

PATIENT RIGHTS & RESPONSIBILITIES

While you are a patient at Aultman Alliance Community Hospital, you and/or your representative have the right to exercise your rights without coercion, discrimination, or retaliation.

AS A PATIENT YOU (OR YOUR REPRESENTATIVE) HAVE THE RIGHT TO:

Have access to treatment that is medically indicated and available here, or at another facility if we do not offer the service, regardless of race, religion, sex, sexual orientation, ethnicity, age, handicap, or nature of source of payment

- a. Participate in the development and implementation of your plan of care;
- b. Make informed decisions regarding your care. This includes being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatment. This must not be construed as a mechanism to demand provision of treatment or services deemed medically unnecessary or inappropriate;
- c. Formulate advance directives and to have hospital staff and practitioners, who provide care in the hospital, comply with these directives as required by law;
- d. Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital;
- e. Personal privacy;
- f. Receive care in a safe setting;
- g. Be free from all forms of abuse or harassment;
- h. Confidentiality of your clinical records;
- i. Access information contained in your clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits;
- j. Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff;
- k. Be fully informed of and consent to or refuse to participate in any unusual, experimental, or research project without compromising your access to service;
- l. Know the professional status of any person providing your care/services;
- m. Know the reasons for any proposed change in the Professional Staff responsible for your care;
- n. Know the reasons for your transfer within or outside the hospital;
- o. Know the relationship(s) of the hospital to other persons or organizations participating in your care;
- p. Access to the cost, itemized when possible, of services rendered within a reasonable period of time;
- q. Be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care;
- r. Be informed of the right to have pain treated as effectively as possible;
- s. Have any visitors of your choosing, including but not limited to a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend. Likewise, you may refuse to consent to any person visiting you, or may withdraw consent to a person visiting you at any time. You may designate a "Support Person" to exercise your visitation rights if you are unable to do so yourself. The hospital 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, nor will it permit anyone else, including your Support Person, to do so. All visitors will enjoy full and equal visitation privileges consistent with your preferences.
The hospital may apply reasonable clinical restrictions and other limitations on visitation based upon, but not limited solely to any of the following:
 - A court order limiting or restricting contact;
 - A visitor's behavior presenting a direct risk or threat to you, hospital staff, or others;
 - A visitor behavior that is disruptive to the functioning of the patient care area;
 - Your risk of infection by the visitor;
 - The visitor's risk of infection by you;
 - Your need for privacy or rest;
 - The need of privacy or rest by your roommate;
 - Any special restrictions that might apply in a special care unit; and when visitation might otherwise interfere with your care or that of another patient.
- t. The patient's family has the right of informed consent for donation of organs and tissues.

YOUR RESPONSIBILITIES AS A PATIENT ARE TO:

- a. Provide complete and accurate information about your past, present, and developing health conditions;
- b. Discuss pain relief with your doctors and nurses and ask for pain relief when pain begins or if your pain has not been relieved;
- c. Follow the treatment plan recommended by your physician and be accountable for your actions if you refuse treatment or do not follow instructions;
- d. Be considerate of the property and rights of other patients and hospital colleagues, treating them with courtesy and respect, and be responsible for your own belongings; and
- e. Assure prompt fulfillment of financial obligations related to your health care.

To let us know about a concern, complaint or grievance call:

330-596-7154 (7154 from a patient phone)

Aultman Alliance Community Hospital

Attn: Quality Services

200 East State Street

Alliance OH 44601

You may also contact one of the following to express your concern:

Medicare: 800-633-4227

Ohio KePRO: 855-408-8557

Ohio KePro Review Dept

Rock Run Center, Suite 100

5700 Lombardo Center Drive

Seven Hills, OH 44131

Fax: 844-834-7130

