

Patient Rights

Did You Know:

1. You have the right to considerate, safe and respectful care, including the right to have your cultural, psychosocial, spiritual, personal values, beliefs, and preferences respected.
2. You have the right to be free from seclusion and physical or chemical restraints except those restraints authorized in writing by a physician for a specified and limited time period.
3. You have the right to consent to, or refuse a treatment, as permitted by law, throughout your hospital stay.
4. You have the right to appropriate pain assessment and symptom management as a basic and essential element of your medical treatment.
5. Your privacy will be held in high regard and safeguarded by restricting details about your care to those who are concerned with your care or those who have a legal right to the information.
6. You have the right to appoint someone, through an Advance Directive, to make medical decisions for you if you become unable to make your own decision.
7. You have the right to expect that your personal and medical records are confidential unless you have given permission to release information, or reporting is required or permitted by law, or as required under the Health Insurance Portability and Accountability Act (HIPAA).
8. You have the right to expect that the hospital will give you necessary health services to the best of its ability, regardless of age, race, sex, color, religion, culture, language, disability, socioeconomic status, , marital status, sexual orientation and gender identity/expression, or ability to pay.
9. You have the right to discuss continuing care that you may need after discharge with your physician and be provided with information on available community resources.
10. You have the right to request consultation from the Hospital Ethics committee. If you have any questions regarding the Ethics Committee, please contact your caregiver.
11. You have the right to request and receive a second opinion and consultations with other physicians.
12. You have the right to be informed about the outcomes of care, including unanticipated outcomes.
13. You have the right to access protective services during your hospitalization.
14. You have the right to comfort measures, including those measures that provide peace and dignity at the end of life.

15. You have the right to receive, if you have a medical emergency or are in labor, (within the capabilities of the Hospital's staff and facilities)
16. An appropriate Medical Screening Exam
17. Necessary stabilizing treatment (including treatment for an unborn child)
18. If needed, as appropriate, transfer to another facility
19. You must receive these services even if you cannot pay or do not have medical insurance. This Hospital participates in the Medicaid and Medicare programs.

What we can do for you:

1. Except in an emergency, you and/or your family (as appropriate), have the right to receive understandable information regarding your health status and participate in your medical care decisions. Information provided includes diagnosis, treatment alternatives (including significant risk), and prognosis. Upon admission, please let us know if you would like a family member or your family doctor notified.
2. You have the right to spiritual and pastoral care, at your request. Let us know if we can help by calling your church or church representative.
3. You have the right to know about the Hospital rules that affect you and your treatment and about charges and payment options. The Otsego Memorial Hospital Billing Office may be contacted by calling (989) 731-2201.
4. You have the right to request your medical records for a reasonable fee and with proper authorization. You have the right to review your medical records, request amendment to, and receive an accounting on disclosures of your health information, as permitted by law.
5. You have the right to know by name, the physician who has primary responsibility for your care and the identity and professional status of the individuals providing service. If you are unsure of who your treating physician is, please ask us.

Concerns, Complaints, and Grievances

You have the right to raise concerns/grievances regarding your care and have them heard through a formal grievance process. You may contact the Risk Manager at (989) 731-7703 to lodge your complaint.

You have the right to directly lodge a grievance with a State agency without first using the hospital's grievance process by contacting Complaint Investigation Unit, PO Box 30664, Lansing, MI 48909, or 1-800-882-6006.

Quality of care concerns may be reported to the Joint Commission at 630-792-5000, or www.jointcommission.org

Patient Responsibilities

1. You, the patient, will provide to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, family history, and other matters pertaining to your health.
2. You, the patient, are responsible for your care. You are responsible for keeping appointments and, when unable to do so, for notifying the appropriate physician or the Hospital.
3. You, the patient, are responsible for the consequences if you refuse treatment or do not comply with the physician's or practitioner's instructions.
4. You, the patient, are responsible for following the hospital rules and regulations regarding patient care and conduct.
5. You, the patient, are responsible for being considerate of the rights of other patients and Hospital personnel, and for assisting in the control of noise, and the number of visitors. You, the patient, are responsible for being respectful of the property of other persons and of the Hospital.
6. You, the patient, are responsible for assuring that the financial obligations of your health care are fulfilled as promptly as possible.
7. You, the patient are responsible for notifying staff of any communication barriers/needs that you may anticipate during a hospitalization.
8. You, the patient, are responsible for asking questions when or if you do not understand your care, treatment, service, or if you are unclear about what you are expected to do.
9. You, the patient, will not have or use alcoholic beverages or "recreational" drugs in the Hospital.
10. You, the patient, will not have firearms or other weapons in the Hospital.