# OhioHealth Berger Hospital Rights and Responsibilities

#### YOU HAVE THE RIGHT TO THE BEST CARE

Please review the rights and responsibilities below to help us provide you with quality care.

### You Have the Right to:

Competent, respectful and hospitable care regardless of race, creed, sex, national origin, disability, marital status, sexual orientation, gender identity and expression, source of payment for care, or psychological and spiritual variables.

Identify a support person, the purpose of the patient's support, to relieve stress and provide emotional support, and what the limitations are if the presence of the support person infringes on others' rights, compromises safety, or is medically or therapeutically contraindicated.

Designate a surrogate decision maker and that a surrogate decision-maker may be a family member, broadly defined to include friends and same-sex partners.

Receive visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner, another family member or a friend, and his or her right to withdraw or deny such consent at any time.

Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

Ensure all visitors are given equal visitation privileges consistent with patient preferences. Receive information in a manner he or she understands.

Formulate advance directives, which include a durable power of attorney for healthcare, living will, do-not-resuscitate program, as well as participate in the consideration of ethical care issues.

Participate actively in his/her care plan, including pain management, through direct discussion with physicians and nursing staff.

Effective pain management including information about pain, pain relief measures, an explanation of potential limitations and side effects of pain treatment.

Accept or refuse medical care or treatment to the extent permitted by law and to be informed of the medical consequences of refusal.

Refuse to participate in experimentation or research / educational projects.

Expect physicians and staff to maintain confidentiality of medical records, information pertaining to their care, and respect for their privacy and dignity.

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Know the name and position of caregivers. Physicians and staff introduce themselves and wear name badges.

Receive a copy and assistance with interpreting his/her hospital bill.

Access people outside the hospital by means of visitors and by verbal and written communication.

Request communication assistance or an interpreter if needed.

Comfort and dignity in terminal situations, effective pain management, and assistance of patient and family through grieving processes.

Pastoral and other spiritual care.

An environment that preserves dignity and contributes to a positive self-image.

Be free of restraints that are not medically necessary.

Access, request amendment to, and receive an accounting of disclosures regarding his/her own health information.

Information on rights and responsibilities and mechanisms of initiation, review and resolution of concerns, complaints or grievances.

To register concerns/complaints/ grievances, contact:

- Berger Hospital Patient Advocate at (740) 420.8353
- Ohio Department of Health Complaint Hotline at 1 (800) 342.0553 or email hccomplaints@odh.ohio.gov
- Ohio KePRO Beneficiary Complaints Line at 1 (855) 408.8557
- The Joint Commission at 1 (800) 994.6610 or email patientsafetyreport@jointcommission.org

Wear appropriate personal clothing, religious or other symbolic items, as long as it doesn't interfere with diagnostic procedures or treatment.

Have a person of one's own sex present during certain parts of physical exam, treatment or procedure performed by a health professional of the opposite sex, and not to remain disrobed any longer than required for accomplishing the medical purpose.

Give permission for the presence of individuals not directly involved in his/her care. Give consent for video or electronic monitoring or recording.

Request a transfer to another room if another patient or visitors are unreasonably disturbing him/her.

Be placed in protective privacy when considered necessary for personal safety.

Access protective or advocacy services.

Appeal denial or care of premature discharge.

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## You Are Responsible for:

Providing information to physicians and staff regarding present illness, past illnesses, hospitalizations, medication and other personal health matters.

Asking questions about directions, procedures and other information they don't understand.

Cooperating with physicians and caregivers in his/her plan of care.

Consideration and respect for others, hospital staff and property, and abide by hospital rule/regulations.

Notifying his/her nurse prior to leaving his/her room.

Reporting any changes in his/her condition to physician or caregivers.

Accepting the consequences of not following the prescribed plan of care.

Reporting any safety concern or perceived risks.

After discharge, keeping all scheduled appointments and giving a 24-hour cancellation notice if unavoidable.

Providing all required information for insurance processing and assuring financial healthcare obligations are met.

#### **Ouestions or Concerns?**

If you have questions or concerns about the care you or your loved one is receiving, please speak with your doctor or nursing supervisor. If you feel that your issue isn't resolved, contact the **patient advocate at (740) 420.8353**.

