

You have the responsibility to:

Make informed decisions. Gather as much information as you need. You may be asked to consent in writing to certain tests, procedures or operations. Ask questions to fully understand each document that you are asked to sign.

Understand. If the explanation of your medical condition or treatment is not clear ask such questions as:

Why is the treatment recommended?

What are the potential benefits or risks?

What side effects may be involved?

What alternatives are available?

Will the treatment cause discomfort or pain?

Be honest. Give an accurate, complete medical history and report changes in your health to your medical practitioner. This includes reporting your degree of pain and the effects or limitations of treatment for pain.

Respect Others. Be considerate of others by allowing them privacy, limiting visitors, adhering to no smoking rules and maintaining a quiet atmosphere. Respect property of the hospital and others.

Follow the treatment plan. Tell your doctor if you believe you cannot follow through on a treatment plan and why you cannot. Find out about the consequences of refusing treatment or of selecting an alternative treatment not recommended by your medical team. You do not have the right to receive treatment that is considered medically unnecessary or inappropriate.

Hospital charges. You are responsible for payment of all co-payments, deductibles, co-insurance and charges for services not covered by your insurance policy or from another payment source (e.g., worker's compensation, legal settlement, etc). If you have concerns about your ability to pay, please contact our Financial Assistant Office at (603) 663-2571 for information about subsidized care, government programs, and free or reduced cost policies of the hospital.

Questions/Complaints

Questions about your Patient's Rights and Responsibilities or a quality of care concern or complaint should be directed to the Department Director where the care was provided. You may also call the Patient Relations/Safety Line at (603) 663-2666 or toll-free (800) 922-4999. A representative from the Performance Improvement Department will thoroughly investigate every quality of care concern or complaint.

The Joint Commission on Hospital Accreditation (JCAHO) at (800) 994-6610 also accepts calls about quality of care concerns.

Ethical Consultations

The hospital has a multidisciplinary Ethics Committee for the purpose of reviewing ethical/moral issues and concerns. The Ethics Committee includes physicians, community representatives and healthcare professionals. A patient, the patient's legal representative and family members may contact the committee by calling (603) 663-2338.

Elliot Hospital has interpreters available in most languages including sign, free of charge. Please let your healthcare provider know if you need an interpreter. You may also contact the Social Work/Case Management Department at (603) 663-2338 for additional assistance.

PRE-REGISTRATION

To shorten registration and waiting time, PRE-REGISTRATION may be done within the month prior to your service by calling:

Monday - Friday 7:00am to 7:30pm

603-663-5663

PLEASE HAVE INSURANCE CARD AVAILABLE



ELLIOT ON-CALL

Nurse On-Call • Cancer Resource Line • Physician Finder • Registration Line

603-663-4567

1-800-235-5468

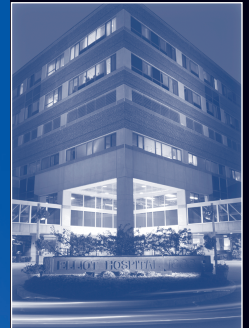
 **Elliot Health System**

One Elliot Way, Manchester, NH 03103

603-669-5300

www.elliithospital.org

Your rights as
a patient...our
responsibility
to you.



 **The Elliot.**
Live Better!

RIGHTS

You have the right to:

- 1** Exercise these rights and receive appropriate care without regard to age, race, color, ethnicity, ancestry, national origin, citizenship, language, religion, creed, culture, sex, gender identity or expression, sexual orientation, marital status, military service, veteran status, educational background, socioeconomic status, source of payment for care, physical, developmental, or intellectual disability, genetics, or any other classes protected by law.
- 2** Be treated with consideration, respect and full recognition of your dignity and individuality, including privacy in treatment and personal care.
- 3** Be provided with the name, licensure status, and staff position of all those with whom you have contact.
- 4** Be fully informed of your rights and responsibilities and of all procedures governing patient conduct and responsibilities.
- 5** Be fully informed in writing in a language that you can understand of the hospital's basic per diem room rate and of those services included and not included in the basic per diem rate. You also have a right to a statement of services that are not normally covered by Medicare or Medicaid and for an itemized and detailed explanation of the total bill for services rendered.
- 6** Be fully informed by a physician of your healthcare needs, medical condition, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record.
- 7** Receive information about any proposed treatment or procedure in order to give informed consent or to refuse the course of treatment.
- 8** Be fully informed about the outcomes of care, treatment or services, including unanticipated outcomes.
- 9** Participate actively in decisions regarding medical care. This includes the right to refuse care, treatment and services to the extent permitted by law.
- 10** Be advised if the hospital/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.
- 11** Be transferred or discharged after appropriate discharge planning only for medical reasons, for your welfare, or that of other patients, if the hospital ceases to operate, or for nonpayment of your stay, except as prohibited by Title XVIII or XIX of the Social Security Act. You shall not be involuntarily discharged from the hospital because you become eligible for Medicaid as a source of payment.
- 12** Be encouraged and assisted throughout your stay to exercise your right as a patient and citizen.
- 13** File or voice a grievance/complaint or recommend changes about care, service or discrimination and be informed of the action taken, with the assurance that your future access to and quality of care will not be affected. This may be done in writing or by calling the Department Director in the area in which you are or have received care or the hospital's Performance Improvement Department at **(603) 663-2666**.
- 14** File a complaint with the NH Department of Health and Human Services whether or not you use the hospital's grievance process. You may file a complaint with the Office of Program Support, Bureau of Health Facilities Administration, 129 Pleasant Street, Concord, NH 03301-3857 or at **(603) 271-4592** or NH toll free **(800) 852-3345**.
- 15** Be permitted to manage your personal financial affairs.
- 16** Be free from emotional, psychological, verbal, sexual and physical abuse and from exploitation, neglect, corporal punishment and, except for legitimate clinical reasons, involuntary seclusion.
- 17** Be free from restraints of any form (chemical, physical or seclusion) that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff. Medically necessary restraints are authorized in writing by a physician for a specific and limited time necessary to protect you or others from injury. In an emergency, restraints and seclusion may be authorized by a designated professional staff member of the hospital to protect you or others from injury. The staff member must notify the physician in accordance with the hospital's restraint and seclusion policies and document same in the medical record.
- 18** Be assured of confidential treatment of all protected health information contained in your personal and clinical record, including information stored in an automatic data bank to the extent required by law. Your rights and the hospital's obligations relating to the confidentiality of medical information are contained in the hospital's Notice of Privacy Practices. You will be given a copy of the hospital's Notice of Privacy Practices, but you may also request additional copies at any time. Medical information contained in the hospital's medical records is your property and you are entitled, upon request, to a copy of such records within a reasonable time frame and for a reasonable cost.
- 19** Not be required to perform services for the hospital, unless such services are for appropriate therapeutic or diversion purposes and agreed to by you. In such cases, the services may be included in your plan of care and treatment.
- 20** Be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. You may send and receive unopened mail and you have the right to regular access to and unmonitored use of the telephone.
- 21** Be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
- 22** Be free to retain and use your personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
- 23** Be entitled to privacy for visits and, if married, to share a room with your spouse if both of you are patients in the hospital and both consent, unless it is medically contraindicated and so documented by a physician.
- 24** Reside and receive services in the hospital with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
- 25** Be entitled to be treated by the physician of your choice subject to the hospital's reasonable rules and regulations regarding credentialing.
- 26** Be entitled to receive visitors of your choice. Visitors may include, but are not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. All visits are subject to your consent, and you have the right to withdraw or deny such consent at any time. Visitation may be restricted in medically appropriate circumstances.
- 27** Entitled to have your parents, if you are a minor, or your spouse, family, or personal representative, if an adult, visit the hospital without restriction, if you are considered terminally ill by the physician responsible for your care.
- 28** Be entitled to receive representatives of organizations approved by the NH Office of Ombudsman, when such representatives act in compliance with applicable laws.
- 29** Not to be denied admission based upon your source of payment when there is space available in the facility.
- 30** Access to any provider in your insurance plan network, subject to the terms and conditions of your insurance plan. A referral to a provider or facility within your insurance plan network will not be unreasonably withheld.
- 31** Formulate advance directives and appoint a surrogate to make healthcare decisions on your behalf to the extent permitted by law.
- 32** Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital unless you withhold your consent to such notification.
- 33** Receive care in a safe setting.
- 34** Receive assessment and appropriate management of pain, including the right to accept or reject any or all modalities to relieve pain.
- 35** Be provided information about accessing protective services (i.e., guardianship and advocacy services, conservatorship and child or adult protective services).
- 36** Leave the hospital against the advice of physicians, to the extent permitted by law.
- 37** Access to assistance and appropriate mechanisms to facilitate communication, including translation services and support if you have a developmental or intellectual disability, or have another cognitive impairment.
- 38** Have all patient's rights be exercised by the person who has legal responsibility to make decisions regarding medical care on your behalf.