patient Rights, Responsibilities and Grievance process upon admission and/or in advance to receiving care.
- If you or your surrogate decision-maker does not understand the written word then you have the right to receive your Rights, Responsibilities and Grievance process verbally in a language you can understand.
- Have access to an interpreter service at no cost to you or your surrogate when you do not speak or understand the language. You have the right to ask for communication aides at no cost to you or your surrogate.
- No one is denied access to care because of a disability, national origin, culture, age, race, religion, gender identity or sexual orientation.
- Receive care in a safe setting to include but not limited to:
 - Staff using best practices as determine through evidence-based research.
 - Staff to consider emotional health as part of a safe setting.
 - Staff will comply with National Patient Safety Goals.
 - Be free of all forms of abuse or harassment.
- Participate in decision-making regarding ethical issues, personal values or beliefs.
- Have access to their clinical records within a reasonable timeframe.
- Given Informed consent for all treatments and procedures to be performed in layman terms.
- Care that includes the recommended treatment to include risk, benefits, treatment alternatives and consequences of not adhering to the treatment plan.
- Likelihood of success following the treatment or procedure.
- Participation in clinical trials and investigative studies.
- Designate a surrogate decision-maker.
- Involve or not involve your family or surrogate in your care and related decision.
- Participate in treatment decisions, ethical issues and in conflict resolution concerning your care.
- Refuse care.
- Right to know expected recovery period.
- Pain management and comfort measures.
- Know the names and professional status of caregivers including if someone other than your physician will be assisting with the procedure or treatment.
- Information about fees and payment schedules.
- Protection of privacy of your person and confidentiality of your personal and financial information that is consistent with federal and state laws and of your medical information except in the event of an emergency in which case the medical record would be transferred with you to the receiving medical facility.
- Protection of your safety and security.
- Respect for your personal values and beliefs.
- Information concerning your condition/procedure and instruction for care after discharge.
- Information on conflict resolution and the grievance process.

- Present an Advance Directive. The facility recognizes and respects the rights of a patient to make an informed decision concerning their health and treatment(s) provided them. While we believe in a patient's rights, we will provide care in our facility to maintain life. If an event occurs that requires a higher level of care than we can provide, we will transfer you to an approved nearby hospital. We will send a copy of your Advance Directives with you to the hospital.

A RESPONSIBILITY TO

- Provide accurate and complete information about complaints, past illnesses, hospitalizations, medications, advance directives, and other matters of care.
- Acknowledge when you don't understand a treatment or plan of care.
- Ask questions and promptly voice concerns.
- Report any changes in your condition or symptoms, including pain.
- Request assistance of a member of the health care team.
- Participate in the planning of your care.
- Follow your recommended treatment plan.
- Have a responsible adult to provide transportation and to assist with your care during the first 24 hours postoperative.
- Provide a telephone number where you can be contacted within the first three days postoperative.
- Be considerate of other patients and staff.
- Follow facility rules and regulations such as not smoking on the property or carrying fire arms or weapons of any kind onto the property.

PROCESS TO FILE A COMPLAINT

- It is the mission of this organization to provide care that we would wish for our loved ones and ourselves.
- We welcome suggestions, complaints as well as appreciation.
- Your feedback is important to help us improve patient care and our environment.
- You may express a complaint to any staff member, physician or manager.
- The Manager reviews all complaints and attempts to rectify any issue.
- If the issue is not resolved to your satisfaction, the Board of Directors reviews the complaint and attempts to rectify the issue.
- If you are still not satisfied, you may file a complaint with the follow agencies:

- Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, Denver, CO 80222-1530
Telephone: 303 692 2827
- The Office for Civil Rights
Department of Health and Human Services
999 18th Street, South Terrace, Suite 417, Denver, CO 80202
Telephone: 303 844 2024 or TDD 303 844 3439 and Fax: 303 844 2025
- Division of Accreditation Operations, Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard, Oakbrook Terrace, IL 60181
Telephone: 800 994 6610 or 630 792 5276 and Fax: 630 792 4276

You also have the right to file a complaint with the Colorado Board of Medical Examiners, the State Board of Dental Examiners, the Colorado Podiatry Board and the Colorado Department of Regulatory Agencies if you have concerns with your physician, dental or podiatric patient care services, excluding fee disputes.

- Colorado Department of Regulatory Agencies
1560 Broadway Avenue, Suite 110, Denver, CO 80202
Telephone: 303 894 7855 or toll free: 800 886 7675
- Center for Medicare and Medicaid Services Ombudsman
Telephone: 800 MEDICARE (ask representative to direct your call to Medicare Ombudsman)
Website: www.medicare.gov/contacts for local SHIP contact
TTY users should call 877 486 2048