

19. A reasonably safe environment.
20. Know the name and professional status of your caregiver.
21. Obtain, at your expense, another physician's or other professional's opinion about your care.
22. Receive an explanation of your bill and receive information about charges for which you are responsible.
23. Know what hospital rules apply to your conduct as a patient.
24. Reasonable response to your requests.
25. Assessment and control of your pain to the greatest extent possible.
26. To personal and self- image dignity.
27. To have family or representative and his/her own physician notified promptly of admission.
28. To be free from all forms of abuse, harassment, neglect and exploitation.
29. To access protective and advocacy services. Information is provided on these numbers at the end of this pamphlet.
30. To be free from restraints or seclusion that are not medically necessary or used as means of coercion, discipline, staff convenience, or retaliation.
31. Special protection if you are a subject in a research study or clinical trial.
32. Interpretive language service if English is not your native language.
33. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
34. The hospital provides information in a manner tailored to the patient's age, language, and ability to understand.

We further recognize that the professional relationships between physician, patient and hospital staff are important for the best medical care. Indeed, these are your partners in a healthcare team. As part of this team, we expect you to assume the following responsibilities:

### YOU OR YOUR REPRESENTATIVES ARE RESPONSIBLE FOR:

- 1) Give complete information about your medical history and the medications you are taking.
- 2) Letting us know when you do not understand instructions.
- 3) Following the care, treatment and service plan developed for you.
- 4) Accepting the consequences of not following instructions.
- 5) Following the hospital's rules and regulations.
- 6) Showing respect and consideration of the hospital's staff and property as well as other patients and their property.
- 7) Respecting the hospital's visiting rules and regulations and respecting other patient's privacy by keeping noise to a minimum and using appropriate language while in the hospital.
- 8) Letting your physician or nurse know of changes in your health.
- 9) Meeting your financial commitments. You are responsible for your hospital bill and giving information needed to file an insurance claim.
- 10) Letting us know your needs.
- 11) Telling the nursing staff when you have personal valuables with you. The hospital cannot be responsible for items not placed in the hospital safe.
- 12) Patients are responsible for providing complete information and documentation relating to the existence or non-existence of an Advance Directive.

### YOUR SATISFACTION IS OF CONCERN TO US:

If you have concerns regarding any of the items discussed in this document or concerns regarding any aspect of your care, please contact your nurse, physician, the patient representative at extension (816) 276-4252, a social worker at 276-4264 or the Pastoral Care department at (816) 276-4120. On the Research Psychiatric Campus, please contact the patient representative at (816) 235-8133.

You may voice your concerns either verbally or in writing. (Research Medical Center, 2316 E. Meyer Blvd, Kansas City, MO 64132. Attn: Patient Representative) We make every attempt to address your complaints at your bedside. If we are unable to resolve your complaint to your satisfaction within 24 hours, a formal grievance will be initiated. All grievances receive acknowledgement in writing within 7 days and investigations and resolution processes are normally finalized within 7 days. If we are unable to finalize your grievance within 7 days we will keep you informed in writing of the process. You have the right to appeal any decisions that are made and our staff will assist you with this.

If your concerns are not resolved to your satisfaction, you have the right to ask for and receive information about outside agencies that may be able to help you. Your patient representative will assist you with this.. You may also advise the Missouri Department of Health at 1-573-751-6303 or The Joint Commission at 1-800-994-6610 or the Office of Civil Rights at (816) 268-0550 of your concerns.

- (1) Missouri Department of Health Complaint Hotline: (573) 751-6303
- (2) The Joint Commission (TJC): (800) 994-6610
- (3) Department of Health and Human Services Office for Civil Rights: (816) 426-7278
- (4) Primaris: (800) 735-6776
- (5) Child Abuse Hotline: (800) 392-3738



2316 E. Meyer Boulevard  
Kansas City, MO 64132  
(816) 276-4000  
ResearchMedicalCenter.com

*This facility, its programs and activities are accessible to and useable by disabled persons, including persons with impaired hearing and vision.*

***We accept ALL major health insurance plans in the Kansas City area.***



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# Patient Rights and Responsibilities



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# Patient Rights and Responsibilities

## ETHICS CONSULTATION

Sometimes patients and families need help with difficult ethical decisions. At Research Medical Center you may request a consultation with the Ethics Committee. This group consists of doctors, nurses, a hospital administrator, representative from the community, a minister, a social worker and occasionally other individuals such as patient representatives, psychologists, attorneys, etc. Consultations with the Ethics Committee are informal and nonjudgmental. While an Ethics Committee cannot mandate any particular course of action, such as treatment or no treatment, it can make suggestions and help patients, family and providers explore various options. There is no charge for this service.

If you want to request help with difficult choices or discuss ethical questions or issues with someone on the Ethics Committee, please contact your nurse. A member of the Ethics Committee or the hospital staff will contact you, and if a full consultation is appropriate and available, the Ethics Committee will meet with you. The patient/family and possibly others involved in the care will be invited. We believe that through open and honest discussion in a non-judgmental atmosphere, ethical concerns affecting the care of the patient can be satisfactorily resolved.

## HEALTHCARE TREATMENT DIRECTIVES, ADVANCE DIRECTIVES, AND/OR LIVING WILLS

You should talk to your doctor about your choices concerning your healthcare treatment. However, it is also recommended that you write out your wishes to make them clear if you are later unable to communicate them. This process of writing down your wishes can be accomplished by completing a living will, an advance directive, a Health Care Treatment Directive (HCTD) and/or a Durable Power of Attorney for Healthcare (DPAHC).

- A Living Will is a written, signed, dated and witnessed document that allows individuals to state they do not want death prolonging procedures performed. Living Wills are effective if you have a terminal condition, will die in a short time and are unable to communicate your wishes.
- An Advance Directive is a general term used to describe any verbal communication of a competent patient's treatment decisions, or any written document, such as a Living Will or Durable Power of Attorney for Healthcare, signed and dated by a competent patient, that sets forth your treatment decisions.
- A Durable Power of Attorney for Healthcare is a document that provides you with the right to name an individual as an agent to make healthcare decisions for you should you ever be in a situation where you are no longer able to make your own decisions or choose not to make your own decisions. You may choose anyone whom you trust to speak for you to assist your healthcare providers in determining which treatment options you would have chosen for yourself. In Missouri the DPAHC must be notarized; however in Kansas it may either be witnessed by two individuals or notarized.

## ADDITIONAL INFORMATION ABOUT THESE DIRECTIVES:

- Please let your nurse and physician know immediately if you have any type of healthcare treatment directive. It is critical that you discuss any healthcare directives with your family and healthcare

providers. Advance directives assist us with providing you the care you believe to be appropriate to your situation.

- You may make your wishes known verbally to any healthcare provider.
- You may revoke any directive at any time. If you wish to revoke or cancel one of these documents, please notify your physician or nurse.
- We can assist you if you do not have a directive but are interested in invoking one. You may contact your nurse, physician, social worker, a patient representative or the pastoral care department to receive further information and instructions on advance directives. Your attorney may also draft such documents for you.
- This hospital, as a part of HCA Midwest, recognizes both state and federal laws that entitle patients to make personal healthcare treatment decisions. All patients will be provided an appropriate level of care whether or not they have put in writing their wishes about healthcare treatments.
- Your directives will be honored as permitted by law and hospital policy. During the pre-operative, operative and immediate post-operative recovery period and/or any time you might be under anesthesia, your physician may elect to suspend your directive. This will be discussed with you or your surrogate prior to the procedure.
- This hospital, as a part of HCA Midwest, recognizes both state and federal laws that entitle patients to make personal healthcare treatment decisions. All patients will be provided an appropriate level of care whether or not they have put in writing their wishes about healthcare treatments. Advance directives assist us with providing you the care you believe to be appropriate to your situation.

## INTERPRETER AND TRANSLATOR SERVICES...

In order to communicate accurately and effectively in a language you can understand, Research Medical Center provides interpreter and language translator services free of charge. If you, a member of your family, caregiver, or legal representative have a need for these services or for adaptive communication devices, please inform your nurse or a member of the hospital staff.

## RMC NON-DISCRIMINATION POLICY

We make no distinction in the availability of services; admission, transfer or discharge of patients; or in the care we provide based on age, gender, disability, race, color, religion, or national origin. Will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability. In compliance with Federal regulations and the ADA, all patients will be afforded equal opportunities and care.

## PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that our mutual respect for rights and responsibilities will contribute to an improved outcome and greater satisfaction with your care in all care settings within Research Medical Center.

## YOU, OR YOUR REPRESENTATIVE, HAVE THE RIGHT TO:

1. Considerate and respectful care, and to have the decisions made about your care based on your needs. The effectiveness and safety of your care, treatment or services is not based on your ability to pay.
2. Treatment, care and services within the hospital's capacity and mission and in compliance with law and regulation.
3. Obtain complete information about your diagnosis, plan of treatment

and prognosis from your physician in terms you can understand. You may request to amend your record.

4. Receive from your physician the information needed for you to give your permission for any procedure or treatment.
5. Request to refuse treatment and be told what might happen because of your decision in accordance with law and regulation.
6. Expect that should an internal or external review result in the denial of care, treatment, services, or payment, the hospital will make decisions regarding the ongoing provision of care, treatment, services, discharge, or transfer based on your assessed needs. You and/or your family will be involved in these decisions as allowed by law.
7. Participate in developing and implementing your care plan and in resolving dilemmas about your care, treatment and services, and to involve your family or surrogate decision maker, as appropriate and as allowed by law, in your care, treatment, and service decisions.
8. Have an advance directive, such as a living will, health care proxy, or durable power of attorney for health care, concerning treatment; and/or designate a surrogate decision-maker, and expect that the hospital will honor that directive or that decision maker's wishes, as permitted by law and hospital policy.
9. Request a consultation with the hospital Ethics Committee, through your doctor, nurse or any other staff member involved in your care. Members of the Ethics Committee are available to provide information regarding health care decisions, discuss your concerns and support for you, your family, physicians and other caregivers.
10. Have the hospital address your wishes related to end of life decisions.
11. Have, as required by state and federal laws, all activities, conversations, and records related to your medical care kept confidential.
12. Give informed consent for recording or filming made for purposes other than identification, diagnosis, or treatment of your condition. You also have the right to rescind your consent and to request the cessation of any recording or filming.
13. Be informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.
14. Know that the hospital recognizes your right to and need for effective communication:
  - To have visitors, make phone calls and receive mail;
  - To the services of any interpreter or translator to be provided free of charge;
  - To have your communication needs addressed if you have any vision, speech, hearing, language or cognitive impairment and assistive devices provided free of charge.
15. Communicate any concerns about any aspect of your care, without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services, including the ability to request a room change if you are dissatisfied.
16. Confidentiality, privacy and security.
17. To refuse to see anyone not officially involved in your care.
18. To have cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected. This includes the ability to wear clothing and other symbolic items as long as they do not interfere with your care and the right to pastoral and other spiritual services.