

PATIENT BILL OF RIGHTS

Patient Rights:

Centura Health facilities support the rights of all patients across the lifespan including geriatric, adult, adolescent, pediatric, infant and neonatal populations. These rights may be exercised through the patient individually or through their authorized surrogate decision maker.

You have the right to . . .

1. Be informed of your patient rights in advance of receiving or discontinuing care when possible.
2. Receive care, treatment and visitation regardless of disability, national origin, culture, age, color, race, religion, sex, gender identity, sexual orientation. No one is denied examination or treatment of an emergency medical condition because of their source of payment.
3. Give informed consent for all treatment, procedures, and/or production of recordings, films or other images when used for other than identification, diagnosis or treatment.
4. Be informed of your health status/prognosis, including unanticipated outcomes of care and the treatment and services related to serious preventable adverse events.
5. Participate in all areas of your care plan, treatment, care decisions, and discharge plan.
6. Receive appropriate assessment and prompt management of your pain.
7. Be treated with respect and dignity.
8. Experience personal privacy, comfort and security to the extent possible during your visit/stay.
9. Experience confidentiality of all communication and clinical records related to your care. You will receive a copy of our Notice of Privacy Practices to inform you how your personal medical information can be used and disclosed and your rights related to your medical information.
10. Be communicated with in a manner you can understand which is tailored your age, language, understanding and ability including access to interpreter services and communication aides, at no cost.
11. Receive care in a safe setting.
12. Be free from all forms of abuse, neglect, mistreatment, or exploitation.
13. Have access to protective services (e.g., guardianship, advocacy services, and child/adult protective services).
14. Request medically necessary and appropriate care and treatment.
15. Refuse any drug, test, procedure, or treatment and be informed of the medical consequences of such a decision.

16. Consent to or refuse to participate in teaching programs, research, experimental programs, and/or clinical trials.
17. Receive information about Advance Directives. Set up or provide Advance Directives and have them followed. Designate an authorized surrogate decision-maker as permitted by law and as needed.
18. Participate in decision-making regarding ethical issues, personal values or beliefs.
19. Know the names, professional status and experience of your caregivers.
20. Have access to your medical records within a reasonable timeframe.
21. Be examined, treated, and if necessary, transferred to another facility if you have an emergency medical condition or are in labor, regardless of your ability to pay.
22. Be informed of the facilities complaint and grievance procedure and whom to contact to file a concern, complaint or grievance. Note: If you have financial issues or questions, please contact Centura Consumer Operations at (303) 715-7000. Toll free: 888-269-7001
 - a. Our priority is for you to have a positive patient experience. If your concerns are not being resolved with your immediate care giver or the department manager or administrative staff, please call the Patient /Advocate. They can be reached at 303-643-1000. b. You may also contact The Health Facilities Division of the Colorado Department of Public Health and Environment or the Kansas Department of Health and Environment and the Office of Civil Rights directly regardless of whether you first used the facilities complaint and grievance process.

The Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South Denver, CO 80222-1530
Telephone: (303) 692-2827

The Kansas Department of Health and Environment
1000 SW Jackson, Topeka, Kansas 66612
Telephone: (785) 296-1500

The Office for Civil Rights
Department of Health and Human Services
999 18th Street, South Terrace, Suite 417
Denver, Colorado 80202

Telephone: 303-844-2024
TDD 303-844-3439
Fax: 303-844-2025

You also have the right to file a complaint with the appropriate oversight boards including the Colorado Board of Medical Examiners, the Colorado Dental and Podiatry Boards and the Colorado Department of Regulatory Agencies. For Kansas hospitals, this includes the Kansas State Board of Healing Arts, the Kansas Board of Nursing and the Kansas office of Health Occupations Credentialing. Contact information will be provided by the facility patient advocate upon request.

Patient Responsibilities:

You have the responsibility to . . .

1. Ask questions and promptly voice concerns.
2. Give full and accurate information as it relates to your health, including prescription and non-prescription medications.
3. Report changes in your condition or symptoms, including pain, and request assistance of a member of the health care team.
4. Educate yourself. Learn about the medical tests that are being performed and understand your treatment plan.
5. Follow your recommended treatment plan.
6. Be considerate of other patients and staff.
7. Secure your valuables.
8. Follow facility rules and regulations.
9. Respect property that belongs to the facility or others
10. Understand and honor financial obligations related to your care, including understanding your own insurance coverage.

Signature: _____
Date: _____ Time: _____

Patient Barcode Label
Must be placed in this space