

PATIENT RIGHTS

As a patient receiving care within this facility you are entitled to the following rights. These have been established and instituted by this institution as directed by the Kansas Department of Health and Environment. (K.S.A. 1991 Supp. 65-431) They are as follows:

1. You have the right to receive considerate and respectful care, provided in a safe environment, given by competent personnel.
2. You have the right to be free of all forms of abuse, neglect, harassment and/or exploitation, as well as restraints of any form that are not medically necessary.
3. You have the right to personal privacy.
4. You have the right, upon request, to be given the name of your attending physician, the names of all other practitioners directly participating in your care and the names and functions of other health care persons having direct contact with you as a patient.
5. You have the right to participate in the development and implementation of your plan of care, care planning and treatment.
6. You have the right to make health care decisions. You have the right to the information necessary to make treatment decisions reflecting your wishes and to request a change in your physician or transfer to another health facility due to religious or other reasons.
7. You have the right to accept medical care, to refuse treatment to the extent permitted by state law and to be informed of the medical consequences of refusing treatment.
8. You have the right to formulate advance directives and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.
9. You have the right to have a family member or support person and your own physician notified promptly of your admission to the hospital.
10. You (or your support person, where appropriate) will be informed of the right, subject to your consent, to receive the visitors whom you designate, including, but not limited to – a spouse, a domestic partner, other family members, or a friend and you have the right to withdraw or deny such consent at any time.
11. You have the right to assist in obtaining consultation with another physician or practitioner at your request and expense.

12. You have the right to hospital services without discrimination based upon your race, color, religion, sex, national origin or source of payment.
13. You have the right to remain in the facility, and not be transferred or discharged from the facility unless
 - a. The transfer or discharge is necessary for your welfare and your needs cannot be met in the facility;
 - b. Your transfer or discharge is appropriate because your health has improved sufficiently so you no longer need the services provided by the facility;
 - c. The safety of individuals in the facility is endangered
 - d. The health of individuals in the facility would otherwise be endangered; e. You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. If you become eligible for Medicaid after admission to the facility, the facility may charge a resident only allowable charges under Medicaid; or
 - f. The facility ceases to operate.
14. You or your legally designated representative has access to the information contained in the patient's medical records within the limits of state law.
15. You have the right to examine and receive a detailed explanation of your bill, as well as access information contained in your records within a reasonable time frame.
16. You have the right to be informed of this facility's policy regarding patient rights during the admission process.
17. You have the right to voice any complaint or grievance to the facility Risk Management Coordinator, (785)-677-4140 or teresa.poage@ambermed.com, as established by the institution's policy.
18. You or your legally designated representative may contact Kansas Department of Health and Environment with grievances at 1000 SW Jackson, Suite 200, Topeka, KS 66612, or call (800)842-0078; or may also contact Kansas Foundation for Medical Care with grievances at 800 SW Jackson Street, Suite 700, Topeka, KS 66614, or call (800)432-0770.
19. Medicare Beneficiaries may contact Medicare at 1-800-MEDICARE (800-663-4227) OR LIVANTA (Medicare Beneficiary Advocate) at 1-888-755-5580 for any questions, Concerns or complaints about treatment, billing or to report suspected abuse or fraud.

PATIENT RESPONSIBILITIES

The care a patient receives depends on the patient himself/herself. Therefore, in addition to these rights, a patient has certain responsibilities. These responsibilities should be presented to the patient in the spirit of mutual trust and respect. The patient has the responsibility to:

- Provide accurate and complete information concerning his/her present complaints, past illnesses and hospitalization, and other matters relating to his/her health;
- Report unexpected changes in his/her condition to the responsible practitioner;
- Be responsible for making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her;
- Be responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professional as they carry out the physician's orders;
- Be responsible for keeping appointments and for notifying the hospital or physician when he/she is unable to do so;
- Be responsible for following hospital policies and procedures;
- Be responsible for being considerate of the rights of other patients and hospital personnel;
- Assist in the control of noise and the number of visitors;
- The patient is responsible for assuring that the financial obligations of his/her hospital stay are met;
- Inform hospital administration of any complaint or concern he/she may have regarding the delivery of quality health care;
- If the patient has Advance Directives, it is the patient's responsibility, or that of his/her representative, to present the Advance Directive to the AmberMed staff.