



## Patient Rights and Responsibilities

We at Mobridge Regional Hospital and Clinics and Prairie Sunset Village are dedicated to providing you with the best possible health care in a respectful and professional manner that fosters patient dignity by recognizing and respecting patient rights which directly affect their care. To promote autonomy, dignity, and respect for personal values, beliefs, and care preference. To ensure the patient, their families, or their designee are aware of their rights and responsibilities.

It is the policy of Mobridge Regional Hospital and Clinics (MRH&C) to support and inform each patient of their rights and responsibilities. These rights are extended to each patient regardless of the patient's age, sex, race, creed, national origin, ethnic group, religion, economic or cultural background or source of payment. All hospital staff should treat you with respect and courtesy. Your race, religion, gender, or ability to pay will not affect the care you receive.

The Patient Rights & Responsibilities for MRH&C are as follows. Individual patients of MRH&C referred to as "you" in the remainder of policy text.

### Patient Rights:

- 1. Respectful Care:** You have the right to be treated with dignity, concern, and respect. You have the right to care that takes into account the social, spiritual, and cultural matters that have an effect on your illness. You will be treated with respect regardless of your age, race, ethnicity, national origin, culture, color, religion, language, physical and/or mental status, sex, sexual orientation, gender identity or expression, or your ability to pay.
- 2. Complete Information:** You have the right to and are encouraged to obtain from your doctor complete and current information about your diagnosis, treatment, and treatment outcomes in words you can understand. You have the right to know the names and roles of the professionals taking care of you. You have the right to know when something goes wrong with your care.
- 3. Care Decisions:** You have the right to participate in making decisions about the medical care you receive. Others may be included in care decisions, but you have the right to agree to, or to refuse, treatment as permitted by law and hospital policy, and to know the risks and benefits of your decisions. If you refuse a suggested treatment, you will receive other care and services as needed. The hospital will make every attempt to provide you with care based on the seriousness of your illness and the hospital's ability to treat you. You can expect to be told about care alternatives when hospital care is no longer appropriate. When medically proper and legally permitted, or on your request, you may be transferred to another facility. Upon your request, you have the right to have family member or representative and your own doctor notified promptly on your admission to the hospital.
- 4. Restraints:** You have the right to be treated in the least restrictive way that preserves your safety and that of other patients and staff. This means that you will be free from physical restraints and excessive medications unless necessary for the protection of your health or safety.

**5. Pain Management:** You have the right to receive information about pain and pain relief measures. You can expect staff commitment to pain management and health professionals who respond to your reports of pain.

**Advanced Directive:** You have the right to have an advance directive such as a living will, health care proxy or durable power of attorney for health care. You have the right to have hospital staff and other health care providers in the hospital act in accordance with these directives. These documents state your wishes about treatment or name someone to decide for you if you are unable to do so.

1 \*Privacy: You have the right to every consideration of privacy. All parts of your medical care, examination and treatment will be conducted so as to protect your privacy.

2 \*Confidentiality: You have the right to expect that all communications and records related to your care will be treated as confidential by the hospital, except when reporting is permitted or required by law.

3 \*Security: You have the right to have all care and treatments provided to you in a safe and secure area, free from neglect and abuse.

4 \*Communication: You have the right to expect unrestricted access to communication. When it is necessary to restrict visitors, mail, telephone calls or other forms of communication as a part of your care, you have the right to be included in any such decision. You have the right to expect any communication to be given in a language you can understand.

7. **Review Records:** You have the right to review the records related to your medical care and to have the information explained or interpreted as necessary, except when restricted by law. You have the right to access this information within a reasonable time frame. You have the right to request amendments or corrections to your medical record.

**Business Relationships:** You have the right to ask about, and be informed of, the existence of business relationships among the hospital, educational institutions, other health care providers or payers that may influence your treatment or care.

8. **Research Treatment:** You have the right to know about research or experimental treatment that your doctor may make available. You have the right to consent to or refuse to participate in proposed research studies or experimental care.

9. **Hospital Policies:** You have the right to be informed of hospital policies and practices that relate to patient care treatment and responsibilities. You have the right to be informed of available resources for resolving problems or questions about quality of care. You have a right to be informed of the hospital's charges for service and available payment methods.

10. **Grievance:** You have the right to file a written or verbal grievance to the Director of Quality and Compliance at 605-845-8282.

**Visitation:** You (or your support person) have the right, subject to your consent, to receive the visitors you designate, including but not limited to a spouse, domestic partner, or another family member, or a friend; you have the right to withdraw or deny such consent at any time. Visitation privileges will not be restricted, limited, or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Some patient care units may have clinically necessary or reasonable restriction of visitation because of patient's condition. You will be advised of specific visitation policies upon arrival to the patient care unit, if applicable.

**Patient Responsibilities:**

1. **Correct and Full Information:** You are responsible for providing information to health care providers about symptoms, past illnesses, hospitalizations, medications or other pertinent information. You are responsible for informing your health care providers about any changes in your condition.

2. **Responsibility for Your Actions:** To participate fully in decision-making, you are encouraged to take responsibility for asking questions about your care. You are responsible for following the care, service or treatment plan developed for you. You should express any concerns you have about your ability to follow and comply with the proposed care plan or course of treatment. You are responsible for understanding the consequences of the treatment alternatives and not following the proposed plan. You are responsible for the outcomes if you do not follow care instructions, service expectations, and/or treatment plans. You are responsible for keeping appointments and notifying the appropriate health service staff if unable to do so.

3. **Pain Management:** You are responsible for expressing your expectations regarding pain and pain management and discussing pain relief options with your doctors and nurses. Please work with them to appropriately assess your pain and develop a pain management plan. Ask for pain relief when your pain first begins and tell your doctor or nurse if your pain is not relieved.

4. **Advance Directive:** You are responsible for making sure that the hospital has a copy of your living will and/or durable power of attorney for health care if you have one.

5. **Following Rules and Regulations:** You are responsible for following the hospital's rules and regulations concerning patient care and conduct. Please also consider the privacy and rights of others when you have visitors or are using the television, radio, or telephone.

**Payment of Bills:** You are responsible for providing necessary insurance information and for working with the hospital to make payment arrangements when necessary.

**THANK YOU FOR CHOOSING THE MOBRIDGE REGIONAL HEALTHCARE TEAM!**