

Patient Rights & Responsibilities

Hayward Area Memorial Hospital (HAMH), Clinic Services of HAMH, Memorial Medical Center (MMC), and Clinic Services of MMC is committed to providing excellent care to you while you are a patient here. We adhere to a philosophy of respect for human dignity and individuality, and it is our sincere intention to assure those considerations while providing optimal health care services. We believe that the delivery of quality health care services is enhanced by the meaningful participation of each patient in his/her care. We believe each individual is a complex being with unique biological, psychological, social/cultural, spiritual, and developmental needs. To promote a better understanding of the expectations which exist between you and Hayward Area Memorial Hospital, Clinic Services of HAMH, Memorial Medical Center and/or Clinic Services of MMC, we have adopted the following statements of patient rights and responsibilities.

Patient Rights

Reference to REI throughout this policy refers to Regional Enterprises, Inc. which is the parent corporation of MMC and MSI d/b/a Hayward Area Memorial Hospital and Water's Edge and is inclusive of both organizations and their specialty clinics as well as their rural health clinics (RHC), which are: Clinic Services of HAMH and/or Clinic Services of MMC.

1. You have the right to the best care medically indicated for your medical condition within the limits of HAMH and/or MMC's resources. Your right to this level of care exists without respect to your ability to pay, race, creed, color, national origin, ancestry, religion, sex, sexual orientation, gender identity, marital status, age, newborn status, handicap disability, or source of payment for that care.
2. You have the right to be treated with consideration and respect by employees and representatives of HAMH and/or MMC, to be addressed by your proper name and without undue familiarity, and to be listened to when you have a question or request additional information.
3. You have the right to refuse medical treatment to the extent permitted by law and to be informed of the medical consequences of your refusal.
4. You have the right to formulate an advance directive, which will be honored by the health care professionals at HAMH and/or MMC within the limits of the law and the mission and philosophy of the hospital.
5. You have the right to expect a reasonable level of privacy while you are a patient at HAMH and/or MMC. You should be able to talk with your doctor, nurse, or other health care provider in private without concern about being overheard or that the information you provide will be given to others without your permission. If you are in a semi-private room you should expect a reasonable effort to keep your conversations private. When you are being examined or when direct care is being provided, you are entitled to privacy. When you are hospitalized, no one other than those directly providing care to you may see you without your permission.
6. Your hospital/RHC records and communications regarding your care are confidential, and no person or agency beyond those providing care to you, or monitoring its quality, will have access to your medical records without your written permission or without specific direction by law.

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Patient Rights (continued)

7. You have the right to examine and receive an explanation of your hospital/RHC bill regardless of the source of payment for your care. The patient shall receive, upon request, information relating to financial assistance available through the hospital/RHC. HAMH and MMC accepts Medicare, Medicaid, and CHIP funding sources.

8. Except in emergencies, you have the right to expect that, within the hospital's and/or RHC's capacity, applicable law and regulation, and within a reasonable time period, we will respond to your request for services, referral and/or transfer to another facility as indicated by the urgency of the medical need. You may not be transferred to another facility unless you have received a complete explanation of the need for the transfer and the alternatives to such a transfer.

9. You have the right to expect HAMH and/or MMC and its employees to take reasonable precautions to provide for your personal safety with respect to the hospital's and/or RHC's practices and environment.

10. You have the right to know the identity and professional status of physicians and hospital and/or RHC personnel directly responsible for your care and to communicate with them regarding your care.

11. You or your authorized representative have the right to complete and current information regarding your medical condition including (to the extent known), the diagnosis, course of treatment and prognosis. This information should be communicated in terms which you can reasonably be expected to understand. You have the right to actively participate in decisions regarding your care.

12. Except in emergencies, you have the right to receive necessary information to enable you to give informed consent prior to the start of any procedure or treatment, including available medical alternatives and who is responsible for authorizing and performing the procedures or treatment.

13. You, and/or the designee of your choice, have the right to participate in the consideration of ethical issues that arise in the provision of care, including resolution of conflict, withholding or withdrawing life support and participation in investigational studies. The patient or a person authorized to act on the patient's behalf shall provide informed consent before the patient participated in any form of research. You have the right to designate an individual to assist you, if you are unable to understand or communicate your wishes regarding care.

14. You have the right to leave the hospital and/or RHC, even against your doctor's advice, unless you have certain infectious diseases which might influence the health of others or if you are incapable of maintaining your own safety as defined by law. If you decide to leave against your doctor's advice, the hospital will not be responsible for any harm which results and you will be asked to sign a "Waiver of Responsibility."

15. You have a right to know what hospital and/or RHC rules and regulations apply to your conduct as a patient.

16. You have the right to have a family member or representative and your own physician promptly notified of your admission.

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Patient Rights (continued)

- 17.** You have the right to be free from all forms of abuse or harassment, to include mental, physical, sexual, and verbal abuse, neglect and exploitation.
- 18.** You or a person authorized to act on your behalf have the right to access of your medical records.
- 19.** You have the right to be free from restraints of any form that are not medically necessary.
- 20.** You have the right to appropriate assessment and management of pain.
- 21.** You have right to access protective and advocacy services.
- 22.** You have the right to have any grievances regarding your care or relationship with the hospital addressed. If you have such a concern, please discuss it with your immediate care giver, the manager or supervisor of the involved area, or contact the hospital president or Corporate Compliance Officer who can be reached at 715-685-5185. In the event that your complaint remains unsolved with Clinic Services of Hayward Area Memorial Hospital and/or Clinic Services of Memorial Medical Center (RHC) you may file a complaint with our Accrerator, the Compliance Team, via their website (www.thecomplianceteam.org) or via phone at 1-888-291-5353. A copy of our patient grievance policy will be made available to you if you wish.
- 23.** Patients may receive visitors of their choice, unless the individual's presence infringes on other's right's, safety or is medically or therapeutically contraindicated, including, but not limited to a spouse, a domestic partner (including same-sex partner), another family member, or a friend. Patients may indicate individuals they do not want to visit as well. The hospital prohibits discrimination based on age, race, ethnicity, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression. Visitors designated by the patient (or representative) enjoy visitation privileges that are no more restrictive than those that immediate family members would enjoy. You may receive visitors at any time during the day as long as it doesn't interfere with your medical treatment. If restrictions to visitation occur, you will be informed of the clinical reasoning for limitation.
- 24.** A patient who receives treatment at a critical access hospital for mental illness, a developmental disability, alcohol abuse or drug abuse shall have, in addition the rights listed under s. 51.61, Stats., and ch. DHS 94.

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Patient Responsibilities

1. You have the responsibility to provide, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalization, medications, family history, and other matters relating to your health.
2. You have the responsibility to communicate to those who are caring for you exactly how you feel about things that relate to you as a patient.
3. You are responsible for following the treatment plan recommended by those providing your care. If you are unable to follow that plan, notify your doctor or nurse.
4. You are responsible for being considerate of other patients, hospital personnel and hospital property and to see that your visitors are considerate as well. You are responsible for assisting in the control of noise, and the number of visitors in your room.
5. You are responsible for providing complete information concerning the source of payment for services provided by the hospital and for assuring that prompt payment is made for all hospital bills.
6. You are responsible for following all hospital and/or RHC rules and regulations affecting patient care and conduct. Hayward Area Memorial Hospital and/or Memorial Medical Center is interested in your well-being and in providing the best health care possible. If you have questions or concerns at any time, please feel free to discuss them with your doctor, nurse, or the management of the hospital.
7. You are responsible for providing the hospital with a copy of any advance directive you have formulated.

REFERENCES:

CMS Conditions of Participation

- 42 CFR Part 482
- 42 CFR Part 489
- ACA Section 1557

DNV-GL Critical Access Hospital Standards

State Operations Manual, Appendix G – Rural Health Clinics

Wisconsin DHS 214.06 Patient Rights and Responsibilities in Critical Access Hospitals