

For us to properly care for you, you and your family must:

**A. Give Accurate and Complete Information**

1. Tell us all you know about your present illness, other times you have been sick or in the hospital, your health history, your current symptoms, and anything else that you think would be helpful for your care, treatment or services.
2. Tell us about:
  - a) All drugs you are taking including prescriptions, herbal remedies, over the counter medications, natural products, vitamins, alcohol and tobacco use;
  - b) Any allergies or reactions to medicines, food, adhesive tape, latex, or other things;
  - c) Anything else that affects your health.
3. Tell us right away if:
  - a) You have an unexpected change in your condition or symptoms;
  - b) Your pain medicine is not helping you.

**B. Ask Questions and Speak-Up**

1. Tell us right away if:
  - a. You feel at risk or you are worried or do not feel safe about your care;
  - b. You are unhappy about your care;
2. Ask questions if you do not understand or do not know what you are expected to do.

**C. Follow Instructions**

1. Follow the instructions of your doctor, nurse or other caregiver. If you cannot follow your plan of care instructions, please tell someone right away. Often your plan of care can be changed to make it easier for you to follow;
2. Accept responsibility and risk for your choices if you:
  - a. Choose not to follow your plan of care;
  - b. Refuse care or treatment.

## Patient Responsibilities

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**D. Other Responsibilities**

1. Show respect and consideration for our staff, doctors, patients, visitors and property;
2. Follow the hospital's rules regulations;
3. Prepare to pay your hospital bill. Please give us the information we need to bill your insurance. Let us know if you need help with a payment plan.

**Questions**

If you have any questions regarding these rights or wish to voice a concern about your rights, you may request to speak with the Patient Advocate. They can be reached by asking your doctor, nurse or hospital operator. (Dial 00 if you are using a hospital telephone.)

**Baptist Health Policies:**

Abuse, Neglect, Exploitation and /or Abandonment: Victims of Advance Directive  
Confidentiality; Patient Right to Privacy  
Communication Barriers  
End of Life Care remove  
Ethical Issues and Guidelines remove  
Filming, Recording, Photographing 2014  
Informed Consent  
Pain Management  
Patient Complaints and Grievances  
Research/Investigational Studies/Clinical Trials: Patient Rights  
Restraint and Seclusion  
Sexual, Mental, Physical, Verbal: Abuse, Neglect and/or Exploitation, Alleged by Patient remove  
Transfer Policy: Hospital to Other Facilities to Another Facility  
Withholding & Withdrawing Life Support 2014  
Case Management Policies

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**Questions**

If you have any questions regarding these rights or wish to voice a concern about your rights, you may contact the hospital chaplain, or the nursing supervisor. they can be reached by asking your doctor, nurse or hospital operator. (Dial 00 if you are using a hospital telephone.)



## Patient Rights and Responsibilities

# Patient Rights

## Professional and Personal Care

1. You have a right to be treated in a proper, caring and respectful manner that respects your dignity.
2. You have a right to have your cultural and personal values, beliefs, and preferences respected.
3. You have a right to receive care and treatment that does not discriminate against you because of your age, race ethnic origin, religion, culture, language, physical or mental disability, social and economic status, gender, sexual orientation, gender identity or expression of your gender identity.
4. You, or your family or the person you selected to make decisions for you; have the right to be told when there has been an unexpected outcome that has occurred where the unexpected outcome was caused by the care and treatment or lack of care and treatment by the hospital or its employees.

## Participate in Care Decisions

1. You have a right to make decisions about the care, treatment, and services to be provided to you during your hospital stay and after your discharge. This includes the right to refuse care, treatment and services. This right does not, however, allow you to demand treatment or services that your doctor(s) may determine to be medically unnecessary or inappropriate.
2. You have a right to clear and understandable information in order for you to give an informed consent for the types of care, treatment and services to be provided for you based on a discussion with your doctor about the potential risks, benefits, possible side effects of the proposed care or treatment and the reasonable alternative care and treatments available, and their risks and benefits. You may know when your personal medical information must be disclosed or reported. You have a right to refuse proposed medical care or treatments even if your refusal carries a risk of death or loss/damage to a bodily function.
3. If you are unable to make decision about your care, treatment or services, your surrogate decision maker will be involved in making these decisions.
4. You have a right to give or refuse consent for video recording, filming, or photographs of your person, made for performance improvement or education. Further, you may stop any videoing, filming, or photography in process and have any video, film, or photos destroyed. You may withdraw consent until a reasonable time before the item is used.
5. You may ask for a second opinion, or for a transfer to another hospital. For a second opinion, the attending physician is made aware and you may request another physician. It is up to the second physician to accept the request. A transfer request requires an accepting doctor and hospital acceptance of the transfer, which neither you or this hospital can demand.
6. You have a right to provide the hospital and your doctor with an advance directive. These include a “Living Will” to instruct us on areas of care should you be facing an eminent death, and/or a health care durable power of attorney or a designated health care proxy naming the person selected by you to make health care decisions for you should you be determined to be facing an eminent death and you are unable to tell us your wishes.

## Good Communication

1. You have a right to receive information in a manner that you can understand, considering your age, language, and ability to understand.
2. Should you need it, you have a right ot have sign language and foreign language interpreters available to help you at no cost to you.
3. You have a right to telephone and mail service while you are a

patient in the hospital.

4. You have a right to receive assistance with your needs if you have problems with your vision or speech, or if you have any difficulty understanding what is being said to you.

## Privacy and Confidentiality

1. You have a right to personal privacy while seeking treatment and/or care while in our facilities.
2. You have a right to confidentiality about your protected health information. Under the Health Insurance Portability and Accountability Act (HIPAA) your rights include:
  - a. **Right to Restrict:** You may ask to restrict how we use and disclose (or release) your information for treatment, payment and other health care option. You can also restrict information given to your family or friends. We are not required to agree with your requests and we will tell you if we cannot agree with your request.
  - b. **Accounting and Disclosures:** You may ask for a list of the persons or entities that have reviewed or received your health information under certain circumstances.All your requests must be in writing. Please ask us if you need help.
  - c. For more information about your privacy rights under HIPAA, please contact the Corporate Compliance Department at (844) 298-1926.

3. You have a right to request a written notice of how your health information will be used and shared. This is called our Notice of Privacy and Practices and it contains your rights and our legal duties about your health information.

## Access to Medical Records

1. You have a right to access the information in your medical records within a reasonable time frame. You may obtain a copy of your medical record, however, there may be a reasonable charge associated with such a request.
2. You have a right to request we change or delete information in your medical record. Your request will be reviewed and a decision will be provided to you. While you have a right to make the request, the hospital is not required to make a change or delete information from your record if there is no evidence that an error was made or that incorrect information was entered into your medical record. The reasons for our decision will be explained in writing along with any further right you may have.

## Caregivers

1. You have a right to and you will be advised of the names of all doctors and other practitioners who have primary responsibility for your care, treatment, and services and any other doctors or practitioners who may provide other care, treatment or services.
2. You may have us notify a family member or your representative, and your doctor when admitted to the hospital.

## Visitors

1. You have the right to receive the visitor you designate including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner) another family member or friend regardless of whether or not the visitor is legally related to you to lend emotional support during your hospital stay.
2. You have a right to have visitors come to see you while you are hospitalized. We may, however, limit the number of visitors at one or any visitation at certain times. Reasons include:
  - a. When you are having procedures, tests or treatments performed;
  - b. When visitors may interfere with the care of other patients;
  - c. When there is a court order limiting or forbidding visitation;
  - d. When a visitor poses a risk because of his/her behavior to you,

- hospital staff, or other patients/visitors or care on the unit;
- e. When you are at risk of infection from visitors or visitors are at risk of infection from you;
- f. When your doctor orders privacy and rest for you for medical reasons;
- g. When you need extra protection because of a widespread disease such as the flu;
- h. When your substance abuse treatment policies require that you have restricted visitors.

## Access to Services for Your Protection and Support

You have a right to ask for and get a list of names, addresses, and telephone numbers of state client protection and advocacy (or support) groups.

### A. Secure and Dignified Environment

1. You have a right to receive care in a safe setting.
2. You have a right to be protected from neglect, being taken advantage of, harassment, physical/sexual/or mental abuse, or physical punishment.
3. You have a right to be in a setting that supports a positive self-image and preserves human dignity.
4. You have a right to appropriate storage space for your personal items.
5. You have a right to retain and to wear your personal clothing and to keep your personal possessions with you (but you accept responsibility for any loss or damage to them), unless your medical situation prevents the use of your personal clothing or your possessions infringe on the rights of others or creates a safety risk.
6. You have a right to request to be taken outside the hospital for short periods if you are in the hospital over thirty (30) days and your medical condition will allow you to be moved outside.

### Freedom from Unnecessary Restraints or Seclusion

1. You have a right to be free from any use of restraint or seclusion, solely used as a means of enforcement, discipline, convenience, or retaliation. Restraint or seclusion may only be used to ensure your immediate physical safety or the safety of hospital staff or others, but must be discontinued at the earliest possible time.
2. You have a right to have the least restrictive form of restraint or seclusion used, and in such cases all reasonable efforts will be made to protect your health and safety.

### Pain Management

1. You have a right to, as much as possible, be comfortable and have your pain controlled.
2. You have a right to participate in and carry out your pain management plan as prescribed by your doctor. This right does not, however, include a right to dictate the manner, type, or frequency of pain medication. Those decisions rest solely with your treating doctor.
3. You have a right to receive education about how to manage your pain, about any limitations to the management of your pain, and the side effects of pain medications.

### Religious and Spiritual Services

You have a right to religious and other spiritual services. Baptist Health provides a staff of trained, qualified pastoral counseling providers that are 24 hours a day, 7 days a week. If you ask, the hospital’s chaplain will also contact your minister, priest, rabbi, imam or other spiritual advisor.

### Advance Directives and End of Life Decisions

1. You have the right to information related to Advance Directives.
2. You have the right to create, review, or revise your Advance Directives. Assistance may be provided at your request.
3. You may advise us and/or your personal doctor of what treatments you want provided to you at the end of your life.
4. You may provide us and your doctor with a written advance

- directive (living will, health care durable power of attorney or health care proxy) when admitted or during your hospital stay. You must, however, present a copy of the document each time you are admitted for us to honor it.
5. Your access to care, treatment, and services is not affected by whether you have an advance directive.
6. You may have us honor and carry out your advance directive within the law, medical necessity and appropriateness, and our capabilities.
7. You may have us honor your wishes as an organ donor within the law, circumstances, and our capabilities.

### Understand and Give Consent for Research Treatment

1. You have a right to be told about the risks and benefits of research treatment to help you decide about participating in a research study or clinical trial.
2. You have a right to participate in or refuse to participate in research treatment offered. Refusing to participate in research treatment or stopping research treatment will not affect your access to other care, treatment or services.

### Tell Us Your Concerns or Complaints

1. You have a right to freely voice your complaints and suggestions without it affecting your care, treatment, or services. You have a right to voice complaints and/or concerns and to have us review and resolve them or tell you our plan of resolution if it will require a period of time.
2. You have a right to voice your complaint and/or concern to our staff, your doctor, or any other caregiver.
3. You may expect us to, as soon as reasonably possible, investigate your complaint and to work to resolve it as soon as possible.
4. You may submit your complaint and/or concerns to us in writing. Your letter should be addressed to the Chief Nursing Officer at the particular hospital. We will confirm receipt of your letter and tell you when to expect a response.
5. You have a right, if you do not feel that your complaint and/or concern has been appropriately resolved, to call the hospital operator and ask for the patient advocate or a nursing supervisor, and to restate your complaint and/or concern to them and your issue(s) with the time it is taking to resolve your issue(s) and/or concerns: Baptist Medical Center East at (334) 244-8558 Baptist South at (334) 288-3287 Prattville Baptist at (334) 568-4866
6. You may address your complaint and/or concerns to appropriate parties outside the hospital system. Those agencies and their addresses and phone numbers are :

Alabama Department of Public Health  
P.O. Box 303017  
Montgomery, Alabama 36130-3017  
Health Care Facilities Complaint Line: 1-800-356-9596

The Joint Commission

- www.jointcommission.org, using the “Report a Patient Safety Event” link in the “Action Center”
- Fax: 630-792-5636
- Mail To:  
Office of Quality and Patient Safety, The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

If you have Medicare or Medicaid Insurance, you can contact:  
KePRO  
5700 Lombardo Center Drive, Suite 100  
Seven Hills, Ohio 44131  
Toll Free Number: 844-430-9504  
Fax Number: 844-878-7921  
TTY: 855-843-4776