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Policy & Procedure : Nondiscrimination

Policy:

It is the policy of Lewis County Hospital District No. 1 that the basic rights of independence of expression, decision, action, concern for personal dignity and human relationships will be preserved.

Revision Requirements:

If any revisions are made to this policy and procedure, a copy of the revision shall be submitted to the Department of Health within thirty days after the changes are approved. This is in reference to subsection (5) of WAC 246-320-141(7).

Procedure:

Identification of and Informing Patients of their rights and responsibilities.

1. The patient/patient's representative will be offered a copy of the Patient's Rights and Responsibilities.
2. The Patient's Rights and Responsibilities can be reviewed with the patient/patient's representative.
3. The patient/patient's representative may request names and phone numbers of agency resources from case management or a staff nurse.

Patient Rights:

1. Receive quality care that is considerate and respectful of your dignity, personal values, beliefs, and life philosophy.
2. Access to healthcare without discrimination due to race, color, national origin, sex, age, sexual identity, sexual orientation, religious belief, ability to pay, or disability.
3. Request a written copy of Arbor Health Patient Rights and Responsibilities.
4. Be free from all forms of abuse, harassment, or neglect.
5. Access protective and advocacy services in case of abuse or neglect
6. Be informed of your visitation rights, including any clinical restriction or limitation on these visitation rights.
7. Be free from restraints that are not medically necessary or that is imposed by staff as a means of coercion, discipline, convenience, or retaliation.
8. To have confidential, privacy, security, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, our facility will document and explain the restrictions to you and your family. Arbor Health will provide sign language and interpreter services as needed, at no cost to you.
9. Have your doctor notified of your admission and to have someone remain with you for emotional support; unless your visitor's presence compromises your or others' rights, safety, or health.
10. Be informed by your doctor/provider about your diagnosis and possible prognosis, the benefits and risks of treatment, the expected treatment outcomes, the unexpected outcomes and/or side effects according to RCW 70.230.150.
11. Be informed and involved in decisions affecting your care, including being able to refuse care, agreeing to what is expected of you, treatment options and alternatives.
12. Give informed consent before any non-emergency procedure(s).
13. Have your pain assessed and be involved in decisions about treating your pain.
14. Be involved in your discharge plan.
15. Create an advance directive and appoint someone to make health care decisions for you, in the event that you are unable to do so.
16. Include family input in care decisions, in compliance with your existing legal directives or existing court-issued legal orders.

17. Request no resuscitation or life-sustaining treatment and receive end of life care.
18. Donate organs and other tissues according to RCW 68.50.5000 and 68.50.560.
19. Access clinical records as quickly as the record-keeping system permits and at no cost to you.
20. Voice any complaints or concerns, including those about patient care, safety, denial of care, without fear of retribution, to the Arbor Health Quality Manager at 360-496-3638 and/or to Washington Department of Health at 1-800-633.6828. You may also email quality@myarborhealth.org for timely complaint resolution.
21. Receive a financial assistance application to determine if you qualify for financial help.
22. Receive a good faith estimate when you are out-of-network and/or uninsured.
23. If you have Medicare or Medicare Advantage, in advance of any non-covered procedure, test, or service, to receive an Advance Beneficiary Notice outlining financial liability and the right to make an informed decision.
24. If you have Medicare or Medicare Advantage, you have the right to appeal your inpatient discharge from the facility and/or to appeal a lower level of care change.
25. Know who is responsible for your care (physicians and others) and their role at Arbor Health.

Patient Responsibilities:

1. Comply with our "Zero Tolerance" program by refraining from acts of violence to include verbal and physical abuse, threats, throwing objects, sexual assault, and violation of personal space.
2. Provide complete and accurate demographic and medical information.
3. Provide the hospital or your doctor with a copy of your advance directive if you have one.
4. Ask questions when you do not understand information or instructions.
5. Notify your provider if you believe you cannot follow through with your treatment plan. If you do not follow the discharge instructions, treatment, and plan of care, you are responsible for any adverse outcomes.
6. Participate in your pain management plan, and keep your doctors and nurses informed of your treatment's effectiveness.
7. Leave valuable(s) at home and bring only necessary items needed during your hospital stay.
8. Treat all hospital staff, other patients, and visitors with courtesy and respect; abide by all hospital rules and safety regulations, and be mindful of noise levels, privacy, and the number of visitors allowed.
9. Provide complete and accurate information about your health insurance coverage and pay your bills on time.
10. Keep appointments, be on time, and call your health care provider if you cannot keep your appointments.

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(WHICH REFERENCE THIS DOCUMENT)	Patient Rights and Responsibilities		

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10067\\$12](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10067$12).