

PATIENT RIGHTS & RESPONSIBILITIES

Forrest Health's highest priority is serving you, our patient. At the same time, you have responsibilities as a patient that we expect you to fulfill to assist us in caring for you.

Your Rights as a Patient:

- ❖ **Service:** In all cases, your medical treatment and accommodations at Forrest Health will be provided impartially without regard to race, creed, sex, disability, national origin, or source of payment.
 - ❖ **Respect:** As a patient, you are entitled to considerate, respectful and dignified care.
 - ❖ **Privacy:** You have the right as a patient to personal and informational privacy, as follows:
 - ◆ To refuse to talk with or see anyone not officially connected with the hospital involved with your care.
 - ◆ To wear appropriate personal clothing and religious, cultural or other symbolic items, which do not interfere with prescribed treatments or procedures.
 - ◆ To be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes the right to request that a person of your own sex be present during physical examinations, treatment, or procedures.
 - ◆ To expect that any discussion or consultation involving your care will be conducted discretely, and that individuals not involved in your care will not be present without your permission.
 - ◆ To have your medical records read only by individuals involved in your treatment, or in the monitoring of its quality, and/or by other legally authorized individuals.
 - ◆ To expect all communication and other records pertaining to patient care, or the source of payment for treatment to be treated confidentially, and to expect same not to be revealed to outside sources, except as provided for by law.
 - ◆ To request transfer to another room if another patient or visitors are unreasonably disturbing you. You may request to be placed in protective privacy, if necessary to promote your safety.
 - ❖ **Safety:** You have the right to receive care in a reasonably safe setting. As a patient, you have the right to be free from abuse or harassment from any member of Forrest Health's staff. You also have the right to be free from uninformed search and/or seizure of your personal belongings. If you have any safety concerns of any kind, please let the Department of Public Safety (located in your Forrest Health Facility) know immediately.
 - ❖ **Consent:** You have the right to be reasonably informed about and to participate in decisions involving your health and plan of care. You should not be subjected to any procedures without your voluntary, competent and informed consent (or that of a legally authorized representative). In addition, you may be informed of research/education projects or programs for which you may volunteer as a patient, but you will not be required to undergo involuntary treatment or be subjected to research or experimental procedures without your written and informed consent.
- Refusal to participate in these research/ education programs will not affect your treatment in our hospital.
- ❖ **Refusal of treatment:** To the extent permitted by law, you may refuse treatment. However, if your refusal of treatment prevents us from providing you appropriate care according to professional medical standards, the hospital may upon reasonable notice discharge you from its care.
 - ❖ **Transfer:** You will not be transferred from Forrest Health's facility to another facility unless you have received an explanation of the need for transfer and of the alternatives to such a transfer (and whether the transfer is acceptable to the other facility).
 - ❖ **Family participation:** You have the right to have a family member or friend notified promptly of your admission to the hospital. To the extent authorized by you or by law, your family and caregivers may participate in your health care decisions.
 - ❖ **Visitation:** Patients have the right to see Visitors as they choose, including spouse, domestic partner, other family member, or friend in accordance with the restrictions and guidelines written in the Hospital Visitation Policy, and also the right to refuse to accept such Visitors at any time.
 - ❖ **Physician Notification:** You have the right to have your own physician notified promptly of your admission to the hospital.
 - ❖ **Freedom from Restraints:** At Forrest Health, you will not be restrained physically or chemically except in an emergency to reduce risk of injury, or as directed by physician. If restraints are required, the least restrictive method will be used and you will be assessed, monitored and re-evaluated appropriately.
 - ❖ **Knowledge:**
 - ◆ **About the medical staff and hospital employees:** You have the right to know the identity and professional status of all staff participating in your care, and to know who is primarily responsible for your care.
 - ◆ **Medical Information:** You have the right to know the status (to the degree known) of your condition, including diagnosis, recommended treatment, and prognosis for recovery. Upon your request and proper authorization, you may also obtain a copy of your medical records for a reasonable fee, in accordance with hospital policy as well as State and Federal Law.
 - ◆ **Hospital charges:** Regardless of the source of payment for your care, you have the right to request and receive an itemized bill for services rendered at Forrest General or its divisions.
 - ❖ **Communication:** You have the right to communicate with people outside the hospital and to have access to an interpreter, when necessary. Other assistance with communication is available upon request.
 - ❖ **Consultation:** Your primary physician may request consultation of another physician when deemed necessary. Additionally, you may request a consultation with a medical specialist at your expense.
 - ❖ **Counseling:** You and your family have the right to consult with a clinical ethicist and/or pastoral services upon request.

preparing a health care directive in advance is to allow you to designate a decision-maker to make health care decisions on your behalf, should you for any reason become unable to make such decisions for yourself.

- ❖ **Organ Donation:** According to your wishes and in conformity with applicable law, Forrest Health will support the procurement and donation of your organs and other tissues.
- ❖ **Parental control:** If you are a parent and/or legal guardian of a minor patient (under age 18), you have the authority to exercise patient rights on behalf of the minor patient.
- ❖ **Hospital rules and regulations:** You have the right to be informed of hospital rules and regulations applicable to your conduct.
- ❖ **Patient Grievances:** In order to improve the quality of our services, you may voice any concern or grievance which you might have regarding patient safety or the quality of care you receive to a Patient Advocate (located in your Forrest Health Facility) Presentation of a complaint or grievance will not jeopardize your future access to care.
- ❖ **Pain Management:** Effective pain management will be provided to all patients.

Your Responsibilities as a Patient:

- ❖ **Providing information:** You have the responsibility of providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the further responsibility to report any unexpected changes in your condition and any problems of any other type (including any violations of your rights) to the responsible practitioner.
- ❖ **Questions:** We at Forrest Health understand that medical terminology may be difficult to understand. The employees of the hospital and the medical staff strive to communicate in simple and direct terms and you can assist us by letting us know if you do not understand.
- ❖ **Complying with instructions:** You must follow the treatment plan. This may include following the instructions of various nurses and other hospital employees as they carry out your doctor or practitioner's orders, and as they enforce applicable hospital rules and regulations. In addition, you are responsible for keeping appointments and, when unable to do so for any reason, for notifying your doctor or practitioner or the hospital.
- ❖ **Safety:** You are responsible for your own actions. While we strive to provide you a reasonably safe environment, you must act safely within it. Think before you step. If you have difficulty walking or experience dizziness, you must request assistance before moving through the hospital.
- ❖ **Advance Health Care Directive (Living Wills):** You should advise the hospital on each admission if you have an advance health care directive (often referred to as a durable power of attorney for health care decisions or a living will) and should provide a copy to the hospital to be placed in your medical record.
- ❖ **Refusal of treatment:** If you refuse prescribed treatment or do not follow your doctor or practitioner's instructions,

you assume full responsibility for the consequences of your actions.

- ❖ **Hospital charges:** You are responsible for assuring that your hospital bills are paid as promptly as possible.
- ❖ **Hospital rules and regulations:** You are responsible for following hospital rules and regulations affecting patient care and conduct.
- ❖ **Respect and consideration:** You and your visitors are responsible for being considerate of the rights of other patients and hospital personnel, as well as for assisting in the control of noise, smoking, and the number of visitors. You and your guests are also responsible for respecting the property of others, and that of the hospital.
- ❖ **Weapons, Drugs and Alcohol:** You and your visitors are to refrain from bringing onto hospital property weapons of any kind (guns, knives, explosives or other dangerous objects), illegal drugs and/or alcohol.
- ❖ **Smoking:** Each Forrest Health facility is a smoke-free environment and smoking is not allowed on hospital property, effective July 4, 2008.
- ❖ **Parental responsibility:** Parents and legal guardians of minor patients (under age 18) are expected to assume the responsibility for their minor patients.

ASK QUESTIONS

You are encouraged to ask questions about any of these rights and responsibilities that you do not understand. On the other hand, if you would like to express concerns regarding the quality of care you receive, please call:

Risk Management Department
601-288-2255

Mailing address:
Forrest General Hospital
Risk Management Department
P.O. Box 16389
6051 U.S. Highway 49
Hattiesburg, MS 39401

You will receive a personal response.

The Mississippi Department of Health is also available to assist you with any question, concern, or grievance by calling 1-800-227-7308

Mailing address:
Mississippi State Department of Health
570 East Woodrow Wilson
P.O. Box 1700
Jackson, MS 39215-1700