

Patient Rights and Responsibilities

As a patient, you have the right to:

1. Exercise these rights without regard to age, sex, race, color, ethnicity, religion, ancestry, national origin, physical or mental disability, medical condition, marital status, sexual orientation, gender identity or expression, socioeconomic status, educational background, economic status or source of payment for care.
2. Receive considerate and respectful care, and to be made comfortable. You have the right to be respected for your cultural, psychosocial, spiritual and personal values, beliefs and preferences.
3. Receive religious and other spiritual services.
4. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
5. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
6. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
7. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of procedure or treatment, medically significant risks involved, alternate courses of treatment or no treatment and risks involved in each, and name of person who will carry out the procedure or treatment.
8. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital, even against the advice of physicians, to the extent permitted by law.
9. Be advised if hospital or 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.
10. Receive reasonable responses to any reasonable requests made for service.
11. Receive appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject use of any or all modalities to relieve pain, including opiate medication, if you suffer chronic intractable pain. The doctor may refuse to prescribe opiate medication, but if so, must inform you that there are physicians who specialize in treatment of severe chronic pain with methods that include opiates.
12. Formulate Advance Health Care Directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives.
13. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
14. Receive confidential treatment of all communications and records pertaining to your care and stay in the hospital. You have the right to receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
15. Receive care in a safe setting, free from mental, physical, sexual, or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
16. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
17. Receive reasonable continuity of care and to know in advance.
18. Be informed by physician, or a delegate of physician, of continuing healthcare requirements and options following discharge from the hospital. You have the right to be involved in development and implementation of your discharge plan. Upon your request, a friend or family member may be provided with this information, also.
19. Know which hospital rules and policies apply to your conduct while a patient.
20. Have a family member, friend or other individual present for emotional support during the course of your stay so long as individual's presence does not infringe on patient's rights, safety or is medically or therapeutically contraindicated.
21. Designate visitors of your choosing, if you have decision-making capacity, whether or not visitor is related by blood or marriage, unless:

- a. No visitors are allowed.
 - b. Facility reasonably determines that presence of a particular visitor would endanger the health or safety of a patient, a member of health facility staff or other visitor to health facility, or would significantly disrupt operations of facility.
 - c. You have told health facility staff that you no longer want a particular person to visit.
22. Have your wishes considered, if you lack decision making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.
23. Ensure all visitors enjoy full and equal visitation privileges consistent with patient preferences. However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
24. Access, request amendment to, and obtain information on disclosures of your health information.
25. Examine and receive an explanation of hospital's bill regardless of source of payment.
26. File a grievance. If you want to file a grievance with this hospital, you may do so in writing or by calling:

CoxHealth Rehabilitation Hospital
 1660 W. Garton Rd., Ozark, MO 65721
 Phone: 417-551-9669

27. We will acknowledge verbal concerns within 24 to 72 hours and will respond to all concerns within 7 days. A written response will be provided for all grievances and will include the name of a person to contact at the hospital, steps taken to investigate grievance, results of the grievance process, and date of completion of grievance process. If you have concerns regarding quality of care or premature discharge you may register your complaint(s) internally by notifying a Hospital staff member or by contacting the office of the Chief Executive Officer.
28. If your concerns cannot be resolved through the hospital, you may report a new patient safety event or concern online with The Joint Commission at <https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/>. To submit an update or ask a question about your incident, you must have your incident number.

Grievances can also be filed with:

- a. Missouri Department of Health & Senior Services
 Health Services Regulation
 P.O. Box 570
 Jefferson City, MO 65102-0570
 Phone: 573-751-6303

- b. Select Medical Compliance Hotline: 888.823.8945
 Email: hotline@selectmedical.com
 Mail to:
 Corporate Compliance Committee
 Attn: Compliance Officer
 Post Office Box 3352, Shiresmanstown, PA 17011
- c. The Joint Commission does not accept faxed or emailed submissions.
 Mail to:
 Office of Quality and Patient Safety
 The Joint Commission
 One Renaissance Boulevard, Oakbrook Terrace, IL 60181

Patient and, as appropriate, families are responsible for:

1. Providing information that is, to the best of your knowledge, accurate and complete regarding present complaints, past illnesses, hospitalizations, medication, reports of pain and other matters relating to your health. You and your family are responsible for reporting perceived risks in your care and unexpected changes in your condition. You are also responsible for providing feedback about service needs and expectations to help the hospital improve its understanding of your environment.
2. Asking questions when you do not understand what you have been told or what you are expected to do regarding your care.
3. Following instructions regarding your care, service or treatment plan. Any concerns that you have about your ability to follow and comply with the proposed plan or course of treatment should be communicated. Every effort will be made to adapt the plan of care to meet your needs and limitations. When such adaptation of the care, treatment and service plan is not recommended, patients and their families are informed of consequences of the care, treatment and service alternatives of not following proposed course.
4. Accepting consequences for outcomes of care if you do not follow care, services or treatment plan.
5. Following rules and regulations concerning patient care and conduct. This includes consideration of other patients, helping control noise and disturbances, and following other policies as appropriate.
6. Showing respect and consideration for hospital's personnel and property.
7. Meeting financial commitments agreed to with hospital. Providing accurate information for processing your bill and planning for payment of your bill as early as possible.

The Hospital does not discriminate against any person on the basis of race, color, national origin, disability, or age in the admission, treatment, or participation in its programs, services and activities, or in its employment. For further information about this policy, contact the hospital administrator or his/her designee.

For a complete description of patient's rights, request the "Patient's Rights" form from the administration.