## PATIENT RIGHTS AND RESPONSIBILITIES

You have the right to get the health care you need without concern for age, race, color, beliefs, nationality, gender, or sexual preference. Information regarding your rights as a patient must be provided to you or your designated representative in advance of giving or stopping care.

## AS A PATIENT OF LOVELACE MEDICAL CENTER YOU HAVE THE RIGHT TO THE FOLLOWING:

- Have the services of a language interpreter arranged for you at no charge to you. The interpreter can help you talk to and understand doctors and other staff. The interpreter can help you communicate your needs to clinic staff.
- Have family or a chosen representative participate in discussions of treatment options.
- Be treated with courtesy and respect in a way that respects privacy, confidentiality, security and dignity.
- An environment that preserves dignity and contributes to positive self-image.
- Get care in a safe setting that is free of mental, physical, sexual and verbal abuse, neglect and exploitation.
- Know who is on the team providing your healthcare.
- Be involved in making decisions about your treatment and care.
- Be informed of any unexpected adverse event.
- Refuse or accept care, treatment, procedures, or services in accordance with the law and regulations.
- Be asked about your pain and to have your pain managed appropriately.
- The medical group respects the rights to and need for effective communication.
  - o Be free to communicate without restriction (mail, telephone, visitors or other forms of communication) unless the restrictions are with your participation and evaluated for therapeutic effectiveness.
  - o Information about what is thought to be wrong with you, what treatment you can expect, the purpose of any procedure that the provider suggests as well as the anticipated outcomes

- of care, treatment, and services.
- o Receive teaching about self-care during your course of treatment.
- o Receive adequate information related to research, investigation and clinical trials for which you may be eligible.
- o Receive a full explanation of your bill, insurance coverage, services, and treatments that are provided.
- The following in regards to your medical records and health information
  - o See or obtain a copy of your medical records in a reasonable amount of time
  - o Request to write an amendment to your health information under certain circumstances
  - o Obtain a copy of the Lovelace Health System Joint Notice of Privacy Practices upon request
  - o The right to confidentiality and to information about how and/or when Lovelace Health System may use or share your health information
  - o Obtain an accounting of where Lovelace Health System has shared your protected health information in the past 6 years
  - o Request that your health information be communicated with other institutions or health care providers in a confidential manner
  - o Restrict certain uses and disclosures of your health information (with Privacy Officer approval)
- Have access to protective or advocacy services, through Child Protective Services or Adult Protective Services.



- Have a family member, friend or other individual of your choice with you for your support during
- your visit. Visitors could be a spouse, a domestic partner, a same-sex domestic partner, a family member, a friend, or anyone else you want.
- Accommodation for individuals with disabilities and the services provided to help patients with communication needs or mobility issues.

- Be free from discrimination
- Designate a surrogate decision-maker of your choice.
  - o To receive information in a manner that you and your surrogate decision-maker understands.
  - o If you are unable to make decisions due to your medical condition, your surrogate decision-maker has these rights.

Just as a patient has certain rights, they and their families also have the following responsibilities:

## YOU ARE RESPONSIBLE FOR PARTICIPATING IN THE SAFE DELIVERY OF CARE BY:

- Giving correct and complete health-related information
- Notifying staff at the time of scheduling your appointment if you have any special needs
- Knowing what medicines you take
- Telling your health care provider of any changes in your health
- Asking questions to help you understand what has been explained and what you are supposed to do
- Following the treatment plan or telling your health care provider that you cannot follow it
- Accepting the results of refusing treatment or not following the treatment plan
- Reading and understanding the information you are given about health care benefits

- Canceling appointments that you cannot keep
- Following rules about patient care and safety
- Meeting your financial obligation agreed upon with the medical group
- Treating other patients and staff with respect
- Respecting the property of other people and of the healthcare organization
- Giving your opinions, concerns or complaints in a helpful way to the right people
- Respect the facility's smoke free environment, which includes any tobacco, tobacco products and electronic cigarettes

Patient Advocate **505.727.8340**Privacy Officer **505.727.6641**