



PATIENT RIGHTS AND RESPONSIBILITIES

Post Office Box 2168
Carson City, Nevada
89702-2168
775/445-8000

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As a patient, you have rights regardless of age, race, color, ancestry, language, creed, religion, gender, sexual orientation, marital status, citizenship, veteran status, physical or mental disability, cultural, economic, educational background or the source of payment.

If you or a family member have care concerns the ideal plan is to first ask to speak with the unit manager or someone from our Patient Relations department. Best practice is to resolve the concern before leaving the facility. A Care Conference can be arranged if needed.

You have the right to receive considerate and respectful care through:

- Pastoral or spiritual support and guidance.
- Maintaining your personal privacy and comfort, providing a safe and secure setting to receive care, free from all forms of abuse or harassment.
- Designation of visitors of your choosing, regardless of relationship (by marriage or blood) and your involvement in decisions to restrict visitors or communication.
- Discrete/confidential case discussion, consultation, examination and treatment.
- Confidential handling of all communications and records pertaining to care. Medical records are only available to persons directly involved in your care and except to the extent allowed by law, are not released without your written permission.
- Timely response to requests within our capacity and policies and as indicated by the urgency of the case.

You have the right to actively participate in your healthcare by:

- Knowing the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and non-physicians who will see you.
- Requesting that your physician be notified of your admission.
- Receiving information about your health status, the course of treatment and prospects for recovery in terms that you can understand.
- Receiving information about any proposed treatment or procedure in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information will include a description of the procedure or treatment, the medically significant risks involved in each treatment, alternate courses of treatment or non-treatment and to know the name of the person who will carry out the procedure or treatment.
- Reviewing your medical chart with the treating physician and to receive a thorough explanation of treatment, results of tests and procedures.
- Receiving information regarding continuing health care after leaving the hospital including transfer to another facility if medically appropriate or continuing health care needs at home.
- Receiving information regarding rules and policies that apply to your conduct while a patient.
- Refusing treatment or leaving the hospital against the advice of physicians, to the extent permitted by law.
- Refusing to participate in research projects, clinical trials or experimentation.
- Freedom from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
- Assessment and appropriate management of pain, including the right to accept or reject any or all modalities to relieve pain and to receive information regarding physicians who specialize in treatment of pain.
- Formulation of advance directives and appointment of a surrogate to make health care decision on your behalf to the extent permitted by law.
- Access to information contained in your clinical records within a reasonable time frame (except in certain circumstances regulated by law).
- Consultation with a member of the hospital ethics committee regarding ethical questions and concerns.
- Receiving information about how to access protective services (i.e. guardianship and advocacy services, conservatorship and child or adult protective services).
- Receiving an explanation of your bill regardless of the source of payment including available methods of payment and if you are uninsured information regarding our financial assistance program.



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You have the right of resolution of issues or complaints:

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You may contact our Patient Relations Department at (775) 445-8008, or in writing at P.O. Box 2168, Carson City, NV 89702.

Complaints or grievances regarding your Quality of Care may also be filed with:

The Bureau of Health Care Quality and Compliance, 727 Fairview Dr., Ste. E, Carson City, NV 89701. (775) 684-1030, or with CIHQ, P.O. Box 848, Round Rock, TX 78680, 1-866-324-5080, complaint@cihq.org.

Complaints or grievances regarding your civil rights may be filed with:

The Office for Civil Rights, Region IX, 90 7th Street, Suite 4-100, San Francisco, CA 94103, phone (415)-427-8310, or by accessing the website at OCRComplaint@HHS.gov

Complaints or grievances regarding billing concerns may be filed with:

The Office of Consumer Health Assistance, 555 E. Washington Ave., Suite 4800, Las Vegas, NV 89101, (702) 486-3587, Fax (702) 486-3586, Toll Free 1 (888) 333-1597, GovCHA@govcha.nv.gov

Or you may file your complaint in writing by accessing the forms on the website at www.govcha.nv.gov

Please be assured that future access to your quality of care will not be affected by complaints or grievances filed.

You have the responsibility to:

Ask questions, make informed decisions and fully understand the documents you sign, explanations of your medical treatment or condition, potential risks or benefits, side effects, alternatives and pain or discomfort. You do not have to receive treatment and services that are considered medically unnecessary or inappropriate.

Provide accurate and complete information including medical history, report any changes in your condition, the degree of pain (including effects or limitations of pain treatment) as well as any available documentation relating to your health (i.e., Advance Directive, care decisions, living will, etc.).

Show respect and consideration for other patients, visitors, physicians and staff. Respect the property of others and of the hospital.

Follow the treatment plan, tell your doctor if you believe you cannot follow the treatment plan and why. Keep appointments and cooperate with your physicians and others caring for you. Recognize the effect of lifestyle on your personal health

Find out about and accept the consequences of refusing treatment or of selecting an alternative treatment not recommended by your medical team.

Follow rules, regulations and abide by local, state and federal laws.

Meet financial commitments.

All patients' rights and responsibilities apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.



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Signature of Patient or Guardian

Date