

# Landmark Hospital



*Patient Rights and Responsibilities*

# Your Patient Rights...

As a patient of Landmark Hospital, or as a family member or representative, we want you to know your rights under Federal and State law as soon as possible in your hospital stay. We are committed to honoring your rights and want you to know that by taking an active role in your plan of care, you can help your hospital caregivers meet your needs as a patient or family member.

*As a patient, you have the right to receive care without discrimination due to age, gender, gender identity, race, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, disability, or who will pay your bill. As our patient, you have the right to safe, respectful and dignified care at all times.*

## **COMMUNICATION:**

*You have a right to...*

- Know the names and roles of the people directly involved in your care. This includes the name of your physician, nurses and others on your care team.
- Have a family member or other person you have chosen and/or your physician notified when you are admitted to the hospital.
- To receive information in a way that you understand including interpretation and translation, free of charge, in the language you prefer for discussing your care. The hospital can provide you with needed help if you have vision, speech, or hearing losses.

## **INFORMED DECISIONS:**

*You have a right to...*

- Receive information about your current healthcare, outcomes, recovery, ongoing and future health needs in a way that you understand.
- Be educated about care options including the risks and benefits, other care options, what could happen without care, and the outcome(s) of any medical care provided, including any outcomes that were not expected. You may need to sign your name before the start of any procedure and care; however, "Informed Consent" is not required in the case of an emergency.
- Be involved in all aspects of your care and to take part in decisions about your care.
- Make choices about your care based on your own spiritual and personal values.
- Request care knowing this right does not mean you can demand care or services that are not medically needed. In addition, you may refuse any care, therapy, medication or procedure against the medical advice of a physician unless that care must be provided based on the law.
- Expect the hospital to gain your permission before taking photographs, recordings or filming you if this purpose is for something other than patient identification, care, diagnosis or therapy.
- Decide to take part or not take part in research or clinical trials that may be suggested by your physician. Your participation in such care is voluntary, and written permission must be obtained from you or your legal representative before you participate. A decision to not take part in research or clinical trials will not affect your right to receive care.

## **ADVANCE DIRECTIVES:**

*You have a right to...*

- Create advance directives, which are legal papers that allow you to decide on your wishes for end-of-life choices if you are no longer able to make decisions about your care. You have the right to expect your health care providers will follow your decisions. Our Social Services department can assist you in creating advance directives at any time during your hospitalization.
- Express your wishes for organ or tissue donation in an Advance Directive. If you plan on donating organs or tissue, you should complete the back side of your driver's license and discuss your wishes with your family and/or legal representative.
- Ask about and discuss your personal beliefs about your care, including resolving conflicts that might arise such as deciding against, withholding or withdrawing life-sustaining care. If you have ethical questions you would like to discuss, a member of the ethics committee is available for a consult by contacting Social Services at (912) 298-1023.

## **VISITATION:**

*You have a right to...*

- Decide if you wish to have visitors during your hospitalization. The hospital has visitation guidelines that have been developed to promote a healing environment, patient privacy and patient safety. There may be specific medical reasons to restrict or limit visitation only in order to provide safe care to our patients. Should limitations be needed, the hospital will explain the reasons for the restrictions or limitations. As rest is an important part of the healing process, we ask visitors to remain quiet at all times and follow hospital policies for infection prevention including hand hygiene and transmission precautions.
- Choose those persons who can visit you during your stay. These individuals do not need to be legally related to you. In addition, you may name a support person to exercise your visitation rights if you become unable to do so. A support person can be a family member, friend or other individual who is at the hospital to support you during your stay. This does not have to be an individual who is legally responsible for making medical decisions on your behalf. Should you be unable to exercise your visitation rights, the hospital will recognize your support person's directive as to who should or should not be allowed to visit you.

## **CARE PLANNING:**

*You have a right to...*

- Receive a medical screening exam to determine your treatment and care plan.
- Participate in the care that you receive in the hospital and receive instructions for follow-up care and participate in decisions about your plan of care after you leave the hospital.
- Receive a prompt and safe transfer to another provider if the hospital is unable to meet your request or there is a need for a specific service or specialized care. You have a right to know why a transfer to another healthcare facility might be needed including other choices for care. The hospital cannot transfer you to another hospital unless that hospital has agreed to accept you.

## **CARE DELIVERY:**

*You have a right to...*

- Receive kind, respectful, safe, quality care delivered by skilled staff where high professional standards are continually upheld and reviewed.
- Receive care in a setting that is safe and free from any form of abuse, harassment or neglect.
- Receive care free from restraints or seclusion unless necessary to provide or maintain medical, surgical or behavioral health care and to support your safety or the safety of those around you.
- Receive proper assessment and management of pain, including the right to ask for or refuse any or all options to manage pain.
- Request a consultation from another healthcare provider.

## **PRIVACY AND CONFIDENTIALITY:**

*You have a right to...*

- Limit who knows about your hospitalization if you so desire.
- Every consideration of privacy, including personal needs. This also means that care discussion, consultation, examination and treatment will be conducted to protect your privacy. You will be advised why certain people are present and have the right to ask others to leave during sensitive discussions or procedures.
- Expect all written communications and records about your treatment be treated as strictly confidential except in certain cases permitted or required by law, such as suspected abuse or public health hazards. This include written notices that explains how your personal health information will be used and shared with other health care professionals involved in your care.
- Review and request copies of your medical record unless it is restricted by law.

## **HOSPITAL BILL:**

*You have a right to...*

- Review, obtain, request and receive a detailed explanation of your hospital charges and bills and if needed, receive information and counseling on ways to help pay for the hospital bill.
- Request information about any business or financial arrangements that may impact your care.

*If you have concerns relates to billing, the Billing Office at (573) 331-8437 will be happy to handle any financial questions you may have. Representatives are available Monday-Friday from 8 a.m. to 5p.m. CST.*

# *Your Responsibilities...*

*As a patient, family member or representative, you have the right to know important hospital policies and what we expect of you during this hospital stay. We ask that you:*

- Provide accurate and complete information about your health history, hospitalizations, medications and other matters related to your health and report any unexpected changes in your condition.
- Promote your own safety by being an active, involved and educated member of your healthcare team including asking any questions that you may have about your health or safety.
- Provide a copy of your Advance Directive, Living Will, Durable Power of Attorney for Healthcare and any organ/tissue donation permissions to the health care team.
- Recognize and respect the rights of other patients, families and staff. Threats, violence or harassment of other patients and hospital staff will not be tolerated. Any illegal activity that occurs on hospital property will be reported to the police.
- Comply with the hospital's tobacco-free policy. This includes cigarettes, electronic cigarettes, pipes, cigars and snuff and extends from the building to the parking lot and hospital grounds.
- Remind staff to introduce themselves, check your identification before medications or blood is given, explain what the medications is for, round hourly, and to clean their hands before taking care of you.
- Follow the care plans suggested by the healthcare team caring for you. You should work with the team to develop a plan that you will be able to follow and to be responsible for your actions if you refuse care or do not follow instructions.
- Be responsible for paying for the healthcare that you receive as promptly as possible.

## **CONCERNS, COMPLAINTS AND QUESTIONS:**

We strive to treat all patients with compassion and dignity. Sometimes, despite our finest intentions, concerns may arise. If you have any concerns, we encourage you to first discuss them with your physician or ask to speak with the manager of that area so that we may work with you to immediately address your issue.

*If you and your family/representative continue to have concerns, you have the right to the following:*

The review of quality of care concerns, insurance coverage decisions and concerns about your discharge from the hospital and to expect a timely response from the hospital related to any complaint or grievance that may be made in person, by phone or in writing. To share your concerns please contact the following Landmark Hospitals Quality and Patient Safety Departments:

### **Landmark Hospital of Athens**

775 Sunset Drive  
Athens, GA 30606  
(706) 425-1516

**Landmark Hospital of Cape Girardeau**

3255 Independence Street  
Cape Girardeau, MO 63701-4914  
(573) 331-8413

**Landmark Hospital of Columbia**

604 Old 63 N.  
Columbia, MO 65201  
(573) 499-6613

**Landmark Hospital of Joplin**

2040 W. 32<sup>nd</sup> Street  
Joplin, MO 64804  
(417) 627-1302

**Landmark Hospital of Southwest Florida**

1285 Creekside Blvd. East  
Naples, FL 34109  
(239) 529-1843

**Landmark Hospital of Savannah**

800 E. 68<sup>th</sup> St.  
Savannah, GA 31405  
(912) 298-1013

You may also contact the hospital accreditation organization:

**Center for Improvement in Healthcare Quality:**

Telephone: (866) 324-5080, fax (805) 934-8588

Online: [complaint@cihq.org](mailto:complaint@cihq.org)

Mail: P.O. Box 3620, McKinney, TX 75070

State Agencies:

**Georgia Department of Community Health****Healthcare Facility Regulation**

Telephone: (404) 657-5500

Mail: 2 Peachtree Street Suite 33-250, Atlanta, GA 30303-3142

**Florida: Agency for Healthcare Administration**

Telephone: (888) 419-3456

Online: [www.apps.ahca.myflorida.com/hcfc/](http://www.apps.ahca.myflorida.com/hcfc/)

Mail: 2727 Mahan Drive, Tallahassee, FL 32308

**Missouri Department of Health and Senior Services  
Bureau of Health Services Regulation**

Telephone: (573) 751-6303 Fax: (573) 526-3621

Online: [Complaints@health.mo.gov](mailto:Complaints@health.mo.gov)

Mail: P.O. Box 570, Jefferson City, MO 65102-0570

**Utah Department of Health**

Telephone: (800) 662-4157 Fax: (801) 274-0658

Online: [HealthFacilityComplaint@utah.gov](mailto:HealthFacilityComplaint@utah.gov)

Mail: P.O. Box 144103 Salt Lake City, UT 84114-4103