

PATIENT RIGHTS & RESPONSIBILITIES NOTICE

RIGHTS

Access to Care

Regardless of your age, gender, cultural, economic, educational, or religious background, disability or the source of payment for care, you are able to receive access to treatment, care, and services.

Medical Records Access

You are able to access your protected health information. You are also able to amend, restrict, and obtain an accounting of how the information has been used. Your personal health information will be protected in accordance with our Notice of Privacy Practices.

Advanced Directives

You may execute an advanced directive, including a living will and healthcare power of attorney, while at Highland District Hospital.

Confidentiality

Your protected health information, and any discussions or decisions about your treatment, will remain confidential.

Designate a Decision Maker

You are able to authorize a person to make healthcare decisions for you if you are unable to do so.

Information

You will receive information in a manner that you can understand. Specific to your age, language, and cognitive abilities.

Refusal of Care

You have the right to refuse treatment to the extent permitted by law. You may leave Highland District Hospital even if it is against the medical advice of your physician.

Know Your Caregivers

You have the right to know the names and roles of the people involved in your care.

Pain Management

You should expect your pain to be assessed, evaluated, and treated appropriately.

Privacy

You have the right to privacy during your stay at Highland District Hospital.

Patient Advocate

You have access to patient advocacy services while at Highland District Hospital.

Reporting Concerns for Care and Safety

You are encouraged to share concerns for your care and/or safety.

Dignified Care

You have the right to received care in an environment that preserves dignity and contributes to a positive self-image.

Research

You have the right to choose to participate in any research program, study, or educational program to which you qualify.

RESPONSIBILITIES

Share Your Health History

Provide us with your full health history, including any changes in your current condition.

Be Informed

Ask questions when you do not understand information or instructions.

Be Respectful: Follow the Rules

Show consideration for the needs of other patients by following the rules established by Highland District Hospital. Be thoughtful about the rights and property of other patients and hospital employees.

Follow Your Treatment Plan

The collaborative treatment team has established a treatment course specifically to your needs. Tell your provider if you have concerns. If you do not follow your individual treatment plan, then you will be responsible for the outcome of that decision.

Financial Obligations

Please provide Highland District Hospital with the proper insurance information at the time services are rendered, or work with the hospital to arrange payment as needed. Please pay your bills in a timely manner.

NOTICE

THIS FACILITY IS OBLIGATED TO SERVE THE COMMUNITY

This healthcare facility is required by law to make its services available to all people in the community.

- This facility is not allowed to discriminate against a patient because of race, creed, color, national origin, or because a patient is covered by a program such as Medicaid or Medicare.
- This facility provides emergency services, it must not deny those services to a person who needs them but cannot pay for them.

If you believe you have been improperly denied services, contact the Admissions or Business Office of this facility or call Toll Free 1-800-368-1019.

Se le require por ley a esta facilidad de servicios médicos a hacer sus servicios accesibles a todos en la comunidad.

- Esta facilidad médica no puede discriminar en contra de un paciente por razón de raza, credo, color u origen nacional, o porque el paciente esté cubierto por un programa tal como Medicaid o Medicare.
- Si esta facilidad provee servicios de emergencia, no le puede negar estos servicios a una persona que los necesita simplemente porque no los puede pagar.

Si usted cree que se le ha negado indebidamente algún servicio médico, comuníquese con la Oficina de Admisiones o la Oficina de Contabilidad de esta facilidad, o llame sin cargos al número de teléfono 1-800-368-1019.

This facility participates in the HOSPITAL CARE ASSURANCE PROGRAM which has been designed to provide FREE BASIC MEDICALLY NECESSARY CARE to eligible patients.

Any individual who is a resident of the State of Ohio, not a recipient of the Medicaid program and whose income is at or below the Federal Poverty Guidelines may be eligible for reduced or no-cost services.

If you think that you are eligible for these services, please contact our Patient Financial Advocate at (937) 840-6512 for assistance.

