

Patient Rights and Responsibilities

All Northwest Regional Health patients shall have the RIGHT:

1. To receive considerate, respectful and compassionate care regardless of your age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.
2. To receive information in a manner that is understandable. The hospital will provide sign language and foreign language interpreters as needed.
3. To be called by your proper name and to be told the names of the health care team involved in your care.
4. To receive care in a safe environment free from all forms of abuse, neglect or harassment.
5. To have a family member or representative of your choice and your own personal physician notified promptly of your admission to the healthcare facility, if you so choose.
6. To be told by your doctor about your diagnosis and possible prognosis, the benefits and risks of treatment, and expected outcome of treatment including unanticipated outcomes. You have the right to give written informed consent before any non-emergency procedure begins.
7. To have your pain assessed, reassessed, and be involved in decisions about managing your pain.
8. To be free from restraints and seclusion in any form that is not medically required.
9. To expect full consideration of your privacy and confidentiality in care discussions, examinations and treatments. You may ask for a chaperone during any type of examination.
10. To access protective and advocacy services in cases of abuse or neglect. The hospital will provide protective and advocacy resources.
11. To participate in decisions about your care, treatment and services provided, including the right to refuse treatment to the extent permitted by law, request another physician, or to be moved to another hospital. If you leave against the advice of your doctor, Northwest Regional Health will not be responsible for any medical consequences that may occur.
12. To agree or refuse to take part in medical research studies. You may, at any time, withdraw from a study.
13. To make an advance directive, appointing 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 to complete one.
14. To be involved in your plan of care from admission to discharge. You can expect to be told in a timely manner of the need for planning your discharge or transfer to another facility or level of care. Before your discharge from the hospital or outpatient setting of care, you can expect to receive information about follow-up care that you may need.
15. To receive financial information as a result of your treatment, care, and services received, including financial counseling resources.
16. To expect that all communications and records about your care are confidential unless disclosure is allowed by law. You have the right to see or get a copy of your medical records and have the information explained, if needed. You may add information to your medical record by contacting the Medical Records Department. Upon request, you have the right to receive a list of to whom your personal health information was disclosed.
17. To participate in ethical decisions that arise during your care. The Ethics Committee may be accessed by contacting the House Supervisor, Department Director or Nurse Manager.
18. You or your support person (when appropriate) have the right to be informed subject to consent to receive the visitors who you or your support person (when appropriate) designates including, but not limited to, a spouse, a domestic partner (including same sex partner) another family member, or friend and his or her right to withdraw or deny such consent at any time. Visitation may be altered based on hospital infection prevention necessity.
19. To voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your health care team to resolve the problem. You may talk with your nurse, physician, Nurse Manager, Chief Nursing Officer or Chief Executive Officer. If unresolved, you may contact the Alabama Department of Public Health at (800) 356-9596. If you have a concern about the safety or quality of care provided in the organization, you may report these concerns to The Joint Commission at 1-800-994-6610.



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Patient RESPONSIBILITIES:

1. You are expected to provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required.
2. You should provide the healthcare facility or your doctor with a copy of your advance directive if you have one.
3. You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
4. You are expected to 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 are responsible for outcomes if you do not follow the care, treatment and services plan.
5. You are expected to actively participate in your pain management plan and to keep your doctors and nurses informed of the effectiveness of your treatment.
6. Please leave valuables at home and only bring necessary items.
7. You are expected to treat all staff, other patients and visitors with courtesy and respect; abide by all Northwest Regional Health rules and safety regulations; and be mindful of noise levels, privacy and number of visitors.
8. You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.
9. You are expected to keep appointments, be on time for appointments, or to call your health care provider if you cannot keep your appointments.