

## OUR COMMITMENT TO YOU, OUR PATIENT:

At Providence Swedish, we believe health is a human right. Every person deserves to live their healthiest life. Our mission calls for us to care for all by honoring the dignity and diversity of each person. We welcome you, at every stage of life, and we are committed to providing care that recognizes and affirms you as a whole person. We strive to create a welcoming, safe and respectful environment for you to celebrate life's most sacred moments and for us to stand by you when times are tough. You can count on us to hear you, understand you and work with you to meet your health goals. More than a place of healing and health, we're committed to eliminating health inequities, including giving everyone equitable access to safe, high-quality, effective care. We will not discriminate, and you can expect care that is free of prejudice. We thank you for entrusting us with your care it is our greatest responsibility and honor.

## AS OUR PATIENT, YOU HAVE THESE RIGHTS:

### To respect, dignity, and justice

You have the right to receive considerate, compassionate, confidential and respectful care. You will be treated with dignity, and therefore be free from neglect, exploitation, abuse, harassment, racism, or discrimination. All patients have the right to be free from physical or mental abuse, and corporal punishment. Providence Swedish will provide high-quality, inclusive care to all that visit us. We see you as the unique person you are, and we will provide your care in a culturally responsive manner.

We are committed to removing the causes of oppression. We respect and diligently care for all individuals accessing services. We welcome people of all races, ages, creeds, ethnicities, cultures, national origins, citizenship, languages and/or immigration statuses, economic statuses, the source of payment for care, religions, traditions, practices, and ancestries. We honor and respect all marital, domestic partnership, or civil unions, appearances and body sizes, sexes,

sexual orientations and gender identities or expressions. We welcome and provide equitable care for all physical or psychiatric or intellectual disabilities, handicaps or abilities, medical conditions (including HIV/AIDS status, cancer, genetic, substance use and eating disorders), family medical histories, veteran or military statuses, and any characteristic protected by federal, state, or local law.

### To a safe environment

You have the right to receive care in a safe setting, to access protective and advocacy services, and to be free from abuse and harassment.

### To be free of restraint or seclusion

You have the right to be free from restraint or seclusion. The use of restraint or seclusion for the following reasons is prohibited: based on the patient's race, color,

national origin, age, disability (recognized by anti-discrimination laws), or sex (including pregnancy, sexual orientation, gender identity, and expression), and all other categories protected under the law. Hospital and professional staff members receive education and training (in accordance with statutory and regulatory requirements) on assessment of patients who exhibit behaviors that may inhibit the patient's ability to protect themselves and others from harm or injury.

### To your chosen visitors

In accordance with applicable hospital and clinic policies, you have the right to receive visitors of your choice. These visitors include, but are not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. These visitors will not be restricted or otherwise denied visitations privileges because of race, color, national origin, sex, sexual orientation, gender identity or expression, age, or disability. You hold the right to withdraw or deny such consent at any time.

You also have the right to have a family member or representative of your own choice and your own primary care physician notified promptly of inpatient admission to the hospital.

### To access medical care responsive to your unique needs

You have the right to access services, treatment or accommodations that are available at our facilities and that are medically necessary. Our goal is to align with your personal health and life goals and take into account all of who you are. In accordance with applicable hospital policies, patients with disabilities have the right to designate at least three support persons, including at least one support person to be present at

all times in the emergency department and/or during a hospital stay.

**To discuss and participate in your health care decisions**

You have the right to discuss, ask questions about, and make decisions regarding your care. You know yourself best, which is why we listen to your health goals and partner with you to achieve them. You will

have your personal, cultural and spiritual values, preferences and beliefs honored when deciding about treatment. If you desire, your trusted decision maker or others of your choosing may participate in decisions about your care. You also have the right to request the consultation of a specialist, ethicist and/or chaplain. And, to help ensure you understand the care being given or proposed, interpreter services are available at no cost to you.

**To have your wishes honored**

You have the right to have your treatment decisions respected. If you become unable to speak for yourself in making decisions about your care, we will respect the decisions of the person you named as your power of attorney for health care, health care agent, or trusted decision maker. If your advance directive or other advance care planning document indicates preferences regarding specific treatments, we will

honor your choices within the limitations imposed by your condition. If you do not have an advance directive or similar advance care planning document on file, we will offer to help you in completing one. Providence Swedish's focus for care through the end of life is on meeting the needs of patients and their loved ones, alleviating their suffering, and improving the quality of their lives. We will provide access to spiritual care, palliative care and hospice care within a full continuum of care. When appropriate, we will help coordinate donations of organs and other tissues as in accordance with your directives while providing compassionate end-of-life care.

**To informed consent and declination of care**

You have the right to be informed by your doctor of your diagnosis, treatment and prognosis in a way that you understand, so that you can make informed decisions regarding your care. To the degree possible,

this should be based on an explanation of your condition and all proposed procedures and treatments, including the possibility of any serious risks or side effects, problems related to recovery and the probability of success. In addition, you have the right to understand the risks and benefits of not having the proposed procedures and treatment. Your right to receive treatment is not conditioned upon having and advanced directive, POLST, or an order withdrawing or withholding life support such as a Do Not Resuscitate order. Patients and designees have the right, to

the greatest extent possible, to participate in decisions concerning their medical care, including any research projects or ethical issues that may arise. This includes the right to decline treatment or leave the hospital, even if advised not to do so by your provider for medical reasons.

**To continuity of care**

You have a right to receive information that allows you to understand the choices that you have as we assist you in planning for continued health care needs that may exist when you leave our care and facilities. This includes coordinating treatment, evaluations, and if necessary, transferring to another facility.

**To adequate pain control**

You have the right to have your pain managed while receiving care and services.

**To communicate about your care**

You are encouraged to learn and ask questions about the treatment you are receiving. If necessary, our staff will obtain an interpreter at no cost to you or provide other means for you to fully understand the care being given to you or proposed. Unless you tell us

not to, we retain the right to notify your established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post-acute care services providers and suppliers of your admission, discharge, or transfer from the hospital. Upon your request, we will notify the family member of your choice of your admission, discharge, or transfer from our hospital.

**To your medical records**

You have right to receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care in terms you can understand. You have the right to access your medical records. You will receive a separate Notice of Privacy Practices that explains your rights to access your records. You have the right to effective communication and to participate in the development and implementation of your plan of care.

You have the right to participate in ethical questions that arise during your care, including issues of conflict resolution, withholding resuscitative services and forgoing or withdrawing of life-sustaining treatment. In addition, you have the right to sign up for the MyChart patient portal. MyChart provides up-to-date information on appointments, medications, health conditions, labs, studies, after-visit summaries, clinical notes and other information in real time with no unique access request. Please visit [Providence.org](http://Providence.org) for more information.

**To privacy and confidentiality**

You have the right to confidential treatment of all communications and records pertaining to your care and stay. You will receive a separate Notice of Privacy Practices that explains your privacy rights in detail and how we may use and disclose your medical information. You have the right to have personal privacy respected. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. You have the right to know the name of the licensed healthcare practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating the care, the names and professional relationships of physicians and nonphysicians who will see the patient and to be told the reason for the presence of any individual.

**To voice complaints about your care and receive a response from us**

You have the right to voice concerns or complaints about your care and to receive a response from us, without impacting the quality or delivery of your care.

You may report or contact any of the listed leadership agencies below. Further contact information for complaint and grievance reporting is available at your chosen health care facility or location.

**To understand your financial responsibility and options for assistance**

As our patient, you can request a cost estimate and you have the right to receive a copy of a clear, understandable itemized bill. Upon request, you can also have charges explained. If you are experiencing financial hardship, please contact our customer service center at 1-866-747-2455. You can find out about payment options or whether you qualify for financial assistance, regardless of insurance coverage. We are committed to working with any of our patients who ask for assistance to pay a medical bill.

**To information on care facility policies**

If requested, you will receive information about our policies, rules or regulations applicable to your care, including the use of service animals in public spaces within care facilities, based on federal law.

**AS A PATIENT, FAMILY MEMBER, OR VISITOR YOU HAVE RESPONSIBILITIES:**

Providence Swedish is a place of healing, where caregivers, patients, family members and visitors alike should feel welcome, safe, and respected. We ask and expect all people who come through our doors or seek care with us to behave in a manner that honors everyone's dignity, and helps us to provide high-quality, compassionate care. Our staff members are chosen for their skill and expertise and their safety is paramount. Harassment or mistreatment of our staff will not be tolerated. While in our care or visiting someone who is, we expect the following of you:

- Be considerate and respectful of those around you, including to those providing care or receiving it.
- Understand that caregivers will not be reassigned for reasons unrelated to their professional role.
- Refrain from using discriminatory and/or derogatory language or behavior of any kind. It will not be tolerated and may result in your exclusion or removal from the facility.
- Inform your provider about your health priorities, so you can create a plan together.
- Provide your medical history and treatment information accurately and completely.
- Report unexpected changes in your condition, take part in decisions, and ask providers questions about your care.
- Consider your providers' advice and follow the treatment plan that is recommended. This includes notifying your providers if you are unable to keep an appointment or follow medical guidance.
- Provide us with a copy of your medical advance directive, living will and/or the identity and contact information of your designated trusted decision maker, if you have one.
- Work with your caregiver to complete a medical advance directive, if you don't have one.
- Understand your financial responsibilities and options for financial assistance.
- Follow care facility policies.
- Leave all personal belongings at home.

You can file a grievance with us at your providing health facility in person or by mail, fax, or email.

**Providence St. Peter Hospital**

Quality Services

Email Address:

psph.qualityservices@providence.org

Phone Number: 360-493-7352

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC, 20201

800-368-1019 or 800-537-7697 (TDD).

Complaint forms are available

at <http://www.hhs.gov/ocr/office/file/index.html>.

If a patient or family member wishes to lodge a formal complaint with the Washington State Department of Health, they may do so by mail, online form, or Email Address:

**Washington State Department of Health**

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia, WA 98504-7857

Phone Number: 1-800-633-6828

Form:

<https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx>

Email Address: [hsqa.complaintintake@doh.wa.gov](mailto:hsqa.complaintintake@doh.wa.gov)

**The Joint Commission**

The public may contact The Joint Commission's Office of Quality and Patient Safety to report any concerns or register complaints about a Joint Commission accredited health care organization.

**Report a Patient Safety Concern or File a Complaint | The Joint Commission**

Office of Quality and Patient Safety

The Joint Commission

Online Form (NEW Incident):

<https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx>

Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): <https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx>

Mail to:

Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

