

Patient's Rights

You have the right to ask to view and receive a copy of your health records, have corrections added to your health information, receive a notice that tells you how your health information may be used and shared, decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing, and receive a report on when and why your health information was shared for certain purposes. If you believe your rights are being denied or your health information isn't being protected, you can ask your provider or health insurer questions about your rights and/or file a complaint. You also can learn more about your rights, including how to file a complaint from the Web site at www.hhs.gov/ocr/hipaa/ or by calling 1-866-627-7748.

A patient's **Statement of Rights** has been established at the Center, with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, their family, physician, and the facility caring for the patient. The following rights are available without regard to age, race, sex, national origin, religion, or physical handicap, are posted at the Center, and made available to the patient, their family, and/or the public upon request:

That the patient will receive the care necessary to help regain or maintain his maximum state of health. That the facility personnel who care for the patient are qualified through education and experience to perform the services for which they are responsible. That the patient will be treated with consideration, respect, and full recognition of individuality, including privacy in treatment and in care. That the patient is provided to the extent known by the physician, complete information regarding diagnosis, treatment and the prognosis. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorized individual. Within the limits of the facility, the patient and family will be instructed in appropriate care techniques. That the patient or responsible person will be fully informed of services available in the facility, provisions for after-hours and emergency care, and related fees for services rendered. Information will be given to the patient on a timely basis. Financial incentives will be made available to patients, upon request. That the patient will be a participant in decisions regarding their care plan and will have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such a refusal. The patient will be requested to sign a release of responsibility form and, if refused, a registered letter will be sent. When the patient is not legally responsible, the surrogate decision maker, as allowed by law, has the right to refuse care, treatment, and services on the patient's behalf. That plans will be made with the patient and family so that continuing services will be available to the patient throughout the period of need. The plans should be timely and involve the use of all appropriate personnel and community resources. Those facility personnel will keep adequate records and will treat with confidence, all personnel matters that relate to the patient. That the patient has the right to be notified, approve and/or refuse the release of protected health information (PHI) to any individual outside the facility, except when this information is used to facilitate health care procedures for their treatment, as required by law or a third party payment contract. That the patient has the right to be informed of any human experimentation or other research/educational projects affecting their care or treatment, and to refuse participation in such experimentation or research. That ethical principles will guide the business practices of the Center at all times. That the Center will provide for and welcome the expression of grievances/complaints and suggestions by the patient and/or the patient's family, and these expressions can be submitted to the Center's personnel authorized to handle grievances/complaints. That the patient has the right to change primary or specialty physicians, if other qualified physicians are available. That the patient has a right to have an advance directive, such as a living will or healthcare proxy. That the patient and/or patient's family has a right to be fully informed before any transfer to another facility or organization. That the patient has a responsibility to observe prescribed rules of the Center for their stay and treatment and that the patient forfeits the right to care, at the Center, if printed instructions are not followed. That the patient is responsible for promptly fulfilling his or her financial obligations to the Center, and the right to request information on billing practices. Every attempt will be made to contact the patient prior to their scheduled procedure to advise them of financial responsibility. That the patient has a responsibility for being considerate of other patients and personnel, and for assisting in the control of noise and the number of visitors. That the patient has the right to accept medical care or to refuse treatment, to the extent permitted by law, and to be informed of the medical consequences of such refusal. The patient also has the responsibility for their action should they refuse treatment or do not follow the physician and/or Center instructions. That the patient is responsible for reporting whether they clearly understand the planned course of treatment and what is expected of them. Impairments may include but are not limited to vision, speech, hearing, or cognitive impairments. If interpretive services are required, those necessary will be provided by the Center to assure an understanding of the planned course of treatment. That the patient is responsible for keeping appointments and, when unable to do so for any reason, for notifying the Center and physician. That the patient care rendered reflects consideration of the patient as an individual with personal value and belief systems, which affect their attitude toward and response for the care provided by the Center. Patients are allowed to express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient. That the patient has the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation. That the patient has the right to pain management. That the patient will be provided the name of the physician or other practitioner primarily responsible for their care, treatment, and services and the name of the physician or other practitioner who will provide their care, treatment and services. Decisions regarding the provision of ongoing care, treatment, or services, discharge or transfer are based on the assessed needs of the patient, regardless of the recommendations of any internal or external review. That the organization will inform the patient or surrogate decision maker about unanticipated outcomes of care, treatment, or services that relate to sentinel events considered reviewable to accrediting organizations. The patient has a right to report complaints to the Arkansas Department of Health, <http://www.healtharkansas.com>, 501-661-2201, 5800 West 10th, Suite 400, Little Rock, AR 72204 and/or to Medicare, www.cms.hhs.gov/center/ombudsman.asp, 1-800-MEDICARE, Office of Inspector General, P. O. Box 23489, Washington, DC 20026, without regard to retaliatory retribution.

Arkansas Advance Directive

Because of the elective nature of the procedures performed at the Center, every effort will be made to sustain life during your stay at our facility. However, if you already have an Advanced Directive and/or Durable Power of Attorney for Healthcare, or Living Will, please bring a copy of this document with you, to be filed in your medical record. In the event of transfer to another healthcare facility, a copy of this document will be provided the receiving facility. If you do not have the above mentioned document, an Arkansas Declaration will be made available to you, if requested, as required by law. The Arkansas Declaration is your state's living will, which allows you to state your wishes about medical care in the event that you either: (1) develop a terminal condition and are unable to make your own medical decisions; or (2) you are in a permanently unconscious state. The Declaration becomes effective when you are in either of these states, your physician and one other physician has determined you are in such a state, and the Declaration has been communicated to your doctor. The Declaration lets you name a Health Care Proxy to make decisions about your medical care—including decisions about life support — if you can no longer make your own decisions about healthcare. Your proxy can only make decisions for you if you become terminally ill or permanently unconscious.

Physician Interest

You have the right to know of your physician's financial interest in the Center. Further information can be provided, at your request.