

SUMMIT PACIFIC

• MEDICAL CENTER •

Patient Rights & Responsibilities

Patient Rights

- Access to Care - You have the right to impartial access to treatment or accommodations that are available, regardless of race, creed, sex, national origin, religion, sexual orientation, gender identity, disability or sources of payment for care.
- Dignity and Respect - You have the right to be treated and cared for with dignity and respect.
- Confidentiality and Privacy - You have the right to:
 - Confidentiality, privacy, security, complaint resolution, spiritual care and communication.
 - If communication restrictions are necessary for patient care and safety, the hospital must document and explain the restrictions to you and your family.
 - Personal Safety - You have the right to reasonable safety insofar as hospital practices and the environment are concerned. You have the right to be protected from abuse and neglect and to access protective services if the need should arise.
- Visitors - You have the following visitor rights:
 - The right to refuse visitors.
 - The right to name a person(s) (not legally related by blood or marriage) whom you want considered as immediate family for visiting purposes. These visitors may include, but are not limited to, a spouse, a state recognized domestic partner (including same-sex partners), a non-registered domestic partner (including same-sex partners), other family members or a friend. You may do this at any time verbally or in writing with any member of the health care team. You may change this list at any time in the same manner.
 - The right to have your wishes considered for the purpose of determining who may visit if you lack the decision-making capacity and to have the method of that consideration disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in the household, including domestic partners.
- Summit Pacific Medical Center shall not limit, restrict, or deny visitation privileges on the basis of race, national origin, religion, sexual orientation, gender identity or disability. However, the facility may reasonably determine that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operation of the facility.
- Identity - You have the right to know the identity and professional status of individuals providing your care and the identity of the physician or other practitioner primarily responsible for your care. You have a right to know of the existence of any professional relationship among individuals who are treating you, as well as relationship to any other health care institutions involved in your care.
- Information and Care - You have the right to obtain complete and current information concerning your diagnosis (to the degree known), treatment, and any known prognosis, communicated in terms you can understand. If not medically advisable to give such information to you, the information will be made available to your authorized agent. You have the right to be involved in all aspects of your care including: refusing care and treatment, and resolving problems with care decisions. You have the right to family input in care decisions. You have the right to be informed of unanticipated outcomes of treatment.
- Communication - You have a right to access people outside the hospital by means of visitors and verbal or written communication. You should have access to an interpreter where a language barrier exists.
- Consent - You have the right to reasonable informed participation in decisions involving your health care. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific

procedure and/or treatment, the medically significant risks

involved, and the probable duration of incapacitation .

- Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information. This includes the right to know who is responsible for authorizing and performing the procedures or treatments.

- Advance Directives - You have the right to have advance directives and the hospital to respect and follow those directives. You have the right to request no resuscitation or life-sustaining treatment. You may request end of life care. You have the right to donate organs and other tissues, according to RCW 68.50.500 and 68.50.560, with medical staff input and direction by family or surrogate decision makers.
- Death With Dignity Act- Summit Pacific Medical Center does not participate in Initiative 1000 - Death with Dignity Act.
- Complaints - You have the right to complain about your care and treatment without fear of retribution or denial of care. You have the right to timely complaint resolution.
- Consultations - You have the right, at your own request and expense, to consult with a specialist or for a second opinion.
- Refusal of Treatment -You may refuse treatment to the extent permitted by law. If your refusal prevents the provision of appropriate care and your primary provider elects to terminate your relationship, reasonable notice must be given, and you will be informed of the medical consequences of your action.
- Transfer and Continuity of Care -When medically permissible you may be transferred to another facility only after you receive a complete explanation of the need for transfer and alternatives to such transfer. The institution to which you are to be transferred must first accept the transfer.

- Hospital Charges -You have the right to request and receive an itemized and detailed explanation of your total bill for services rendered. You have the right to timely notice prior to termination of your eligibility for reimbursement by any third-party payer for the total cost of care.
- Hospital Rules and Regulations -You have the right to know what hospital rules and regulations apply to your conduct as a patient.

Patient Responsibilities

- Provide accurate and complete medical information.
- To ask the nurse or physician if they do not understand what is occurring.
- To follow the treatment plan recommended by his/her physician.
- To assure that the financial obligations (making sure the bill is paid) for his/her health care are fulfilled as promptly as possible.
- To show respect and give consideration to other patients and hospital personnel.
- To comply with the hospital's "Tobacco-Free Campus" policy.
- To observe and comply with the hospital's "No Weapons" policy.
- To assist in the control of noise and the number of visitors.

Acknowledgment of Receipt

My signature only acknowledges my receipt of this message from Summit Pacific Medical Center on _____ at

_____,am /pm and does not waive any of my rights

Signature of patient or person acting on their behalf

Date

For Concerns About Your Care, Please Contact:

Summit Pacific Medical Center Contact: Renee Jensen, CEO • (360) 346-2244

Department of Health Consumer Service • (360) 236-4700

600 E. Main St. • Elma, WA 98541 • (360) 346-2222 • Fax (360) 346-2233

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