

The basic rights of Patients, including neonates, adolescents and/or guardians, for independence of expression, decision, actions, and concern of personal dignity and human relationships shall be respected and observed by all hospital Associates. Reasonable and responsible behavior on the parts of Patients, their Relatives, and Friends is expected at all times. Pawnee Valley Community Hospital and the medical staff have adopted the following statement of patient rights.

PATIENT RIGHTS

This list shall include, but not be limited to, your right to:

Access to Quality Care with Respect

1. Receive a written statement of your rights as a patient in advance of, or when discontinuing, the provision of care. You may appoint a representative to receive this information should you so desire.
2. Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
3. Be provided with reasonable responses to any reasonable request you may make for service within the hospital's capacity, its stated vision, and applicable law and regulations.
4. Know which hospital rules and policies apply to your conduct while a patient.
5. Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of you.
6. Expect appropriate assessment and management of pain.
7. Be advised of pastoral care/spiritual services.
8. Choose a support person and visitors and change your mind about who may visit
9. Designate a caregiver and have the caregiver involved in aftercare instructions.

Be Informed and Make Decisions

10. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure of treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved in each and to know the professional status of the person who will carry out the procedure or treatment.
11. Have your family representative, and/or personal physician notified promptly of your admission to the hospital.
12. Be advised if hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
13. Be provided with the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and health care providers who will see you.
14. Receive information from your physician about your illness, your course of treatment and your prospects for recovery in terms that you can understand.
15. Participate in the development and implementation of your plan of care personally or by your representative, and actively participate in decisions regarding your medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.

16. Formulate advance directives regarding your health care, and have hospital staff and practitioners who provide care in the hospital comply with these directives (to the extent provided by state laws and regulations).
17. Be informed by your physician or a delegate of your physician of the continuing health care requirements following your discharge from the hospital.
18. Be advised that with your permission, family members are encouraged to participate in care decisions.
19. To exclude any or all family members from participating in your care decisions, if you have the legal capacity to exercise your rights.
20. Examine and receive an explanation of your bill regardless of the source of payment.
21. Access information contained in your medical record within a reasonable time frame (usually within 48 hours of request).
22. Be provided with information necessary to enable you to make treatment decisions that reflect your wishes and that they will be supported by hospital personnel.
23. Have clinical decisions concerning your care to be based solely on identified health care needs, without regard to the cost of the services or treatment or your ability to pay.
24. To optimize comfort and dignity through treatment as desired by you or a surrogate decision maker and acknowledgement of the psychosocial and spiritual concerns of you and your family regarding dying and the expression of grief by you and your family.
25. Participate in the consideration of ethical issues by the Hays Medical Center Bioethics Committee that arise in your care.
26. Be transferred to another facility when medically permissible.
27. Arrange payment of the portion of your bill not paid by third party coverage.
28. Expect reasonable continuity of care and to know in advance the time and location of any appointment as well as any physician providing the care.

Safe Care

29. Be given considerate and respectful care, provided in a safe and secure environment, free from all forms of abuse or harassment.
30. Remain free from seclusion or restraints of any form that are not medically necessary and are used as a means of coercion, discipline, convenience, or retaliation by staff.
31. Have access to protective services.
32. Leave the hospital even against the advice of your physician.



Privacy and Visitation

33. Be provided with full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. You have the right to be advised as to the reason for the presence of any individual involved in your health care.
34. Confidential treatment of all communications and records pertaining to your care and your stay in the hospital. Your written permission will be obtained before your medical records can be made available to anyone not directly concerned with your care.
35. Send and/or receive visitors, mail, telephone calls or other forms of communication with restriction. If restrictions are required for therapeutic reasons, you and/or family will be informed of the rational for restrictions.

Concerns, Complaints, or Grievances

36. Complain and have your complaint reviewed without affecting your care. If you have a concern or complaint, you may talk to a supervisor, manager and/or director.
37. Be advised of the hospital grievance process, should you wish to communicate a concern regarding the quality of the care you receive or if you feel determined the discharge date is premature. Notification of the grievance process includes:
 - whom to contact to file a grievance
 - a written notice of the grievance determination that contains the name of the hospital contact person
 - the steps taken on your behalf to investigate
 - the results of the grievance
 - the grievance completion date

PATIENT RESPONSIBILITIES

The care a patient receives depends on the patient. Therefore, in addition to these rights, a patient has certain responsibilities. These responsibilities should be presented to the patient in the spirit of mutual trust and respect.

You have the responsibilities to:

1. Provide accurate and complete information concerning your present complaints, past illnesses, and hospitalizations, and other matters relating to your health.
2. Report unexpected changes in your condition to the responsible practitioner.
3. Make it known whether you clearly comprehend the course of your medical treatment and what is expected of you.
4. Keep appointments and for notifying the hospital or physician when you are unable to do so.
5. Follow the treatment plan established by your physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
6. Take responsibility for your actions should you refuse treatment or not follow your physician's orders.
7. Follow hospital policies and procedures.
8. Be considerate of the rights of other patients and hospital personnel.
9. Assist in the control of noise and the number of Visitors.
10. Be respectful of your personal property and that of other persons in the hospital.
11. Assure that the financial obligations of your hospital care are fulfilled as promptly as possible.
12. Inform Hospital Administration of any complaint or concern you may have regarding the delivery or quality of health care.
13. Present your Advance Directive to Pawnee Valley staff, if you have an Advance Directive.



Discrimination is Against the Law

Pawnee Valley Community Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Pawnee Valley Community Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Pawnee Valley Community Hospital provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Pawnee Valley Community Hospital provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Nursing at 620-285-8623.

If you believe that Pawnee Valley Community Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Corporate Compliance
 Hays Medical Center
 2220 Canterbury Drive
 Hays, Kansas 67601
 Telephone Number: 785-650-2759
 TTY/TDD or State Relay Number: 800-766-3777 (V/T); or Dial 711
 Fax: 785-623-5524
 Email: compliance@haysmed.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, contact Corporate Compliance..

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services are available to you free of charge. Call 1-855-429-7633 (TTY: 1-800-766-3777).

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-429-7633 (TTY: 1-800-766-3777).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-429-7633 (TTY: 1-800-766-3777).

CHINESE

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-855-429-7633 (TTY: 1-800-766-3777)。

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-429-7633 (TTY: 1-800-766-3777).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-429-7633 (TTY: 1-800-766-3777) 번으로 전화해 주십시오.

LAOTIAN

ໂປດລາວ: ຖ້າ ທ່ານ ກວາລາສາ ລາວ, ການບໍລິການ ອຸປະຕູ ອັດຕະນາລາສາ, ໂດຍບໍ່ເສັຽຄ່າ,
 ຄວນ ນຳໃຊ້ ອາວຸທິ ທ່ານ. ໂທ 1-855-429-7633 (TTY: 1-800-766-3777).

ARABIC

ملاحظة: بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة 1-855-429-7633 (TTY: 1-800-766-3777).

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777)

BURMESE

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက်
 စီစဉ်ဆောင်ရွက်ပေးပါမည်။
 ဖုန်းနံပါတ် 1-855-429-7633 (TTY: 1-800-766-3777) သို့ ခေါ်ဆိုပါ။

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-429-7633 (TTY: 1-800-766-3777).

JAPANESE

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます1-855-429-7633 (TTY: 1-800-766-3777)まで、お電話にてご連絡ください。

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-429-7633 (телетайп: 1-800-766-3777).

HMONG

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-429-7633 (TTY: 1-800-766-3777).

PERSIAN (FARSI)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا (TTY: 1-800-766-3777) 1-855-429-7633 تماس بگیرید.

SWAHILI

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-855-429-7633 (TTY: 1-800-766-3777).

<p>PAWNEE VALLEY COMMUNITY HOSPITAL A HAYSMED PARTNER</p> 	<p>SMITH, BOB - DOB: 05/21/1928 79 M A/Sdt: 05/11/2007 REF CHI.SDCND V00037999398 M000037526</p> 
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