

## Patient Rights and Responsibilities

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Form 0002728 (Rev. 06/08)

### PATIENT RIGHTS AND RESPONSIBILITIES

#### **CVRMC believes that a patient's rights and responsibilities are an important part of providing quality health care.**

At CVRMC you are encouraged to actively participate in your healthcare decision making process. Research shows that patients who take part in decisions about their healthcare are more likely to have better outcomes.

#### **Your rights as a patient at Cobre Valley Regional Medical Center include:**

- Considerate and respectful care in a way that supports your dignity and individuality, in a safe setting from abuse or harassment, regardless of your race, color, creed, age, sex, physical handicap, national ancestry, or source of payment. This includes consideration of the special psychological, social, spiritual, and cultural factors that influence your beliefs about illness and death.
- Privacy, comfort, dignity, and freedom from restraints of any form that are not medically necessary.
- A commitment to prevention and management of pain by our medical and nursing staff.
- A reasonable response to your requests and needs for care, within the hospital's capacity, its stated mission, and applicable laws. You have the right to transfer to another facility at your request, or when it is medically recommended.
- Information about your illness, possible treatments and likely outcomes, including significant unanticipated outcomes, and the names and roles of your healthcare providers.
- Participate with your physicians in healthcare decisions, including the right to accept or refuse treatment as permitted by law.
- You have the right to be informed of the medical risks of refusing treatment.
- Participate in the consideration of ethical issues that may arise in your care or in that of your child. You may access the ethics committee by request.
- Continuity of care, and to be informed by physicians and other healthcare providers of available, realistic options when hospitalization is no longer appropriate.
- Have an advance directive ("living will" or similar document), and to name the person of your choice to make healthcare decisions on your behalf to the extent permitted by law.
- Access to a qualified interpreter, at no cost to you, if you aren't fluent in English or you are hearing impaired.
- Review your medical record and have the information explained, except when restricted by law. You have the right to obtain a copy of your medical record, within a reasonable time frame.
- Confidentiality of personal and medical information, unless you have given permission to release information, or unless reporting is required or permitted by law.
- Identify a designated patient support person to participate in your care.
- Have a patient designated support person notified promptly upon being admitted into the hospital.
- Conduct telephone conversations with family and friends and to send and receive mail without hindrance.
- Designate and receive visitors, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member or friend. All patient designated visitors will receive equal privileges and the hospital shall not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Cobre Valley Regional Medical Center reserves the right to restrict visitation for justified clinical reasons to protect the safety of the patient and other patients in the facility. The patient, or patient's representative, has the right to with draw consent at any time.
- To receive the Medicare Important Message Notice and the notice of non-coverage beneficiary discharge rights detailed notice.
- Consent or decline to take part in medical research. If you decline, you have a right to know that your decision will not affect the delivery of services to you.
- Examine and receive an explanation of your bill, regardless of the source of payment and obtain a schedule of hospital rates and charges.
- Receive information, when you are admitted, about our patient rights policies, other hospital rules that may apply to you, and how to resolve complaints about your care.
- Complain, without fear of reprisal, about the care or services you receive.

**Patients Rights and Responsibilities**

- In the case of a postmortem examination of a hospitalized patient, the consenting person has the right to limit the examination and express any concerns, including religious considerations. This individual also has the right to arrange for the postmortem examination to be performed at another institution and/or physician unaffiliated with CVRMC.

**As a patient in our facility, you have the responsibility to:**

- Assure that the financial obligations of your health care are fulfilled as promptly as possible. Provide insurance information and pay your bill promptly so we can continue to serve you and the community.
- Provide accurate, complete information about your present condition, past illness and hospitalizations, medications and other matters relating to your health.
- Report to your health care providers unexpected changes in your medical condition.
- Participate in treatment decisions, follow treatment recommendations and instructions, and inform your healthcare providers when you believe you cannot follow the prescribed treatment, or when you must cancel an appointment.
- Ask questions when you don't understand information or instructions.
- Recognize the effects or lifestyle on personal health, and to take reasonable precautions to remain healthy.
- Be considerate of the needs and rights of other patients, staff and hospital and follow the rules and regulations of the hospital.
- Be considerate of the rights of others in the hospital, and to follow hospital policy about controlling noise, smoking, and number of visitors.
- Provide the hospital with insurance information and to fulfill financial obligations to the hospital.

**Potential Conflict of Rights:**

- When any person raises a concern about the rights and treatment of a neonate, child, or adolescent patient and the rights of their parents or guardians, the hospital shall consult with the Arizona Department of Child Protective Services to ensure that the minor's rights are protected.

**To file a Complaint**

- Any patient or patient's representative that has a concern regarding their visit to Cobre Valley Regional Medical Center may submit a written request for resolution to Cobre Valley Regional Medical Center, Risk Management Department, 5880 S. Hospital Drive, Globe, AZ 85501.
- Verbal requests for resolution may be made to the department director by calling Cobre Valley Regional Medical Center and asking for the director of the department. In the event that the concern is not resolved to the satisfaction of the patient or their representative, they may contact Hospital Administration or the Board of Directors.
  - Cobre Valley Regional Medical Center (928) 425-3261
  - Board of Directors (928) 402-1121
- A patient or patient representative has the right to report their unresolved concerns to Arizona Department of Health Services, Medical Facilities, 150 N 18th Avenue, Phoenix, Arizona 85007.

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within the Hospital and how we may disclose it to others outside the Hospital. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions.

### **HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?**

**Treatment:** We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your Hospital medical record to assist in your treatment at the Hospital and for follow-up care.

We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Patient Directory:** In order to assist family members and other visitors in locating you while you are in the Hospital, the Hospital maintains a patient directory. This directory includes your name, room number, your general condition (such as fair, stable, or critical), and your religious affiliation (if any). We will disclose this information to someone who asks for you by name, although we will disclose your religious affiliation only to clergy members. If you do not want to be included in the Hospital's patient directory, please contact the HIM department (Medical Records) in writing.

**Family Members and Others Involved in Your Care:** We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want the Hospital to disclose your medical information to family members or others who will visit you, please advise caregiver.

**Payment:** We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

**Hospital Operations:** We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run the Hospital. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether Hospital personnel, your doctors, or other health care professionals did a good job.

Many of our patients like to make contributions to the Hospital. The Hospital or its foundation may contact you in the future to raise money for the Hospital. If you do not want the Hospital or its foundation to contact you for fund-raising, please notify HIM department (Medical Records), at 5880 S. Hospital Dr., Globe, AZ 85001 in writing.

**Research:** We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

**Required by Law:** Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the Arizona Workers' Compensation Program for work-related injuries.

**Public Health:** We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State of Arizona. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

**Public Safety:** We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the Hospital. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may disclose medical information to a government agency that oversees the Hospital or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor the Hospital's compliance with state and federal laws.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**Organ and Tissue Donation:** We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The Hospital may also disclose medical information to federal officials for intelligence and national security purposes or for presidential Protective Services.

**Judicial Proceedings:** The Hospital may disclose medical information if the Hospital is ordered to do so by a court or if the Hospital receives a subpoena or a search warrant. You will receive an advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

**Information with Additional Protection:** Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, the Hospital is required to get your permission before disclosing that information to others in many circumstances.

**Other Uses and Disclosures:** If the Hospital wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, the Hospital will seek your permission. If you give your permission to the Hospital, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify the HIM department (Medical Records) in writing.

## **WHAT ARE YOUR RIGHTS?**

**Right to Request Your Medical Information:** You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, write to HIM Department (Medical Records), 5880 S. Hospital Dr., Globe, AZ 85501. If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

**Right to Request Amendment of Medical Information you Believe is Erroneous or Incomplete:** If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, write to HIM department (Medical Records).

**Right to Get a List of Certain Disclosures of Your Medical Information:** You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, write to HIM department (Medical Records). We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

**Right to Request Restrictions on How the Hospital will Use or Disclose your Medical Information for Treatment, Payment, or Health Care Operations:** You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the Hospital. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to HIM department (Medical Records) and describe your request in detail.

**Right to Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, write HIM department (Medical Records). You can also ask to speak with your health care providers in private outside the presence of other patients — just ask them!

**Right to a Paper Copy:** If you have received this notice electronically, you have the right to a paper copy at any time.

## **CHANGES TO THIS NOTICE**

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time by contacting the hospital.

## **WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?**

This Notice of Privacy Practices applies to the Hospital and its personnel, volunteers, students, and trainees. The notice also applies to other health care providers that come to the Hospital to care for patients, such as physicians, physician assistants, therapists, other health care providers not employed by the Hospital, emergency service providers, medical transportation companies, and medical equipment and suppliers who come to the Hospital. The Hospital may share your medical information with these providers for treatment purposes, to get paid for treatment, or to conduct health care operations. These health care providers will follow this notice for information they receive about you from the Hospital. These other health care providers may follow different practices at their own offices or facilities.

## **DO YOU HAVE CONCERNS OR COMPLAINTS**

Please tell us about any problems or concerns you have with your privacy rights or how the Hospital uses or discloses your medical information. If you have a concern, please contact HIPAA Officer at (928) 402-1167.

If for some reason the Hospital cannot resolve your concern, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

## **DO YOU HAVE QUESTIONS?**

The Hospital is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how the Hospital may use and disclose your medical information, please contact Joan Cormack, HIPAA Officer at (928) 402-1167.