

1. **Right** to reasonable, impartial access to care regardless of age, race ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
2. **Right** to care that is considerate and respectful of your personal values and beliefs.
3. **Right** to an environment that preserves your dignity and contributes to a positive self-image.
4. **Right** to effective communication including information tailored to your age, language, and ability to understand. You also have the right to language interpreting and translation services, as well as information meeting your specific needs if you have vision, speech, hearing, or cognitive impairments.
5. **Right** to receive a written statement of your rights in a language you can understand.
6. **Right** to have your own physician notified promptly of your admission to the hospital. You have the right to have a family member or your representative notified of your admission to the hospital.
7. **Right** to know the identity and job title of people providing your care and the doctor responsible for your treatment.
8. **Right** to appropriate assessment and management of your pain.
9. **Right** to be informed about and participate in decisions regarding your care.
10. **Right** to designate a decision-maker, in accordance with law and regulation, to make decisions in your care, treatment, and service in case you cannot understand proposed treatment or procedures or you are unable to communicate your wishes regarding care.
11. **Right** to be informed or have your surrogate decision-maker informed regarding both anticipated and unanticipated outcomes of care, treatment, and services as is needed in order to participate in current and future healthcare decisions.
12. **Right** to receive information from your doctor which will enable you to give or withhold consent to a procedure or treatment. This includes a clear, concise explanation of the procedure and/or treatment to be performed, and the possible risks, benefits, and alternatives of the procedure/treatment.
13. **Right** to refuse treatment to the extent permitted by law and to be informed of the consequences of such treatment. When the refusal of treatment by you, or your surrogate decision-maker, prevents the provision of appropriate care in accordance with ethical and professional standards, the physician, upon reasonable notice, may terminate his/her relationship with you.

## PATIENT RIGHTS & RESPONSIBILITIES

14. **Right** to protection and respect of your rights during research, investigation, and clinical trials.
15. **Right** to refuse to participate in experimental research. Your consent or refusal must be documented in the medical record.
16. **Right** to receive a complete explanation of risks, benefits, and alternatives if transfer to another healthcare facility is necessary.
17. **Right** to leave the hospital against the physician's advice to the extent permitted by law. Once you leave the hospital "against medical advice", neither the hospital nor your physician will be responsible for any harm this action might cause to you or others.
18. **Right** to formulate, review and revise Advanced Directives (Living Will and/or Durable Power of Attorney for healthcare) as required by the Patient Self Determination Act.
19. **Right** to expect personal privacy and confidentiality of information. Appropriate confidentiality and discretion shall be used in case of discussion, consultation, examination and treatment. Anyone not involved with your care must have your written permission to review your medical record. All communication and records, including sources of payment are confidential.
20. **Right** to a timely response when you request access to, an amendment to, and/or information on disclosure your health information, in accordance with law and regulation.
21. **Right** to unrestricted access to communication such as mail or telephone calls unless your physician or caregivers deem restrictions medically necessary. If restrictions are medically necessary, you have the right to a full explanation and to participate in the decision.
22. **Right** to choose who may visit during your hospital stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including same-sex domestic partner), or other type of visitor. You have the right to withdraw consent to visitation at any time. Visitation may be restricted by the hospital based on reasonable clinical needs and/or medically appropriate circumstances.
23. **Right** to give or withhold informed consent to produce or use recordings, films, or other types of images of you for purposes other than your care.
24. **Right** for you, your surrogate decision-maker, or family to access an ethics consult as needed, for issues pertaining to (but not limited to) conflict resolution, withholding resuscitative services, forgoing or withdrawal of life-sustaining treatment, and participation in investigational studies or clinical trials.
25. **Right** to receive care in a safe setting.
26. **Right** to be free from neglect, exploitation, and verbal, mental, physical, and sexual abuse.

## PATIENT RIGHTS & RESPONSIBILITIES

27. **Right** to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.
28. **Right** to voice complaints about your care and to have those complaints reviewed and, when possible, resolved. You have the right to have the results of that review and/or resolution communicated to you in writing. To place a formal complaint or grievance you may do so by phone:

TrustPoint Hospital Compliance Hotline:	1-888-610-6593
The Joint Commission:	1-800-994-6610
Tennessee Department of Health:	1-877-287-0010
Adult Protective Services:	1-888-277-8366
Child Protective Services:	1-877-237-0004

29. **Right** to access protective and advocacy services.
30. **Right** to religious and other spiritual services.
31. **Right** to receive an itemized and detailed explanation of the total hospital bill, regardless of the source of payment.

Along with the rights of the patient, each patient has a set of responsibilities. These responsibilities include:

1. Providing information that facilitates their care, treatment, and services.
2. Asking questions or acknowledging when he or she does not understand the treatment course or care decision.
3. Following instructions, policies, rules, and regulations in place to support quality care for patients and a safe environment for all individuals in the hospital.
4. Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.
5. Meeting financial commitments.

**PATIENT RIGHTS & RESPONSIBILITIES**

**STATEMENT THAT YOU HAVE RECEIVED A COPY OF THE PATIENT RIGHTS AND RESPONSIBILITIES AND THAT IT HAS BEEN EXPLAINED TO YOU**

I acknowledge that I have received a copy of the Patient Rights and Responsibilities and the contents have been explained to me in a language that I understand.

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Signature of Patient or Legal Representative

Date / Time

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Signature of Witness

Date / Time

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Signature of 2<sup>nd</sup> Witness (if obtained via telephone)

Date / Time