HELENA HOSPITAL
COMMUNITY OWNED AND COMMUNITY DRIVEN

NOTICE OF PATIENT RIGHTS OF RESPONSIBILITIES

You have the right to:

- Be treated in a dignified and respectful manner and receive reasonable responses to reasonable requests.
- To effective communication that provides information in a manner you understand, in your preferred language and provisions of interpreting or translation services, at no cost, and in a manner that meets your needs in the event of vision, speech, hearing or cognitive impairments. Information should be provided in easy-to-understand terms that will allow you to formulate informed consent.
- Respect for your cultural and personal values, beliefs, and preferences.
- Personal privacy, privacy of your health information and to receive notice of the Hospital's privacy practices.
- Pain management.
- Accommodation for your religious and other spiritual services.
- To access, request amendment to and information on disclosures of your health Information in accordance with law and regulation within a reasonable time.
- To have a family member, friend, or other support individual to be present with you during your stay, unless the person's presence infringes on the others' rights, safety or is medically contraindicated.
- Care or services provided without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- Participate in decisions about your care, including developing your treatment plan, discharge planning and having your family and p0ersonal physician promptly notified of your admission.
- Select providers of goods and services to be received after discharge.
- Refuse care, treatment, or services in accordance with law and regulation and to leave the facility against the advice of the physician.
- Have a surrogate decision maker participate in care, treatment, and services decisions when you are unable to make your own decisions.
- Receive information about the outcome of your care, treatment, and services, including unanticipated outcomes.
- Give or withhold informed consent when making decisions about your care, treatment, and services; that likelihood of achieving your goals and any potential problems that might occur during recuperation from proposed care, treatment and service and any reasonable alternatives to the care, treatment and services proposed.

- Give or withhold informed consent to recordings, filming, or obtaining images of you for any purpose other than your care.
- Participate in or refuse to participate in research, investigation, or clinical trials without jeopardizing your access to care and services unrelated to the research.
- Know the names of the practitioner who has primary responsibility for your care, treatment or services and the names of other practitioners providing your care.
- Formulate advanced directives concerning care to be received at the end of life and to have those advanced directives honored to the extent of the facility's ability to do so in accordance with law and regulation.
- To review or revise any advanced directives.
- Be free from neglect, exploitation, and verbal, mental, physical, and sexual abuse.
- An environment that is safe, preserves dignity and contributes to a positive self-image.
- Be free from any forms of restraint or seclusion used as a means of convenience, discipline, coercion, or retaliation; and have the least restrictive method of restraint or seclusion used only when necessary to ensure patient safety.
- Access protective and advocacy services and to receive a list of such groups upon your request.
- Receive the visitors whom you designate, including but not limited to a spouse, a domestic partner, another family member, or a friend. You may deny or withdraw your consent to receive a visitor at any time. To the extent this facility places limitations or restrictions on visitation; you have the right to set any preference of order or priority for your visitors to satisfy those limitations or restrictions.
- Examine and receive an explanation of the bill for services, regardless of the source of payment.

You have the responsibility to:

- Provide accurate and complete information concerning your present medical condition, past illnesses or hospitalization and any other matters concerning our health.
- Tell your caregivers if you do not completely understand your plan of care.
- Follow the caregivers' instructions
- Follow all medical center policies and procedures while being considerate to the rights of other patients, medical Center employees and medical center properties.

Regarding problem resolution, you have the right to:

- Express your concerns about patient care and safety to facility or personnel, and/or management, without being subject of coercion, discrimination, reprisal, or unreasonable interruption of care, and to be informed of the resolution process for your concerns.

You also have the right to:

- Lodge a concern with the state, whether you have used the hospitals' grievance process or not. If you have concerns regarding the quality of your care, coverage decisions or want to appeal a premature discharge, contact the State Quality Improvement Organization (QIO) or the hospital at the following:

Arkansas QIN-QIO
http://www.tmfnetworks.org
DR
3107 Oak Creek Drive, Suite 200
Austin, TX 78727-3107
800-725-9216

Helena Hospital
1801 Martin Luther King

Helena, AR 72342
870-338-5800