

# Patient Bill of Rights and Responsibilities

We consider you a partner in your health care. When you are well informed, take part in treatment decisions and talk openly with your provider and other health care professionals, you help make your care as effective as possible. Summersville Regional Medical Center respects your personal preferences and values and we invite you and your family to join us as active members of your care team.

## Your Rights

You have the right to be cared for with consideration and respect in a safe environment, regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.

You have the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.

You have the right to know the names of your Doctors, nurses, and all health care team members directing and/or providing your care.

You have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of your actions. If you leave the hospital against the advice of your doctor, the hospital and doctors will not be responsible for any medical consequences that may occur.

You have the right to be well informed about your illness, possible treatments, and likely outcomes, and you can discuss this information with your physician.

You have the right to receive from your physician information necessary to give informed consent before any procedure and/or treatment is started. Except in emergencies, this information should include, but not be limited to, the procedure and/or treatment, the risks involved and the predicted length of incapacitation. You have the right to give written informed consent before any non-emergency procedure begins.

You have the right to have your pain assessed and to be involved in decisions about treating your pain. You have the right to expect the hospital staff will reasonably respond to your need for comfort and pain relief.

You have the right to be free from restraints and seclusion in any form that is not medically required.

You have the right to every consideration of your privacy concerning your own medical care. Care discussions, exams, and treatments are confidential and you may ask for an escort during any type of exam.

You have the right to access protective and advocacy services in cases of abuse or neglect. The hospital will provide a list of these resources.

You have the right to make an advance directive and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and help you complete one.

You have the right to be involved in your discharge plan. You can expect to be told in a timely manner of your discharge, transfer to another facility, or transfer to another level of care. Before your discharge, you can expect to receive information about follow-up care that you may need.

You have the right to know what hospital rules and regulations apply to your conduct as a patient.

You have the right to receive detailed information about your bill regardless of the source of payment.

You can expect that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records. You may add information to your medical record by contacting the Medical Records department. You have the right to request a list of people to whom your personal health information was disclosed.

You have the right to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.

## Complaints

Summersville Reginal Medical Center is committed to providing you with the highest quality of care. If you have a problem or complaint, you may talk with any staff member. You may also contact the Executive team at extension **8402** or call the Compliance Officer at **304-872-8470**.

If your concern is not resolved to your liking, you may also contact:  
Office of Health Facility Licensure & Certification (OHFLAC)  
WV Department of Health & Human Resources  
408 Leon Sullivan Way  
Charleston, WV 25301  
**304-558-0050**

If you are a Medicare or Medicaid patient and have concerns regarding quality of care or premature discharge, you may report these concerns to your quality improvement organization for review by contacting:

Livanta  
10820 Guilford Rd  
Suite 202  
Annapolis Junction, MD 20701-1262  
**888-396-4646**

## Your Responsibilities

You are expected to provide accurate information about your health including past illnesses, hospitalizations, and use of medications.

You should provide the hospital or your doctor with a copy of your advance directive if you have one. Please discuss with your family or friends or care giver your thoughts on life support, organ donation and whom you would like to make decisions should you become unable to make your own decisions.

You should ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your doctor.

You should ask your physician or nurse what to expect about pain management and to work with them to develop a pain management plan.

You are expected to be considerate of the needs of other patients, staff and the hospital.

You are expected to provide information about your health insurance coverage work with the hospital to arrange payment, when needed.

You have the responsibility to keep appointments, be on time, and call your health care provider if you cannot keep your appointments.

You should recognize the effect of lifestyle on your personal health.