

Patient Rights and Responsibilities

RIGHTS

We provide treatment at Pagosa Springs Medical Center without regard to race, color, national origin, age, religion, disability, sex, gender identity/expression or the source of payment for care. As a patient at Pagosa Springs Medical Center, you have certain rights. Understanding your rights will help you to get the best possible care. We will:

- Treat you with dignity and respect, in a safe setting, free from all forms of abuse or harassment.
- Respect your cultural and personal values, including allowing you to wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatments.
- Notify a family member or representative, personal physician and/or clergy of choice promptly upon admission at your request.
- Allow you to receive visitors of your choice.
- Allow you to choose a family member, friend or other individual to be with you for emotional support during the course of your stay.
- Respect your right to privacy by providing for all aspects of your care and treatment in a confidential and discreet manner. Keep all communications and records relating to your care confidential and to obtain your written permission before your medical record is made available to anyone not directly involved in your care.
- Provide you or your designee access to information in your medical record within a reasonable time frame and for a reasonable fee.
- Allow you to request a change to your medical record if you feel it is incorrect.
- Provide clearly written and spoken information in words you can understand, including providing an interpreter at no charge if you request one.
- Encourage you to actively participate in decisions relating to your plan of care, including refusing treatment.
- Provide the information you need to make an informed decision about your care.
- Respect your advanced directives (living will and/or durable power of attorney for health care). You have the right to formulate advanced directives while in the hospital and have staff comply with those directives. You have the right to appoint someone to make health care decisions on your behalf.
- Assist you and your family with preparing for when you leave the hospital, including service options that are available and give you a choice of agencies that provide that service.
- Provide effective relief from pain and respect your right to refuse pain control.
- Avoid any use of restraint or seclusion that is not medically necessary.
- Know the name and professional status of individuals providing your care including the name of your primary care physician.
- Give you the opportunity to examine and receive an explanation of your bill regardless of source of payment.
- Respect your right to associate and communicate privately with persons of your choice, and send or receive your personal mail unopened.
- Provide, within the capabilities of the hospital/staff, an appropriate medical screening, necessary stabilization and, if needed, an appropriate transfer to another facility.
- Allow you to express a concern or complaint and receive a prompt response. You also have the right to file a formal grievance if you are not satisfied with the resolution of your complaint.
- Provide you with information about avoiding "Surprise Billing".

RESPONSIBILITIES

You can help us to provide you with the best possible care by:

- Letting us know if you do not understand our instructions or explanations. Making decisions about your care or treatment only after you have had all your questions answered.
- Giving us complete and accurate information about your current health conditions, medical history and insurance.
- Providing us with your advanced directive information.
- Following your recommended treatment plan and keep your follow-up appointments or notifying your doctor when you are unable to do so.
- Knowing what medications you are taking, why you are taking them and the proper way to take them according to your doctor's instructions.
- Informing care providers of your level of pain and the effectiveness of provided treatment.
- Alerting your healthcare provider if you have concerns or feel your rights have not been properly respected.
- Contacting us if you have any questions about your bill or require financial assistance.

If you have questions about this document please contact our Manager for Quality and Patient Safety at 970-507-3824