



## Patient Rights and Responsibilities

The personnel and medical staff of Grande Ronde Hospital, Inc. strive to demonstrate respect for you individually and to maintain your dignity while making you feel as “at home” as possible while you are here. In order to assure consideration of your individual needs and concerns, we have adopted the following goals concerning your care:

### **Patient Rights:**

- “ You should receive the care ordered by your physician that is necessary for your medical problem without discrimination because of your race, color, national origin, creed, age, sex, sexual orientation, diagnosis or ability to pay for your care. Grande Ronde Hospital is accessible to patients with special needs.
- “ You are to be treated respectfully and considerately by others, to be addressed by your proper name, to be listened to when you have a problem or a question and to receive an appropriate response to your questions.
- “ While you are with us, you can expect that we will make every reasonable attempt to maintain your privacy. When being examined, you are entitled to have the door closed or the curtains drawn, to have visitors excused and to know why any observer is present. Those not directly involved in your care must have your permission to be present.
- “ Your medical records are private and only you or authorized persons or agencies are allowed to see them. The personnel involved in your care will treat any information they receive about you in a respectful and confidential manner. You have the right to access information contained in your clinical records within a reasonable time frame.
- “ You should receive information concerning your condition and medical care in terms you can understand. Interpretive services are available as needed to ensure effective communication between you and your care providers.
- “ You have the right to know the name of the physician responsible for your care, as well as other physicians or practitioners involved in your treatment and care.
- “ You have the right to pain relief. The nursing staff will work together with you and your physician to establish a goal for pain relief and develop and implement a plan to achieve that goal. Please ask for pain relief measures when pain begins and communicate unrelieved pain to your caregiver.
- “ If you are not satisfied with the care provided by your caregiver (physician, nurse, therapist or assistant) you have the right to select another physician from the medical staff or be assigned another nurse, therapist or assistant. You can address any concern with the Manager of the department or House Supervisor.
- “ Grande Ronde Hospital provides training programs for students in various healthcare occupations. We believe the presence of these students adds to the quality of your care. You should receive an explanation of how they will be used in your treatment and you may elect not to have them involved in your care.
- “ You can expect an explanation of any portion of your bill. According to your needs, we will assist you in making financial arrangements for payment, and when appropriate, will assist you with obtaining financial assistance through governmental programs. Under our “Community Service Assurance” and our charitable mission, we will provide medically necessary emergency and basic hospital services regardless of your ability to pay.
- “ Please cooperate with our Patient Account Representatives in providing prompt and necessary financial information. We ask that you be prompt in providing information for billing insurance and in paying your bills.
- “ You may request an explanation for your discharge from our facility or services or your transfer to another facility.

- “ The Patient Self Determination Act (PSDA) directs that information be provided to all adult hospital patients about their rights to accept or refuse treatment and their rights to have an Advance Directive. If you do not have an Advance Directive, you may request information and assistance in preparing one.
- “ You have the right to take an active role in your health care. We encourage you to be involved in making decisions and resolving dilemmas about your care.
- “ You have the right to receive informed consent — an explanation of the risks and benefits of your care, treatment and services.
- “ You have the right to have your cultural, emotional, spiritual and personal values, beliefs and preferences respected. Pastoral care is available upon request.
- “ You have the right to be free from abuse or neglect and to be cared for in a safe setting.
- “ You have the right to be free from the use of seclusion or restraint, of any form, as a means of coercion, convenience or retaliation by staff. If restraints are used, they will be used in accordance with your plan of care as determined by your physician.
- “ Any therapeutic restrictions on communication should be fully explained to you and your family and should be determined with your participation.
- “ You have the right to access protective services. We can provide you with resources upon request.

### **Patient Responsibilities:**

As a patient at Grande Ronde Hospital, you are the most important member of our health care team. We encourage you to take an active role in your treatment. Here’s how you can actively participate in your care:

**Provide Information**—Communicate, to the best of your knowledge, accurate and complete information about your medical history and current health conditions. Report any perceived risks in your care, unexpected changes in your condition, or any safety concerns to your caregivers.

**Become Informed**—Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan. Know what medications you take and why you take them.

**Ask Questions**—Speak up if you have questions or concerns about your care, and if you don’t understand, ask for clarification.

**Involve a Family Member or Friend**—Ask a trusted family member or friend to be your advocate. Your advocate can ask questions that you may not think of and can help make sure you get the right medications and treatments.

**Follow Instructions**—Follow the care, service, or treatment plan developed by your health care providers. You or your family are responsible for expressing concerns about your ability to follow and comply with the proposed plan and for understanding treatment alternatives. You are also responsible for accepting the medical outcomes if you do not follow the care, service or treatment plan.

**Follow Rules and Regulations**—Please comply with hospital rules and regulations concerning patient care and conduct.

**Show Respect and Consideration**—Please be considerate of hospital personnel and property, other patients, visitors and volunteers, especially with reference to noise, smoking and observing visiting hours. With the good health of patients, visitors and staff in mind, smoking will not be permitted.

*The patient’s family or surrogate decision-maker assumes the above rights and responsibilities if the patient has been found by his or her physician to be incapable of understanding these responsibilities, has been judged incompetent in accordance with law, or exhibits a communication barrier.*

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If you had an exceptional experience or have a special concern or problem related to a Grande Ronde Hospital or clinic visit, we'd appreciate the feedback. You or your family members have the right to express your concerns and recommend changes without it affecting our care in any way. Grievances will be investigated on your behalf and acknowledged by letter within 7 business days.

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***Compliments and complaints may be addressed to:***

*Patient Experience Coordinator  
Performance Improvement Department  
Grande Ronde Hospital  
PO. Box 3290  
La Grande, OR 97850*

*Or you may call directly to 541-963-1818*

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If necessary, outside agencies such as Oregon Health Care Regulation and Quality Improvement Services and the Joint Commission on Accreditation of Healthcare Organizations can be contacted to assist you.

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***Quality Improvement Organization (QIO)***

*Livanta BFCC-QIO Program  
9090 Junction Drive, Suite 10  
Annapolis Junction, Maryland 20701  
Toll free (877) 588-1123*

***Health Care Regulation and Quality Improvement***

*800 NE Oregon Street  
Suite 305  
Portland, Oregon 97232  
(971) 673-0540*

***Office of Quality Monitoring - Joint Commission***

*One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181  
(800) 994-6610*