

MERCY REGIONAL MEDICAL CENTER
PATIENT BILL OF RIGHTS and RESPONSIBILITIES

06/2015

We encourage you, as a patient at Mercy Regional Medical Center, to speak openly with your health care team, take part in your treatment choices, and promote your own safety by being well informed and involved in your care. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities during your stay at our hospital. We invite you and your family to join us as active members of your care team.

Patient Rights

1. You have the right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities.
2. You have the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
3. You have the right to be told the names of your doctors, nurses, and all health care team members directing and/or providing your care.
4. You, and family, and friends with your permission, have the right to participate in decisions about your care, treatment and services provided, including the right to refuse treatment to the extent permitted by law. If you leave the hospital against the advice of your doctor, the hospital and doctors will not be responsible for any medical consequences that may occur.
5. You have the right to agree or refuse to take part in medical research studies. You may withdraw from a study at any time without impacting your access to standard care.
6. You have a right to make decisions about your care and to refuse treatment to the extent permitted by law and be informed of the medical actions.
7. You have the right to make an advance directive, appointing someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and help to complete one.
8. Effective management of pain as appropriate to the medical diagnosis or surgical procedure.
9. Consideration of privacy in case discussion, consultation, examination and treatment. You may request transfer to another room if another patient or visitor in your room is unreasonably disturbing to you.
10. You have the right to be told by your doctor about your diagnosis and possible prognosis, the benefits, and risks of treatment, and the expected outcome of treatment, including unexpected outcomes.
11. You have the right to be involved in your discharge plan. You have the right to request a discharge planning evaluation and have the evaluation performed upon request. You can expect to be told in a timely manner of the need for planning your discharge or transfer to another facility or level of care. Before your discharge, you can expect to receive information about follow-up care that you may need.
12. You have the right to receive detailed information about your hospital and physician charges.
13. You have the right to have your pain assessed and to be involved in decisions about treating your pain.
14. You have the right to be free from restraints and seclusion as a means of coercion, convenience, or retaliation by staff. If seclusion or restraints are used, they must be used in accordance with the plan of care and may be used only as a last resort and in the least restrictive manner possible to protect you from harm.
15. You can expect full consideration of your privacy and confidentiality in care discussions, exams, and treatments. You may ask for an escort during any type of exam.
16. You have the right to communication that you can understand. The hospital will provide sign language and foreign language interpreters as needed at no cost. Information given will be appropriate to your age, understanding, and language. If you have vision, speech, hearing, and/or other impairments, you will receive additional aids to ensure your care needs are met.
17. You can expect that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records. You may add information to your medical record by contacting the Health Information Management Department. You have the right to request a list of people to whom your personal health information was disclosed.
18. You have a right to give or refuse consent for recordings, photographs, films or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent until a reasonable time before the item is used.
19. You have a right to information about hospital policies that relates to your care. You have the right to express a concern or make a complaint.
20. If you or a family member needs to discuss an ethical issue related to your care, the Ethics Committee can be notified by contacting the nursing department.
21. You have the right to spiritual services. Ministers of Faith are available. Nursing has a list of who is on call and they will be contacted per your request.
22. You have the right to voice your concerns about the care you receive. Concerns expressed will not affect your care delivery. If you have a problem or complaint, you may talk with your doctor, nurse director, or administrator. If not resolved, the Mercy Regional Medical Center contact number is 337-360-9700 or 337-580-7825. To file complaints with the Louisiana Department of Health, write LA Department of Health, P.O. Box 3767, Baton Rouge, Louisiana 70821-3767 or call 1-866-280-7737. You may contact the Joint Commission by emailing complaint@jointcommission.org or 1-800-994-6610.
23. You or your support person (when appropriate) have the right to be informed subject to his or her consent to receive the visitors whom he or she designates including, but not limited to, a spouse, a domestic partner (including same sex domestic partner) another family member, or friend, and his or her right to withdraw or deny such consent at any time.
24. You have the right to be informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.

Patient Responsibilities:

1. You are expected to provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required.
2. You are expected to pay your bills in a timely manner.
3. You should provide the hospital and/or your doctor with a copy of your advance directive if you have one.
4. You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
5. You are expected to ask questions when you do not understand information or instructions. If you believe you can't follow through with your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care, treatment and service plan.
6. You are responsible for reporting unexpected changes in your condition to the responsible practitioner.
7. You are expected to actively participate in your pain management plan and to keep your doctors and nurses informed of the effectiveness of your treatment.
8. Please leave valuables at home and only bring necessary items for your hospital stay.
9. You are expected to treat all hospital staff, other patients and visitors with courtesy and respect; abide by all hospital rules and safety regulations, and be mindful of noise levels, privacy and number of visitors.
10. You have the responsibility to keep appointments, be on time, and call your health care provider if you cannot keep your appointments.
11. You are responsible for reporting whether you clearly understand a contemplated course of action and what is expected of you.

Mercy Regional Medical Center Nondiscriminatory Statement

Mercy Regional Medical Center does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact Section 504 Coordinator, 337-363-5684.