

Patient Rights

As our patient, you have the right:

Communication

- To know the names of the health care professionals caring for you.
- To have your questions or concerns addressed to the best of our ability.
- To have a family member (or representative of your choice) and your Provider notified promptly of your admission to the hospital.
- To receive from your provider information concerning your illness or injury, possible treatments and the likely outcome of these treatments in terms you can understand. You may include or exclude family members from hearing this information.
- To receive information in a way you understand. This includes interpretation and translation, free of charge, in the language you prefer for talking about your health care. This also includes providing you with needed help if you have vision, speech, hearing or cognitive impairments.
- To receive from your provider your diagnosis (es), the treatment you and your provider identified, information about your medication (including the purpose, use, or side effects), the potential outcome of the illness and any instructions required for follow-up care.
- To know why you are given various tests and treatments and the risks associated with any procedure or treatment.
- Receive from your doctor information concerning your care and condition in terms you can understand. You may include or exclude family members from hearing this information.
- To know about hospital or clinic resources (such as care-team/patient conferences) that can answer your questions and help you solve problems regarding your illness, treatment choice or hospital stay.
- To prepare advance directives, and have the hospital staff and others who provide care in the hospital comply with these directives.
- To know if the hospital or clinic has outside relationships that may influence your treatment and care. Such relationships may be with educational institutions, healthcare providers or insurers.
- To choose whether to participate in research efforts, which may affect your care. If you choose not to participate, you will receive the most effective care the hospital otherwise provides.
- To be told of reasonable alternatives for your care when acute inpatient hospital care is no longer appropriate.
- To be informed of hospital or clinic rules which may affect you and your treatment.
- To voice concerns in verbal or written format, without fear of discrimination or reprisal, and to have those complaints reviewed and resolved in a timely manner when possible. Patients or their loved ones may contact the manager of the department where care is received, or our Patient Relations Coordinator at 360-428-8248.

Treatment

- To reasonable access to health care services without consideration of race, religion, color, sexual orientation, gender orientation, age, disability, national origin or source of payment.
- To receive care in a safe setting, free from abuse or harassment.
- To be treated with dignity, respect and compassion in person, over the telephone and in written communication.
- To refuse or change your mind about any treatment, medications or procedure and to be informed of the medical consequences of such action.
- To appoint a surrogate to make health care decisions, as permitted by law.
- To be shown consideration for your personal privacy. The hospital, clinics, your provider and others caring for you will protect your privacy as much as possible.
- To be free from any form of restraint, whether physical or pharmaceutical, that is not medically indicated.
- To have your pain addressed and appropriately managed.
- To be involved in care planning and treatment.
- To access protective and advocacy services.
- To follow your spiritual and religious belief and customs as much as possible.
- To have a person of the same gender with you during certain exams and treatments.
- To refuse to see or talk with anyone who is not directly involved in your care.

Visitation

- To choose who may and may not visit you.
- To designate a support person or representative.

Compliance

- To be seen in a timely manner when you arrive for your appointment.

Billing Information

- To receive an explanation of your medical bill, regardless of the source of payment and to receive information or be advised of the availability of any sources of financial assistance.

Medical Records

- To access the information contained in your medical record and receive, on request and at a fee established by the State of Washington, a copy of your medical record except as limited by the law.

Confidentiality

- To have all records pertaining to treatment be confidential, except as provided by law or third party contractual agreements.

Patients may also contact:

DNV Healthcare, Inc.
400 Techne Center Drive, Suite 350
Milford, OH 45150
Phone: 866-523-6842
Email: hospitalcomplaint@dnv.com

Washington State Department of Health, 800-633-6828

Centers for Medicare & Medicaid Services, 800-336-6016

Patient Responsibilities

As our patient, you have the responsibility:

Treatment

- To provide accurate and complete information to the best of your knowledge concerning your present symptoms, past medical history, hospitalizations, medications, advanced directives and other matters relating to your health.
- To get all medical services from your chosen primary or specialty care provider, except in a life-threatening emergency.

Communication

- To make it known if you do or do not understand the planned course of medical treatment and what is expected of you.
- To ask questions when you do not fully understand your health problems and the plan of care.
- To fully participate in decisions involving your own health and accept the consequences of these decisions.
- To tell your provider if you believe you cannot follow through with your treatment.
- To provide a copy of your Advance Directive, if applicable.

Compliance

- To keep appointments and to notify the appropriate department or provider's office at least four hours prior to your appointment when unable to do so.
- To be on time for appointments.
- To follow the treatment plan agreed upon with your provider, including the instructions of clinical assistants and other health care professionals, and accept responsibility if you do not follow the treatment or care plan.
- To follow our facility policies and procedures.
- To be considerate of the rights and property of other patients and facility personnel.
- To treat other patients, staff and providers with respect in person, over the telephone and in written communication.
- To comply with Skagit Regional Health's no smoking policy.

Payment

- To make all co-payments when due at the time of service.
- To present your health insurance identification card whenever you need medical care.
- To understand your insurance coverage and to resolve issues that may arise with your insurance company.
- To pay your bill or make arrangements for payment.

Copies of this document are available upon request, and in the following languages: English, Spanish and Russian.