

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient at Frisbie Memorial Hospital, you have the right to expect considerate and respectful care. This care will be administered to the very best of our ability. In providing this care, we, in turn, expect reasonable and responsible behavior on the part of patients, their relatives and friends, and offer the following guidelines:

You have the right . . .

- ✓ To decide which treatment you do or do not want and whether or not you wish to have life-sustaining procedures administered if you are in a terminal or permanently unconscious condition (Living Will).
- ✓ To appoint an agent to make your medical decisions should you become incapacitated (Durable Power of Attorney for Health Care).
- ✓ To receive considerate and respectful care regardless of race, creed, color, religion, national origin, sex, age, disability, marital status, sexual preference or ability to pay.
- ✓ To personal privacy and to the confidential treatment of all information contained in your personal and clinical records. You have the right of access to your medical records and are entitled to a copy of such records within a reasonable time frame upon your request. Your written consent is required for the release of information to anyone not otherwise authorized by law to receive it.
- ✓ To receive from your physician complete and current information regarding your illness, method of treatment, and the medical outlook for your future so that you can make informed decisions regarding your care.
- ✓ To receive from your physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, information for informed consent will include, but not necessarily be limited to, the specific procedure and/or treatment being recommended, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when you request information concerning the medical alternatives, you have the right to such information.
- ✓ To question any aspect of your care, and to request a review and seek resolution to any complaint. Complaints regarding the quality of your care may be directed to hospital Administration or directly to:

Quality Improvement Organization (QIO)
Northeast Health Care Quality Foundation
15 Old Rollinsford Road, Suite 302
Dover, NH 03820-2830
(603) 749-1641
1-800-772-0151 (Toll-Free in New England)

- ✓ To request or refuse treatment and to be informed of the medical consequences of this action.
- ✓ To know the identity and professional status of individuals providing service to you and to know which physician or other practitioner is primarily responsible for your care. This includes your right to know of the existence of any professional relationship among individuals who are treating you, as well as the relationship to any other health care or educational institutions involved in your care.
- ✓ To give consent if referral to another facility with special services is advised for post-hospitalization care.
- ✓ To participate in the discussion of ethical decisions that arise in your care.
- ✓ To be informed of any human experimentation or other research/educational projects affecting your care or treatment, participation in which is voluntary.
- ✓ To receive information in a manner you can understand.
- ✓ To receive outside visitors in accordance with hospital visiting hours and regulations.
- ✓ To have a family member or representative and your own physician notified, or not notified, of your admission to this hospital.
- ✓ To expect reasonable safety insofar as the hospital practices and environment are concerned.
- ✓ To examine and receive full explanation of your bill regardless of the source of payment.
- ✓ To be free from physical or mental abuse, corporal punishment, and any form of restraint or seclusion that is not medically necessary or is used as a means of coercion, convenience, or retaliation by staff.

You are responsible for . . .

- ✓ Providing the hospital with copies of your advance directive(s) if you wish the hospital to honor your preferences about medical care in the event you become incapacitated or permanently unconscious.
- ✓ Being considerate of the rights of other patients and hospital staff and for observing hospital rules and regulations which have been set for the benefit of every patient.
- ✓ Providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- ✓ Making it known whether you clearly comprehend a contemplated course of action and what is expected of you, and to bring forward any doubts or questions at the time of treatment.
- ✓ Your actions if you refuse treatment or do not follow your practitioner's instructions.