

Important Information About Your Bill

Thank you for choosing Valley General Hospital for your health care needs. Valley General Hospital has outlined below, information about the billing process, payment expectations, and assistance programs.

Valley General Hospital bills separately from other providers of care. In addition to your bill from Valley General Hospital, you may receive bills from other providers. Their contact information is provided at the end of this information sheet.

PATIENTS WITH HEALTH CARE INSURANCE

Valley General Hospital participates in many preferred provider programs with insurance carriers that provide coverage in western Washington. If you are having a scheduled procedure or surgery, you should contact your health insurance carrier to obtain coverage and benefit information. It is also important for you to determine your out of pocket expenses such as deductible, co-pay, and coinsurance amounts for the scheduled treatment. This will help you understand the financial responsibility you will incur for the treatment. If you require an inpatient admission to the hospital, VGH will notify your carrier of your hospital stay. Some of our contracted payers are:

- Medicare
- Aetna
- Tricare
- Managed Health Network
- AARP
- Pacificare
- Medicare Advantage
- Medicaid (DSHS)
- Cigna
- Uniform Health Plan
- Regence (BCBS)
- United Healthcare
- Community Health
- Medicare Managed Care
- First Choice
- Premera (BCBS)
- Snoqualmie Tribe
- Workman's Compensation
- Secure Horizons
- Molina
- Private Healthcare Systems

Following your hospital visit, the billing office will submit the bill to your insurance carrier. We will send you a statement showing the patient liability amount after your insurance company has completed processing of the claim. **Your balance is due when we send the first statement. Please send payment in a timely manner.**

BANK LOAN PROGRAM

If you are not able to pay the balance in full within 60 days from discharge, we will screen you to evaluate whether you qualify for the bank loan program. Like any bank loan it allows extended payments, it will carry interest (currently at an annual 9.9% rate), and late fees apply if the payment is not made timely.

If you do not send payment in a timely manner, or do not contact us to discuss payment arrangements, your account will be assigned to an external agency for collection.

IMPORTANT NOTICE FOR MEDICARE PATIENTS

If you have hospital outpatient services, **Medicare does not cover self-administrable drugs** provided to you during your outpatient visit. Per Medicare billing guidelines, the hospital must bill you for payment of these non-covered drugs.

As a courtesy to our patients, we provide a copy of the self administered drug charges to you to use in billing for reimbursement of the medication cost. Please submit these charges to your Medicare Part D carrier for reimbursement.

AUTO ACCIDENT CLAIMS

The hospital is not able to wait for a third party settlement for any accident claim; however, we are happy to courtesy bill your insurance carrier once we have the accident claim information.

If your visit to VGH is the result of a motor vehicle accident, we ask that you provide the name of **your** automobile insurance and your claim number, so that we can bill the carrier for PIP (personal injury protection) coverage. If you have the insurance information and claim number for the third party carrier, please provide this information as well.

We will bill your healthcare insurance carrier as secondary to your PIP provider if there is a balance after the auto carrier has processed your claim.

OTHER ACCIDENT CLAIMS

If your accident is not auto or work related, but there is insurance coverage, please provide us with your carrier and claim number so we can send a courtesy claim on your behalf.

WORKMAN'S COMPENSATION ACCIDENT CLAIMS

If your visit is a work-related accident or illness, we will bill the **Washington State Department of Labor & Industry, or other Employer Self Insured Workman's Compensation programs**. We will provide information about your accident and health status within the required time frame, so you are able to receive any time loss payments or other benefits associated with work-related incidents.

NO INSURANCE COVERAGE

Prior to your arrival or during your hospital visit, admitting registrars will talk with you about options for payment of your hospital account. VGH staff will ask you for **information about your financial ability to pay, and to determine whether you may be eligible for assistance through the Washington State Health Care Exchange**. If you do not qualify for the DSHS program, your financial information will be used to screen you for eligibility for other payment options.

Payment of the bill within 35 days of discharge, qualifies for a 30% uninsured patient discount.

Approximately five (5) days after your hospital visit, VGH will provide you a summary bill that identifies the charges for the services you received. We will send a statement that will request payment, and authorizes the 30% patient discount for charges. VGH recognizes the significant financial burden for health care services for patients without health care coverage. We provide a prompt pay discount to offer uninsured patients a discount that is similar to the discount taken by our contracted insurance carriers.

If you are unable to pay the amount due in full when you receive your statement, please contact our patient account representative to discuss options for payment arrangements at (360) 794-1007.

DISTRICT TAX BENEFIT PROGRAM

If you own your home and live in the Snohomish County Public Hospital District #1 geographical boundaries, you may be eligible for a special discount on the self pay portion of your hospital bill. Our board of commissioners has authorized our financial counselors to apply a self pay adjustment up to the amount of the property tax that district residents pay annually in support of the hospital district. For more information about this benefit, please call our financial counselor at **(360) 794-1007**.

FINANCIAL ASSISTANCE

If you have applied for, but do not qualify for DSHS (Medicaid), and are unable to pay for your care, you may apply for our Charity Care Program. You are required to fill out an application, and provide personal financial information such as family size and income, to evaluate your eligibility for the hospital's Charity Care Program. We will send you notification regarding your eligibility or a request for further information. If you have a remaining balance after a charity care discount, we will establish a monthly payment arrangement for you to pay your self pay portion.

LIST OF OTHER PROVIDERS

As noted at the beginning of this important notice, hospital-based physicians who may care for you during your VGH visit are listed below. These physicians are not VGH employees, and may or may not participate in the same health care insurance contracts or financial assistance programs. If you receive a bill from these providers and have questions, please contact them at the following numbers:

VGH Anesthesiologists	(425) 407-1500
EmCare Emergency Physicians	(800) 355-2470
Puget Sound Institute of Pathology	(800) 234-7224
RADIA (Radiologists)	(800) 714-5937
EmCare Hospitalists	(360) 794-1447 x 2410

If you are unable to pay your outstanding balance for Valley General Hospital charges, due to significant financial hardship, please contact us about other financial assistance programs for which you may qualify at (360) 794-1447 ext 1182.

Patient Name: , ,
Patient ID Number:
Physician: ,

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
 - Be involved in any decisions about your hospital stay, and know who will pay for it.
 - Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here Qualis Health 1-877-290-4346, or TTY: 1-877-486-2048
-

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
 - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after the date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call 360-794-1449.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative

Date

Follow-up notice issued: Initials of Patient or Representative

Date

CMS-R193 (approved 05/07)



ADM



STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles.)
 - Here is the contact information for the QIO:
Qualis Health
1-877-290-4346
TTY: 1-877-486-2048
 - You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
 - Ask the hospital if you need help contacting the QIO.
 - The name of this hospital is Valley General Hospital and the provider ID number is: **500084**
- **STEP 2:** You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3:** The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4:** The QIO will review your medical records and other important information about your case.
- **STEP 5:** The QIO will notify you of its decision within 1 day after it receives all necessary information.
 - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
 - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
 - If you have Original Medicare: Call the QIO listed above.
 - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

GENERAL CONSENT TO HOSPITALIZATION / MEDICAL TREATMENT

This undersigned patient or patient's authorized legal representative hereby consents to admission to Valley General Hospital for diagnostic tests, procedures, care and treatment. I am aware that the practice of medicine is not an exact science and acknowledge that no guarantees or promises have been made as to the result of the testing procedures, care or treatment in the hospital. I consent to and authorize the following:

Medical Consent: I consent to hospitalization, diagnostic tests (including X-ray and laboratory), and other hospital procedures and therapy performed or prescribed by the attending physician/provider, his/her designees or assistants, during this hospitalization.

Advance Directive: I understand that I have an opportunity to make known my wishes, in writing, regarding my health care and/or end of life decisions. The hospital will, upon my request, provide me with information about a Living Will and/or a Durable Power of Attorney for Health Care.

Immunizations: Immunizations will be offered if ordered and indicated. My signature below acknowledges that I have received the Influenza and Pneumococcal Vaccine Information.

Photographs: The taking and reproduction of photographs in connection with my diagnosis, care and treatment (including surgical procedures) at the hospital for purposes of medical study and research is approved, provided my identity is not revealed.

Release of Confidential Information: I authorize Valley General Hospital and/or the attending physician/provider to release any information, including information from my medical record necessary to facilitate health care claims processing and payments. This release may include specific information related to the testing, diagnosis and/or treatment of sexually transmitted diseases (including HIV), alcohol or drug abuse, and mental health/psychiatric disorders. I also consent to the release of any information as needed for post-discharge care or transfer of care to other health care facilities or agencies as I direct or as required by law. (If refused, please draw a line through and initial).

Personal Valuables: Valley General Hospital shall not be held liable for the loss of or damage to any money or other valuables even if deposited for safekeeping, which is provided as a service only; and shall not be held liable for loss or damage to any other personal property.

I acknowledge that this form has been fully explained to me and that I have read and understand its contents (including the information as detailed on the back side of this form). I also acknowledge receipt of a copy of this form. I certify that as the patient, his/her representative or legal guardian, I accept the terms of this document. I further acknowledge receipt of Valley General Hospital's Notice of Privacy Practice, and that VGH may acknowledge my presence, location, and condition (stable, serious, critical) to callers and/or visitors, unless noted below.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE	WITNESS INITIALS
IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT: <input type="checkbox"/> GUARDIAN <input type="checkbox"/> HEALTH CARE POWER OF ATTORNEY <input type="checkbox"/> PARENT <input type="checkbox"/> HUSBAND / WIFE <input type="checkbox"/> ADULT CHILD <input type="checkbox"/> ADULT BROTHER / SISTER INTERPRETER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO			

<p>GENERAL CONSENT TO HOSPITALIZATION / PATIENT INFORMATION RELEASE AUTHORIZATION</p> <p>VALLEY GENERAL HOSPITAL P.O. BOX 646 14701 179 AVENUE S.E. MONROE, WA 98272-0646 (360) 794-7497</p> <p><small>an affiliate of EvergreenHealth</small></p>	ADM 
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Patient Complaints: Patients may file a complaint regarding any concerns about care or services received at the hospital by contacting any staff member or by contacting the Patient Advocate at 360-794-1403. At any time, a patient may also file a complaint by contacting the Washington State Department of Health at 1-800-633-6828, HSQLComplaintIntake@doh.wa.gov, or the DNV at 1-866-523-6842, hospitalcomplaint@dnv.com. The filing of a complaint will not compromise a patient's care or future access to care.

PATIENT INFORMATION RELEASE AUTHORIZATION

I understand that my health care information is protected and I have received a copy of the Notice of Privacy Practices.

The name(s) listed below is / are family members or friends to whom I wish to grant access to my health care information. I will rely on the professional judgement of my provider and his / her designee to share such information, as they deem necessary.

I understand that information is limited to verbal discussions, and that no paper copies of my protected health care information will be provided without my signature on a Release of Information form.

I understand that some information is considered "sensitive." I understand that I must check the specific box(es) in order for my provider or his/her designee to release any "sensitive" information:

- Mental health / psychiatric disorders (including depression)
- Chemical dependency (drug and / or alcohol abuse / treatment)
- HIV / AIDS virus
- Sexually transmitted diseases

This consent will be considered valid until such time that I revoke it. I reserve the right to revoke it at any time. It will be my responsibility to keep this information up to date, as I recognize that relationships and friendships may change over time.

List in order:

NAME	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	

- All family members are granted access.

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

By signing below, I agree:

1. That Valley General Hospital may share any financial information I provide to facilitate payment.
2. To pay Valley General Hospital for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify Valley General Hospital of changes to my insurance coverage and/or address.
4. That Valley General Hospital may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify Valley General Hospital if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by Valley General Hospital, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in Snohomish County, Washington.
8. That Valley General Hospital may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

I understand that:

- Each Valley General Hospital entity bills separately for their services.
- Patients who receive services at Valley General Hospital generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. At my request, VGH staff will provide me with an estimate of the billed charges for services I am likely to receive.
- Valley General Hospital requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning.
- Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by Valley General Hospital. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE	WITNESS INITIALS
IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT: <input type="checkbox"/> GUARDIAN <input type="checkbox"/> HEALTH CARE POWER OF ATTORNEY <input type="checkbox"/> PARENT <input type="checkbox"/> HUSBAND / WIFE <input type="checkbox"/> ADULT CHILD <input type="checkbox"/> ADULT BROTHER / SISTER INTERPRETER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO			

<p>FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE</p> <p>VALLEY GENERAL <small>HOSPITAL</small> on affiliate of EvergreenHealth</p> <p style="font-size: small;">P.O. BOX 646 14701 179 AVENUE S.E. MONROE, WA 98272-0646 (360) 794-7497</p>	<p style="text-align: center;">ADM</p> <div style="text-align: center;">  </div>
VGH 9555 Rev. 02/11	



**TRUE
COMMUNITY
MEDICINE**

▼ **Header Information**

Policy		Deployment	
Policy Name:	Informed Consent	Institution:	Valley General Hospital
Supercedes:		Division:	Hospital
Policy Level:	Hospital wide	Department:	Administration
Owner(s):	Teri Cook/VGH	Contributing Departments:	
Priority:		Manual Name:	
Identification Number:	3.3	Manual Category / Chapter:	General
Status:	4. Approved	Restricted to Groups:	
Approval Date:	03/20/2014	Policy Start Date:	07/01/1989
Version Number:	5	Monthly Review Interval:	24
		Policy Review Date:	03/21/2016

▼ **Policy**

PURPOSE:

To ensure that informed consent permits will be obtained and available in the patient's chart for all elective/non-emergent operative and/or special procedures prior to preoperative medication or initiation of the procedure.

POLICY:

All health care team members at Valley General Hospital (VGH), led by the patient's attending physician, shall seek to encourage *collaborative decision making* between or amongst the patient, (or the patient's surrogates) the patient's significant others and members of the health care team. Team members shall endeavor to present important information to the patient. The scope of the information presented to the patient shall depend on the nature of the proposed treatment, the ability of the patient to understand, the availability of teaching tools, and the scope of responsibility of the healthcare worker. The patient (or the patient's legally authorized surrogate) shall be responsible for determining the direction and course of his or her health care in collaboration with all members of the health care team. Patient care circumstances may arise in which conflicts of interest exist regarding the care of minors. Careful attention must be paid to determine which individuals are legally entitled and/or required to provide consent.

PROCEDURE:

1. When a patient requires emergency treatment and is unable to make an informed decision and the consent of another person qualified to represent s/he is not reasonably available, consent for treatment is implied by law and an express consent is not required (RCW 18.71.220; RCW 7.70.050 (4).) Surrogates shall be advised of the patient's condition and their permission sought

as soon as medically feasible.

2. Patients will sign a general statement authorizing care at the time of registration for admission, diagnosis, or treatment.
3. Responsibility for obtaining and documenting informed consent rests with the attending or operating physician. Informed consent must be obtained by the operating physician performing the procedure. Whenever multiple procedures are scheduled on one patient involving more than one physician, each physician must obtain signed informed consent from the patient. Anesthesiologists shall obtain consent for anesthesia care. Non-Physician staff may witness patient's signatures to informed consent documents but are not responsible for the informed consent process. The consent will be signed and dated by the physician to acknowledge his/her direct participation, or may write a detailed progress note outlining the consent process. It is recommended the signature of the patient be witnessed by a third person who is not a member of the patient's family.

An appropriate informed consent document should include an explanation of the proposed treatment, of recognized alternatives to treatment, of likely or significant risks, of anticipated benefits, and of known alternatives, including the patient's option of choosing no treatment at all.

Permits must be signed before sedation is given. (NOTE: Consents from patients in severe pain, sedated, or in severe emotional distress are not valid. Consent for these cases should be obtained from the surrogate. (See footnote)

Staff will advise the physician if the patient appears to be unable to understand the proposed course of diagnosis or treatment or if appropriate documentation of consent is missing from the medical record, prior to preparation of the patient for the procedure.

Appropriate written documentation of consent shall be present in the patient's medical record prior to performing any of the following:

- a. Course of diagnosis and care (a general progress note indicating the patient has had explanation offered).
 - b. Specific consent for surgical procedure (by the operating physician who is performing the procedure), anesthesia, including conscious sedation; invasive diagnostic procedures including myelograms, or procedure using contrast material; consent for use of a drug with significant teratogenic potential in persons of childbearing age, chemotherapy, procedures which could render a patient sterile or impotent; any non-standard treatment or medications, and administration of blood products if not directly related to a surgical procedure.
 - c. Approved consent for experimental drugs, devices, or procedures is to be documented in the patient's record prior to initiating the experimental drug, device, or procedure.
4. Minors (persons seeking treatment who are under the age of 18).
 - a. Consent of the parent or guardian is presumed in an emergent situation. Treatment may begin when attempts are being made to reach the parent or guardian, who will be asked to sign registration forms and specific informed consent forms once located. Telephone consent is acceptable, and shall be witnessed and documented by two persons in the medical record.
 - b. As the purpose of informed consent is to provide a competent individual with information to determine what will be done with her/his body, the health care provider should consider the need for disclosure of information about the proposed care and the extent of treatment and/or procedure to the minor patient. The decision of whether to disclose information to the minor patient and the extent of disclosure should be made on a case-by-case basis, considering the patient's age, education, level of maturity, ability to understand and participate in care, and desire of the parent(s) or legal representative of the minor.

Disclosure to the minor will be documented in the medical record.

c. The parent or guardian of the minor need not consent if:

1. Minor is seeking treatment of sexually transmitted disease, and is fourteen years of age or older.
2. Minor is seeking treatment for psychiatric disorder (outpatient services) or chemical dependency treatment, and is thirteen years of age or older (admission to an inpatient facility requires both parental and minor's consent)
3. Minor is emancipated, i.e.
 - i) Either presents court papers indicating s/he is emancipated or
 - ii) Refuses parental contact, advising s/he is independent and does appear to be independent considering his or her age, maturity, intelligence, living arrangements, employment, and freedom from parental control.
4. Minor is considered a mature minor, i.e.

i) Treatment can be provided based on an assessment and documentation of the young person's maturity and ability to consent for treatment.

ii) Consideration must be given to age, maturity, training, experience, economic independence, and freedom from parental control.

d. Emancipated minors may also give consent for the treatment of their minor children.

e. If parent/guardian refuses reasonable treatment and situation is non-emergent or not urgent contact Child Protective Services and request assistance.

5. Petitioning for Guardianship.

Generally, the consent of the patient or the statutory surrogate is sufficient. (See footnote below) However, a guardianship should be sought if one of the following circumstances exists and the patient is unable to direct his or her own care:

- ♦ there is no family or
- ♦ family diverges widely in their opinion of what the patient would want, and it is apparent agreement or acquiescence cannot be obtained and/or
- ♦ family motives appear to be inconsistent with the patient's wishes/best interest of the patient.

6. The informed consent will be reviewed by hospital licensed staff for completeness prior to treatment and/or procedure, and placed in the medical record.

7. Refer to the WSHA Consent Manual for specific consent and release information. This manual is located in Health Information Services.

8. Documentation: The signature and date will be completed by the patient, physician, and witness. Time is optional.

Footnote: *Patients shall, insofar as able, consent to treatment. If unable (because of level of consciousness, youth, disability or other barrier) the following surrogates are authorized to consent to health care in the listed order of priority: guardian, durable power of attorney for health care decisions, spouse/domestic partner, parents of minor child, adult children (all children available to the health care provider), parent (all available to the health care provider) or adult siblings (all siblings available to the health care provider). Telephone consent from these individuals may be sought, and documented by two persons in the patient's medical record. If it is unclear whether the patient is able to consent, both the patient and the surrogate should be asked to sign.*



**TRUE
COMMUNITY
MEDICINE**

▼ **Header Information**

Policy		Deployment	
Policy Name:	Mental Health Advance Directives	Institution:	Valley General Hospital
Supercedes:		Division:	Hospital
Policy Level:	Hospital wide	Department:	Administration
Owner(s):	Teri Cook/VGH	Contributing Departments:	Social Services
Priority:		Manual Name:	
Identification Number:	3.40	Manual Category / Chapter:	General
Status:	4. Approved	Restricted to Groups:	
Approval Date:	03/13/2014	Policy Start Date:	02/10/2004
Version Number:	5	Monthly Review Interval:	24
		Policy Review Date:	03/21/2016

▼ **Policy**

POLICY

Persons with mental illness may fluctuate between periods of capacity and incapacity. Mental health advance directives provide a method of expressing instructions and preferences for treatment in advance of a period of incapacity and providing advance consent to or refusal of treatment.

It is the policy of Valley General Hospital to honor mental health advance directives that meet state law requirements, medical and ethical practice standards, and the policies and procedures of this hospital. The hospital and medical staff shall presume a properly executed mental health advance directive is valid and will honor it, even if one or more provisions of the directive are deemed to be invalid. However, in those circumstances where it is not appropriate or permissible to honor mental health advance directives, the patient and/or their designated agent will be advised and appropriate documentation made in the patient's medical record.

PURPOSE

The purpose of this policy is to describe how the hospital, hospital staff, and medical staff will comply with their legal, ethical, and other obligations concerning mental health advance directives. The policy does not address all aspects of the law governing mental health advance directives, but attempts to focus on those most relevant to this organization.

DEFINITIONS

The following are key terms referred to in the law governing mental health advance directives, and are used in the procedures discussed below:

Agent: an agent has legal authority to make decisions for a patient within the limits the patient has set on the agent's decision-making power

Capacity : an adult that has not been found to be incapacitated under the mental health advance directives procedures set out in this policy, or under the Washington state guardianship statute RCW 11.88.010(1)(e) has capacity

Health care provider : osteopathic physician or osteopathic physician's assistant, a physician or physician's assistant, or an advanced registered nurse practitioner

Incapacitated : an adult who (a) is unable to understand the nature, character, and anticipated results of proposed treatment or alternatives; understand the recognized serious possible risks, complications, and anticipated benefits in treatments and alternatives, including nontreatment; or communicate his or her understanding or treatment decisions; or (b) that has been found to be incompetent under the Washington state guardianship statute RCW 11.88.010(1)(e)

Professional person : a mental health professional or a physician, or registered nurse

Principal : an adult who has made a mental health advance directive

Mental health advance directive : a written document in which a patient makes a declaration of instructions or preferences or appoints an agent to make decisions on behalf of the patient regarding the patient's mental health treatment, or both, and that is consistent with the provisions of Washington's mental health advance directive statute

Mental health professional : a psychiatrist, psychologist, psychiatric nurse, or social worker

PROCEDURE

1. Each patient shall be asked whether he or she has made a mental health advance directive and provided with a copy of the brochure, "*What Patients Need to Know About Mental Health Advance Directives.*"
2. On receipt of a mental health advance directive, a copy of the directive shall be placed in the patient's chart.
3. On receipt of a directive a medical staff member shall determine the validity of the directive. It must:
 - a. Be in writing;
 - b. Include language that shows an intent to create a mental health advance directive;
 - c. Be dated and signed by the patient or be dated and signed in the patient's presence at his or her direction;
 - d. State whether the directive may or may not be revoked during a period of incapacity; and,
 - e. Contain the signatures of two witnesses following a declaration that the witnesses personally know the patient, were present when the patient dated and signed the directive, and that the patient did not appear to be incapacitated or acting under fraud, undue influence, or duress.
4. The following areas of the directive shall also be reviewed for validity:
 - a. Appointment of agent: If the directive includes appointment of an agent it must contain the words "This power of attorney shall not be affected by the incapacity of the principal," or "This power of attorney shall become effective upon the incapacity of the

principal, or similar words.

- b. Effective date: A directive may be effective immediately after it is executed or it may become effective at a later time. Mental health advance directives validly executed before the effective date of ESSB 5223, the law relating to mental health advance directives, are effective until they are revoked, superseded, or expire.
 - c. Directives created outside Washington state: A directive validly executed in another political jurisdiction is valid to the extent it is permitted under Washington state law.
 - d. Witnesses: Hospital staff and employees, medical staff members or any other person involved in the patient's care are not permitted to witness a mental health advance directive.
5. The patient shall be asked whether he or she is subject to any court orders that would affect the implementation of his or her directive. If so, a copy of the court order must be obtained and placed in the patient's chart.
 6. On admission the admitting medical staff member shall, in accordance with the requirements of section VI of this policy, ascertain whether compliance with the directive or portions of it is possible.
 7. During treatment, in accordance with the requirements of section VI of this policy, the attending medical staff member shall ascertain on an ongoing basis whether compliance with the directive or portions of it is possible.
 8. On receipt of an agent's notice of withdrawal, the notice and the effective date shall be noted in the patient's chart. If there is no effective date, the notice is effective immediately.
 9. A revocation of a mental health advance directive is effective upon receipt and shall be made part of the medical record immediately.

NON-COMPLIANCE WITH DIRECTIVE INSTRUCTIONS

1. Ability to object on *initial* receipt of directive:
 - a. If unable or unwilling to comply with any part or parts of the directive *for any reason*, an objection can be made to that part or those parts of the directive.
 - b. Notify the patient of the objection, and, if applicable his or her agent and document the part or parts of the directive that are objectionable and the reason in the patient's medical chart.
2. Ability to object *once acting under authority of a directive*:
 - a. Unless an objection to treatment in accordance with the advance directive has been noted on receiving the directive, treatment shall follow the directive.
 - b. When acting under the authority of a directive, the provisions of the directive shall be followed to the fullest extent possible, *except for the following reasons*:
 - i. compliance with the provision of the mental health advance directive would violate the accepted standard of care;

- ii. the requested treatment is not available;
 - iii. compliance would violate the law; or,
 - iv. the situation constitutes an emergency and compliance would endanger any person's life or health
- c. If unable to comply with any part or parts of the directive for the reasons cited above, the patient, and if applicable, his or her agent shall be notified and the reason documented in the medical record. All other parts of the directive shall be followed.
3. If a patient is involuntarily committed or detained for involuntary treatment and provisions of the mental health advance directive are inconsistent with either the purpose of the commitment or any court order relating to the commitment, those provisions may be treated as invalid during the commitment. However, the remaining provisions of the directive are advisory while the patient is committed or detained.

DECLARING A PATIENT INCAPACITATED

1. When a patient with a mental health advance directive, or an agent for such a patient if applicable, seeks either inpatient or outpatient mental health treatment for the patient under the terms of the directive a capacity determination shall be made. Once a patient with a mental health advance directive has been determined to be incapacitated in accordance with the procedures below, his or her mental health advance directive will go into effect.
2. Capacity determinations:
 - a. At least one mental health professional or health care provider must personally examine the patient prior to making a capacity determination.
 - b. Prior to a capacity determination, a health care provider shall advise the patient that a capacity determination is being sought and that the patient may request the determination be made by a court.
 - c. If the patient chooses a court hearing:
 - i. the patient shall be given the opportunity to appear in court; and,
 - ii. a mental health provider shall testify.
 - d. A capacity determination, for purposes of mental health advance directives, may only be made by:
 - i. a court, if the request is made by the patient or the patient's agent;
 - ii. one mental health professional and one health care provider; or
 - iii. two health care providers.

(Note: For purposes of 2 and 3 above, one of the persons making the determination must be a psychiatrist, psychologist or psychiatric advance registered nurse practitioner.)
 - e. ***An initial determination of capacity must be completed within 48 hours of a request.***

During the period between the request for an initial determination of the patient's capacity and its completion, the patient may not be treated unless consent is given, or treatment is otherwise authorized by state or federal law. If the patient qualifies for involuntary treatment under the state involuntary treatment laws, he or she may be treated.

- f. If an incapacitated person is already being treated according to his or her directive, a request for redetermination of capacity does not prevent treatment.

3. Capacity determination time frames and obligations:

a. Inpatient treatment:

- i. Reevaluate capacity within 72 hours of admission or when there has been a change in the patient's condition that indicates he or she appears to have regained capacity, whichever occurs first.
- ii. After 72 hours of inpatient treatment, reevaluate capacity when there has been a change in patient's condition that indicates he or she appears to have regained capacity.
- iii. At the request of the patient and/or his or her agent, a redetermination of the patient's capacity must be made within 72 hours.
- iv. If a patient does not have an agent for mental health treatment decisions and asks for a determination or redetermination of capacity, complete the determination, or if the patient is seeking a determination from a court, make reasonable efforts to notify the person legally authorized to make decisions for the patient.

b. Outpatient treatment:

- i. When a patient requests a redetermination of his or her capacity, the redetermination must be made within 5 days of the first request following a determination.
- ii. If a patient being treated does not have an agent for mental health treatment decisions, the person requesting a capacity determination shall arrange for the determination.

(Note: If a capacity determination is not made within the time frames set out under "inpatient treatment" and "outpatient treatment" above, the patient shall be considered to have capacity. The patient shall be treated accordingly.)

INPATIENT TREATMENT

1. Consent to inpatient admission in a directive is effective only if there is substantial compliance with the material provisions of the directive related to inpatient treatment.
2. If the admitting physician is not a psychiatrist, the patient must receive a complete psychological assessment by a mental health professional within 24 hours of admission to determine the continued need for inpatient evaluation or treatment.
3. If the patient is found to have capacity, he or she may only be admitted to or remain in inpatient treatment if he or she consents or is detained under the state involuntary treatment law.

4. If an incapacitated patient continues to refuse inpatient treatment, he or she may seek injunctive relief from a court.
5. **Discharge after 14 days of treatment:** At the end of the period of time that the patient or his or her agent consented to voluntary inpatient treatment, but not longer than 14 days after admission, if the patient has not regained capacity or has regained capacity but refuses to consent to remain for additional treatment, release the patient during reasonable daylight hours unless detained under the state involuntary treatment law.
6. Discharge for patients with mental health advance directives voluntarily admitted to inpatient treatment: If a patient takes action demonstrating a desire to be discharged, and makes statements requesting to be discharged, the patient shall be allowed to be discharged and may not be restrained in any way in order to prevent his or her discharge. (Note, however, that if a patient presents a likelihood of serious harm or is gravely disabled, the patient may be held for sufficient time to notify a community designated mental health professional in order to allow for evaluation and possible detention under state involuntary treatment laws.)
7. Inpatient treatment for patients with a **directive consenting to admission** but **currently refusing admission:**
 - a. The following admission procedure shall be followed for a patient who:
 - i. Chose not to be able to revoke his or her directive during any period of incapacity;
 - ii. In his or her mental health advance directive consented to voluntary admission to inpatient mental health treatment or authorized an agent to consent on the patient's behalf; and,
 - iii. At the time of admission to inpatient treatment, refuses to be admitted.
 - b. In such cases, in order for the hospital to admit the patient pursuant to the mental health advance directive, a physician member of the hospital medical staff shall:
 - i. Evaluate the patient's mental condition and determine in conjunction with another health care provider or mental health professional, that the patient is incapacitated;
 - ii. Obtain the informed consent of the agent, if any, designated in the directive;
 - iii. Document that the patient needs an inpatient evaluation or is in need of inpatient treatment and that the evaluation or treatment cannot be accomplished in a less restrictive setting; and,
 - iv. Document in the medical record a summary of findings and recommendations for treatment or evaluation.
 - c. The hospital may not use or threaten unreasonable confinement if the patient refuses to stay in the hospital.

AGENT AUTHORITY

1. Unless the directive has been revoked, the decisions of an appointed agent must be consistent

with the instructions and preferences expressed in the directive or if not expressed, otherwise known to the agent. If the patient's instructions or preferences are not known, the agent must make a decision he or she determines is in the best interests of the patient.

2. Except as may be limited by state or federal law, the agent has the same right as the patient to receive, review, and authorize the use and disclosure of the patient's health care information when the agent is acting on behalf of the patient and to the extent required for the agent to carry out his or her duties.
3. A directive may give the agent authority to act while the patient has capacity. Even if the directive gives such authority to the agent, the decisions of the patient supersede those of the agent at any time the patient has capacity.
4. On receipt of an agent's notice of withdrawal, the notice, and effective date if one is provided, shall be noted in the patient's chart. If no effective date is specified, the notice is effective immediately.

REVOCAION/EXPIRATION OF A DIRECTIVE

1. A patient with capacity may revoke a directive in whole or in part by a written statement. An incapacitated patient may revoke his or her directive only if he or she elected at the time of executing the directive to be able to revoke when incapacitated.
2. The revocation is effective immediately upon receipt and shall be made part of the medical record.
3. If a patient makes a subsequent directive, it revokes in whole or in part (either by its language or to the extent of any inconsistency) the previous directive.
4. A directive remains effective to the extent it does not conflict with a court order and no other proper basis for refusing to honor the directive or portions of it exists.
5. If a mental health advance directive is scheduled to expire, but the patient is incapacitated, the directive remains in effect unless the directive specifies that the patient is able to revoke while incapacitated and has revoked the directive.

CONFLICTING DIRECTIVES OR AGENCY APPOINTMENTS

1. Discrepancies in directives or in agent appointments shall be reported to the supervisor or nurse manager.
2. If an incapacitated patient has more than one valid directive and has not revoked any of his or her directives then the most recently created directive controls any inconsistent provisions unless one of the directives states otherwise.
3. If an incapacitated patient has appointed more than one agent via a durable power of attorney with the authority to make mental health treatment decisions, the most recently appointed agent shall be treated as the patient's agent for mental health treatment decisions unless otherwise provided in the appointment.
4. Any time a patient with capacity consents to or refuses treatment that differs from the provisions of his or her directive, the consent or refusal constitutes a waiver of any provision of

the directive that conflicts with the consent or refusal. However, it does not constitute a revocation of that provision unless the patient also revokes that provision or the directive in its entirety.

RESPONSIBILITIES

1. Admitting staff: question patients about the existence of a mental health advance directive, obtain copy and place in patient record. Distribute patient brochure to all patients.
2. Admitting physician or clinician: determine validity of mental health advance directive and provide care in accordance with directive as possible; be familiar with mental health advance directive legislation-competency determinations, patient responsibilities under the law and necessary record keeping.
3. Nursing staff: be familiar with mental health advance directive legislation-competency determinations, patient responsibilities under the law and necessary record keeping.

REFERENCES

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- ▶ Compliance Monitoring
 - ▶ Process Cycle Information
 - ▶ Logs



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MEDICINE

▼ Header Information

Policy		Deployment	
Policy Name:	Privacy Policy - Safeguarding Patient Information	Institution:	Valley General Hospital
Supercedes:		Division:	Hospital
Policy Level:	Hospital wide	Department:	Health Information Services
Owner(s):	Teri Cook/VGH	Contributing Departments:	Administration
Priority:		Manual Name:	
Identification Number:	2.68	Manual Category / Chapter:	
Status:	4. Approved	Restricted to Groups:	
Approval Date:	03/13/2014	Policy Start Date:	04/30/2012
Version Number:	3	Monthly Review Interval:	12
		Policy Review Date:	03/21/2015

▼ Policy

PURPOSE

The purpose of this policy is to provide all Valley General Hospital (VGH) workforce members with specific requirements for safeguarding patient information in all forms (including verbal, and paper)

Patient Information: Any information (verbal, or paper) created or received by VGH that relates to the past, present, or future physical or mental health or condition of an individual; or relates to the provision of health care to an individual; or relates to the past, present, or future payment for the provision of health care to an individual; and, either identifies the individual or provides a reasonable basis to believe the information can be used to identify the individual.

POLICY

All VGH workforce members must safeguard patient information at all times (on and off-site). Workforce members are personally and professionally responsible for protecting the privacy, security, and confidentiality of any information to which they are given access.

Patient Information - Verbal

Workforce members must:

- Monitor conversations carefully, taking care to be aware of who is around them and what information could be overheard.
- Hold discussions about patient information in areas where patients, visitors, and workforce members who are not involved in the patient’s care cannot overhear and then speak in a

controlled volume.

- Avoid discharging or counseling patients in the hallway, discussing cases in work areas or at the front desk, and making telephone calls to ancillary providers.
- Only discuss patient information in the appropriate workplace setting and only with those who have a need-to-know and the authority to receive the information.
- Strictly limit the amount of patient information discussed to the minimum amount necessary to perform authorized activities or duties.

Patient Information - Paper

Workforce members must keep paper-based patient information out of view of patients, visitors, and workforce members who are not involved in the patient's care.

- Ensure that patients and visitors are not able to read or reach for paperwork in the work areas where it's processed.
- Close or flip over charts and files containing patient information when they are not in use.
- Never leave patient information unattended in exam rooms or work areas.
- Dispose of documents containing PHI that are no longer needed in appropriate bins.

Displayed Patient Information

Workforce members must minimize the use of PHI displayed in patient care areas (e.g., white boards), applying the following rules:

- If names are displayed, use only patients' initials or their last name and first initial UNLESS not using full name could compromise patient safety.
- Under no circumstance should medical conditions be associated with patient names in public areas.

Workforce members may call out patient names in waiting rooms under the following circumstances:

- When reasonable safeguards are in place (patients are not called out by their full names (call for Ms. Smith or Beth).

Appointment Reminders and Telephone Messages

Workforce members must minimize the amount of patient information used to leave appointment reminders or telephone messages, applying the following guidelines:

- When a patient is not home and you are directed to voice messaging, provide your name, number, the VGH department for whom you are calling, and other information which is minimally necessary to confirm an appointment or request a return phone call.
- When a patient is not home and you reach a family member or other person, use professional judgment to determine the minimum necessary information to disclose and ensure that the disclosure is in the best interest of the patient.

REFERENCES

45 CFR Parts 164; Section 164.310 (c) Workstation Security, (d) (1) Device and Media Controls
45 CFR Part 164; Section 164.310(d)(1) Device and Media Controls; (2) (i) Disposal, (ii) Media Re-use, (iii) Accountability, (iv) Data Backup and Storage.

RCW 18.51.300 Retention and preservation of patient records.
RCW 19.215 - Disposal of personal information
RCW 40.14 - Preservation and destruction of public records
RCW 70.41.190 - Medical records of patients — Retention and preservation
RCW 19.215 - Disposal of personal information

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- ▶ **Compliance Monitoring**
 - ▶ **Process Cycle Information**
 - ▶ **Logs**

NOTICE OF PRIVACY PRACTICES

YOUR HEALTH INFORMATION RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHY ARE WE GIVING YOU THIS NOTICE AND WHAT ARE OUR RESPONSIBILITIES?

Valley General Hospital respects your privacy. We understand your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

EXAMPLES OF USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

FOR TREATMENT:

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you
- We may also provide information to others providing you care; this will help them stay informed about your care

FOR PAYMENT:

We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

FOR HEALTH CARE OPERATIONS:

- We use your medical records to assess quality and improve services
- We may use and disclose medical records to review the qualifications and performance of our health care providers, and to train our staff

- We may contact you to remind you about appointments, and give you information about treatment alternatives or other health-related benefits and services
- We may use and disclose your information to conduct or arrange for services, including:
 - Medical quality review by your health plan
 - Accounting, legal, risk management, and insurance services
 - Audit functions, including fraud and abuse detection, and compliance programs

THE HEALTH AND BILLING RECORDS WE CREATE AND STORE ARE THE PROPERTY OF VALLEY GENERAL HOSPITAL. THE PROTECTED HEALTH INFORMATION IN IT, HOWEVER, GENERALLY BELONGS TO YOU. YOU HAVE A RIGHT TO:

- Receive, read, and ask questions about this notice
- Ask us to restrict certain uses and disclosures; you must deliver this request in writing to us (We are not required to grant the request)
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”)
- Request in writing that you be allowed to see and get a copy of your protected health information; we have a form available for this type of request
- Have us review a denial of access to your health information—except in certain circumstances
- Ask us in writing to change your health information; you may write a statement of disagreement if your request is denied (It will be stored in your medical record, and included with any release of your records)
 - When you request, we will give you a list of disclosures of your health information; the list will not include disclosures to third-party payers
 - You may receive this information without charge once every 12 months; we will notify you of the cost involved if you request this information more than once in 12 months
- Ask that your health information be given to you by another means or at another location (Please sign, date, and give us your request in writing)
- Cancel prior authorizations to use or disclose health information by giving us a written revocation
 - Your revocation does not affect information that has already been released; it also does not affect any action taken before we have it
 - Sometimes you cannot cancel an authorization if its purpose was to obtain insurance

For help with these rights during normal business hours, please contact our HIPAA Privacy Officer at 360-794-1447 ext. 1241 or Compliance Officer at 360-794-1419.

OUR RESPONSIBILITIES

WE ARE REQUIRED TO:

- Keep your protected health information private
- Provide you with and follow the terms of this Notice
- We have the right to change our practices regarding the protected health information we maintain; if we make changes, we will update this notice
- You may receive the most recent copy of this Notice by calling and asking for it, or by visiting either the Admitting department or Medical Records to pick one up

TO ASK FOR HELP OR TO VOICE A COMPLAINT ABOUT PHI:

If you have questions, want more information, or wish to report a problem about the handling of your protected health information, you may contact Administration at 360-794-1403.

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to Administration at Valley General Hospital. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

DISCLOSURES AND USES OF PROTECTED HEALTH INFORMATION

NOTIFICATION OF FAMILY AND OTHERS

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

Valley General's information may be provided to people who ask for you by name. We may use and disclose the following information in a hospital directory unless state or federal laws prohibit us from doing so:

- Your name
- Location
- General condition
- Religion (only to clergy)

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it. We may use and disclose your protected health information without your authorization to medical researchers—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project, and:

- To funeral directors/coroners consistent with applicable law, to allow them to carry out their duties
- To organ procurement organizations (tissue donation and transplant) or persons who obtain, store or transplant organs
- To the Food and Drug Administration (FDA), relating to problems with food, supplements, and products
- To comply with workers' compensation laws—if you make a workers' compensation claim
- For public health and safety purposes as allowed or required by law:
 - To prevent or reduce a serious, immediate threat to the health or safety of a person, or the public
 - To public health or legal authorities
 - To protect public health and safety
 - To prevent or control disease, injury, or disability
 - To report vital statistics such as births or deaths
 - To report suspected abuse or neglect to public authorities

- To correctional institutions, if you are in jail or prison, as necessary for your health and the health and safety of others
- For law enforcement purposes, such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime
- For health and safety oversight activities (e.g., we may share health information with the Department of Health)
- For disaster relief purposes (e.g., we may share health information with disaster relief agencies to assist in notification of your condition to family or others)
- For work-related conditions that could affect employee health (e.g., an employer may ask us to assess health risks on a job site)
- To the military authorities of U.S. and foreign military personnel (e.g., the law may require us to provide information necessary to a military mission)
- In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order
- For specialized government functions (e.g., we may share information for national security purposes)

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and disclosures not in this Notice will be made only as allowed or required by law, or with your written authorization.

WEB SITE

We have a Web site that provides information about us. For your benefit, this Notice is on the Web site at this address: www.valleygeneral.com

Effective Date: April 14, 2003
 Notice of Privacy Practices
 VALLEY GENERAL HOSPITAL
 Your Health Information Rights

P.O. BOX 646
 14701 179th Avenue SE
 MONROE, WA 98272-0646
 360-794-7497

Main number: 360-794-7497
 HIPAA Privacy Officer: 360-794-1447 ext. 1241
 E-mail: privacy@valleygeneral.org



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▼ Header Information

Policy		Deployment	
Policy Name:	Patient Rights and Responsibilities	Institution:	Valley General Hospital
Supercedes:		Division:	Hospital
Policy Level:	Hospital wide	Department:	Administration
Owner(s):	Lisa LaPlante/VGH	Contributing Departments:	
Priority:		Manual Name:	Administration
Identification Number:	3.2	Manual Category / Chapter:	General
Status:	4. Approved	Restricted to Groups:	
Approval Date:	03/13/2014	Policy Start Date:	10/01/1989
Version Number:	5	Monthly Review Interval:	36
		Policy Review Date:	03/21/2017

▼ Policy

PURPOSE

To ensure that the patient has a clear understanding of his/her rights and responsibilities as it pertains to their medical care.

POLICY

Quality health care requires an active partnership between the patient and care givers. Valley General Hospital strives to ensure a clear understanding of those rights and responsibilities that are critical to this important partnership and communicates those rights and responsibilities to patients and staff. We are committed to the provision of care with respect and consideration for each individual. It is recognized that both the patient and the staff have rights and responsibilities regarding this care.

PROCEDURE

All patients and patient’s representative receive a copy of the Patient Rights and Responsibilities information upon their registration into the hospital, from the Admitting Department.

The patient responsibilities are:

- Provide accurate and complete information about health status.
- Provide the hospital a copy of any advance directive and inform family and physician of wishes.
- Participate in decisions regarding health care and consider advice regarding health

care.

- Inform the physician or other caregivers if there are questions or concerns regarding treatment.
- Abide by hospital policies and be considerate of hospital employees and other patients.
- Examine the bill and ask questions regarding charges or methods of payment.
- Provide appropriate information for insurance claims and, when necessary, make payment arrangements.
- Follow the proposed course of treatment of care, recommendations, and advice, upon which the patient and the provider have agreed.

The patient rights are:

- Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- The hospital supports the right of each patient to personal dignity.
- The hospital provides for the privacy needs of the patient for telephone conversations and other needs appropriate to the care, treatment, and services provided.
- The hospital provides for the safety and security of patients and their property.
- The patient has the right to access, request amendment to, and receive an accounting of disclosures regarding his or her own health information, as permitted under applicable law.
- The patient has the right to be given complete information about the hospital bill.
- The family, as appropriate and as allowed by law, with permission of the patient or surrogate decision maker, is involved in care, treatment, and service decisions.
- The hospital respects the rights of patient with vision, speech, hearing, language, and cognitive impairment needs for effective communication.
- The hospital informs patients about their right to file a complaint with the state and accrediting authorities.
- Patients have the right to freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.
- Patients have the right to a prompt resolution of grievances or complaints.
- Patients have the right to be protected from real or perceived abuse, harassment, neglect, or exploitation from anyone, including staff, students, volunteers, other patients, visitors, or family members.
- The hospital maintains a list of names, addresses, and telephone numbers of client advocacy groups, such as the state authority and the protection and advocacy network.

- Patients have the right to have their pain assessed and managed.
- Patients have the right to know the identity and professional status of all caregivers.
- Patients have the right to formulate advance directives and have hospital staff and practitioners who provide care in the hospital comply with these directives.
- Patients may have a family member and personal physician notified as soon as possible after admission.
- Patients have the right to be informed of services available to vulnerable adults and children.
- Patients have the right to accept or refuse any procedure or treatment.
- Patients and/or their representative have the right to be informed and have their questions answered before any procedure or treatment.
- Patients and/or the authorized representative have the right to be a part of any ethical discussions about care.
- Patients have the right to receive visitors that they designate including, but not limited to a spouse, domestic partner (same sex partner), family members, and friends; and may withdraw consent at any time, subject to any clinical restriction or limitation that may be imposed.
- Patient have the right to refuse to see or speak with anyone who is not directly involved in their care.
- Patients who do not understand the language have the right to an interpreter.
- Patients have the right to have exams and care done in privacy, and to have a person of the same sex with them during certain exams and treatments.
- Patients have the right to be free from restraint of any kind or seclusion that is not medically necessary.
- Patients have the right to be advised of the need for continuing care following discharge.
- Patients have the right to be informed of unanticipated outcomes in their care.

BIBLIOGRAPHY

CFR 482.13(a) and (b), Hospital Patients' Rights
 CFR 482.13(h), Hospital Patients' Rights
 WAC246-320-141, Patient Rights and Organizational Ethics



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▼ Header Information

Policy		Deployment	
Policy Name:	Patient Visitors	Institution:	Valley General Hospital
Supercedes:		Division:	Hospital
Policy Level:	Hospital wide	Department:	Administration
Owner(s):	Debbie Brown/VGH	Contributing	Quality/Education
Priority:		Departments:	
Identification	3.18	Manual Name:	
Number:		Manual Category /	General
Status:	4. Approved	Chapter:	
Approval Date:	03/20/2014	Restricted to	
Version Number:	3	Groups:	
		Policy Start Date:	02/27/2012
		Monthly Review	24
		Interval:	
		Policy Review	03/21/2016
		Date:	

▼ Policy

PURPOSE

Valley General Hospital recognizes the value of family and friends involvement in the healing process. We respect the patient right to designate visitors or restrict/refuse visitors and we strive to ensure that all visitors of patients of Valley General Hospital enjoy equal visitation privileges consistent with patient preferences and subject to the hospital’s clinical restrictions.

DEFINITIONS

Clinical Restrictions – means any clinically necessary or reasonable restriction or limitation imposed by the hospital on a patient’s visitation rights which is necessary to provide safe care to the patient or other patients. A Clinical Restriction may include, but is not limited to:

- Court order limiting or prohibiting contact
- Behavior presenting a direct risk or threat to the patient, staff, or others
- Behavior that disrupts the patient care unit
- Limitations on the number of visitors at one time
- Patient risk of infection by the visitor
- Visitor risk of infection by the patient
- Patient need for privacy or rest
- During clinical intervention or procedure at health care professional’s discretion

Support Person – means a family member, friend or other individual who is at the hospital to support the patient during the course of the patient admission, and may exercise the patient’s visitation rights on patient’s behalf if patient is unable to do so. Such individual may be, but need not be an individual legally responsible for making

medical decisions on the patient's behalf.

POLICY

1. Statement of Patient Visitation Rights

Prior to care being provided, the patient will be informed of his/her rights (or the Support Person will be informed, if appropriate) in writing of:

- Patient's visitation rights
- Patient's right to receive the visitors whom he/she designates, including but not limited to a spouse, a domestic partner (including same sex partner), another family member, or a friend
- Patient's right to withdraw or deny the visitor consent at any time
- Clinical Restrictions that may be imposed on a patients visitation rights

All visitors designated by the patient (or Support Person) shall enjoy visitation privileges that are no more restrictive than those that immediate family members would enjoy.

2. Selection of Visitors

- The hospital will accept verbal confirmation from a patient of individuals who should be admitted as visitors and individuals who should be denied visitation rights. The information will be recorded in the patient's medical record for future reference.
- In the event the patient is a minor, the legal parent of the minor shall be give the opportunity to verbally designate the individuals permitted to visit the minor patient.

3. Selection of a Support Person

- A patient may verbally designate a Support Person to exercise the patient's visitation rights on his/her behalf, should be patient be unable to do so.
- The legal status of the relationship between the patient and the designated Support Person shall be irrelevant.
- The designation of an individual as the patient's Support Person does not extend to medical decision making.
- In the event the patient is unable to exercise his or her patient visitation rights the hospital will recognize the Support Person's verbal directive as to who should be admitted as visitors of the patient and who should be denied visitation rights.

4. Incapacitated Patients

In the event a patient is unable to select visitors due to incapacitation, and the patient has not designated a Support Person to exercise the patient's visitation rights, the hospital may consider the following forms of proof to establish the appropriateness of a visitor or to designate a Support Person for the patient when two or more individuals claim to be the Support Person:

- Advance directive naming the individual as a support person, approved visitor, or designated decision maker (or other written documentation)
- Shared residence
- Shared ownership of a property or business
- Financial interdependence

- Marital/relationship status (parent/child, domestic partnership)

5. Clinical Restrictions on Patient Visitation Rights

The hospital may impose Clinical Restrictions on a patient's visitation rights. When restricting visitation rights, the hospital will explain to the patient (or Support Person, as applicable) the reasons for the restrictions or limitations on visitation rights and how the visitation policies are aimed at protecting the health and safety of all patients.

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.

6. Visiting Hours

Hospital visiting hours are not restricted.

Visitors who wish to stay after hospital doors are locked (during night time hours) should discuss their plan with the charge nurse.

Visitors who come to the hospital after hospital doors are locked and enter through the Emergency Department, must check-in at Admitting and be escorted to the patient room by the Administrative Supervisor.

7. Infection Control

To prevent infection, all visitors are asked to clean their hands before and after visiting a patient. Hand sanitizer is available throughout the hospital. Patients and visitors are encouraged to ask staff, including physicians, if they have washed or sanitized their hands prior to entering the room.

Visitors are requested to adhere to the following guidelines:

- Anyone recently exposed to a communicable disease (chicken pox, measles, whooping cough) should not visit. See Clinical Restrictions on Patient Visitation Rights, above.
- Be respectful of the patient's desire for privacy or rest. See Clinical Restrictions on Patient Visitation Rights, above.
- Food is not always an appropriate gift. Visitors should ask staff about dietary restrictions prior to bringing food or drink to a patient.
- In certain situations it may be necessary for physicians and care providers to facilitate communication and disseminate information to other concerned family members and friends through the patient's representative or support person.

Special Precautions - When a patient is under Droplet or Contact Precautions, visitors will be required to follow strict precautions prior to entering the patient room, i.e., mask, gown, gloves, and follow hand washing practices when leaving the room.

8. Emergency Department

Visitors in the Emergency Department will be asked to wait in the waiting area until the patient has been assessed by the Emergency Department staff. Visitors will be escorted by the HUC to the patient room and are limited to one (1) at a time at the bedside, and may be asked to leave for examinations

and/or procedures.

- If a child is the patient, both parents may be in the room.
- Corrections officers must remain in the room with the offender.
- Corrections officers and visitors will be discouraged from standing in doorways and/or sitting in chairs in the doorway or outside the room in the hall, due to safety and confidentiality concerns.
- Additional visitors may be allowed to a patient in a critical situation.

Depending on the current status of Emergency Department patients, and/or their condition, or in the event of an ongoing situation, it is possible for ED staff to prohibit any visitors in the department, except corrections officers.

9. Balloons

For health and safety reasons, latex balloons are not permitted in the hospital. Mylar balloons are acceptable.

If any patient believes that his or her patient visitation rights have been violated, they may file a complaint by contacting any hospital employee or the Risk Manager, per the hospital grievance policy.

BIBLIOGRAPHY

CFR 482.13(a) and (b), Hospital Patients' Rights
CFR 482.13 (h), Hospital Patients' Rights
CFR 485.635(f), Patient Visitation Rights

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- ▶ Compliance Monitoring
 - ▶ Process Cycle Information
 - ▶ Logs