

# Patient Rights and Responsibilities

UW Medicine

VALLEY  
MEDICAL CENTER

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## As a patient, or the patient's representative, you have the right to:

### Communication

- Be notified of your rights and exercise your rights in regard to your care.
- Be provided an interpreter if you are deaf or have limited English proficiency.
- Be informed of aspects of your condition necessary to make decisions regarding your care.
- Know the name of your physician and others who care for you and request a family member and your own physician be notified of your admission.
- Receive detailed information in terms you can understand about your care, your illness, your treatment or other services that you may be receiving.
- Be informed of unanticipated outcomes.

### Informed Decisions

- Refuse treatments or services to the extent permitted by law and be informed of the potential consequences of such an action.
- Seek a second opinion or choose another caregiver.
- Refuse to participate in experimental research.
- Expect the hospital to get your permission before taking photos, recording or filming you, if the purpose is for something other than patient identification, care, diagnosis or therapy.

### Visitation

- Choose who may and may not visit you.
- Designate a support person or representative.

### Care Planning

- Actively participate in decisions involving your plan of care including ethical issues, refusal of care and be informed of, and participate in any change in plan of care.

- Be informed of the reason for impending discharge, transfer to another agency and/or level of care; ongoing care requirements and other available services and options if needed.

### Care Delivery

- Receive safe, private, high quality, indiscriminate and respectful care.
- Be provided impartial access to care, regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.
- Access religious or other spiritual services.
- Receive medical services in a life threatening emergency.
- Have your comfort and pain needs addressed.
- Receive care from personnel that are properly trained to perform assigned tasks and to coordinate services.
- Be protected from abuse, neglect and harassment and have access to protective services.
- Freedom from the use of seclusion or restraint of any form, unless to ensure the immediate physical safety of you, staff members or others.

### Privacy and Confidentiality

- Confidential management of patient records and information (except when law dictates otherwise, you may approve or refuse the release of your records.)
- Access your information in your patient record upon request and within a reasonable time frame.

### Hospital Bills

- Receive an explanation of your bill and policy concerning billing and payment for service, including inquiring about the possibility of financial aid.

### Complaints, Concerns and Questions

- Be informed of the process for submitting and addressing any complaints to the hospital facility, state agency or The Joint Commission.
- Timely resolution of complaints or grievances without fear of retribution or denial of care.

(continued on reverse)

# Patient Rights and Responsibilities

## Advance Directives

- Formulate an advance directive such as a living will, and have VMC comply with these directives (unless otherwise notified).
- Donate organs and other tissues (when medically appropriate) and as determined by you or your designee/surrogate.

### *What is an Advance Directive?*

In Washington state, you have the right to make your own healthcare decisions. These are decisions that you, your family and your doctor make regarding your care, including whether or not to receive life sustaining or end-of-life treatments. There are two documents that can help convey your wishes for future medical care, including non-treatment:

- Living Will (or Health Care Directive)—only applies if you are terminally ill and addresses life support issues.
- Durable Power of Attorney for Health Care—allows you to name a person as your healthcare agent or proxy. This is someone who is authorized to consent to, stop or refuse most medical treatment if a physician determines that you cannot make these decisions for yourself.

If you'd like more information or have any questions about a living will, health care directive or durable power of attorney, please talk with your doctor, nurse or other appropriate member of your healthcare team.

At Valley Medical Center, physicians and staff make every effort to abide your wishes with regard to Advance Directives. However, please be advised that we reserve our right to suspend "Do Not Resuscitate" orders during surgery and through transfer from the Recovery area. If you are undergoing surgery and have need for clarification, you are encouraged to discuss this with your anesthesiologist.

## **As a patient, or the patient's representative, you have the responsibility to:**

### Provide Information

- Participate in decisions involving your care.
- Provide complete and accurate medical history to the best of your knowledge and to provide information about current medications or treatments.
- Ask questions and seek clarification about your diagnosis, course of treatment or care plan.

- Provide information about complications or health symptoms including allergies.
- Report any changes in condition.

## Respect and Consideration

- Be considerate of the rights of other patients, care personnel and property.
- Comply with the hospital's no smoking policy.
- Support mutual consideration and respect to all by using civil language and conduct.
- Refrain from conducting any illegal activity on hospital property. If such activity occurs, the hospital will report it to the police.

## Safety

- Promote your own safety by actively participating in your care and treatment.
- Remind staff to wash their hands before taking care of you.
- Remind staff to check your identification before they give you medications, administer blood or blood products, take blood samples or before any procedure.
- Ask questions if you have concerns about your safety, care, treatment, medications or services.

## Refusing Care

- Make it known whether you understand what is expected of you and whether you are able and willing to comply.
- You are responsible for your actions if you refuse care or do not follow care instructions.

## Charges

- Provide accurate and timely information about sources of payment and your ability to meet financial obligations.
- You are responsible for paying for the healthcare that you received as promptly as possible.

## Cooperation

- Follow the proposed course of treatment or care, recommendations and advice, upon which you and your provider have agreed.

**Parents, guardians and patient designees may represent or assist a patient or client in fulfilling these rights and responsibilities.**