

**Floyd Health System**  
**Patient Rights & Responsibilities**  
**Nondiscrimination & Accessibility**

As a patient of the Floyd Health System, we will treat you and your family without regard to race, nationality, religion, beliefs, age, disability, sex, or source of payment. You will receive services and care that are medically necessary and within the Floyd Health System's services, its stated mission and required by law and regulation. The following reflects your rights and responsibilities as we work with you to provide your care.

**You have the right to considerate and respectful care:**

- Participate in your treatment choices, to speak openly with your health care team and to promote your own safety by being well informed including getting information in a way that you can understand.
- Know the names of the individuals who care for you, what they do, who they work for and their skill level. Have an adequate number of competent, qualified professional clinical staff to supervise and carry out your treatment or plan of care.
- Receive appropriate assessment and management of pain.
- Be told what you can expect from your individualized treatment, its risks and benefits, other choices you may have and what might happen if you are not treated at all.
- Request a consultation by another health care provider (at your cost).
- Request care. Care and services requested must be medical necessary.
- Refuse care. There will be times that care must be provided based upon current law.
- Be free from restraint or seclusion, unless needed in limited circumstances for your care.
- Receive quality care with high professional standards that are continually maintained and reviewed regardless of the source of payment.
- Be involved in research, clinical trials or donor programs only if you agree in writing.
- Receive care in an environment free from any form of abuse or harassment.
- As a hospital patient, be given information about any ongoing care you may need after you leave the hospital and participate in that plan of care. Have access to treatment facilities that are available and medically indicated if we are not able to meet your request or need for care or service. If the receiving facility accepts your transfer, you will receive a prompt and safe transfer to the care of that facility.
- Expect emergency care to be implemented without any unnecessary delay.

**You have the right to be involved in your care:**

- Make sure we wash or foam our hands before caring for you.
- Ask questions. Be involved in all aspects of your care and take part in decisions about your care.
- Designate a support person or have community protective services, if needed, to act on your behalf to assert and protect your needs.

**You have the right to appropriate communication:**

- Request auxiliary aids or an interpreter when necessary at no cost to you.
- Meet with an ethicist, chaplain or advocate.
- Have your complaints handled fairly and without fear of reprisal or discrimination.
- See your bills and have them explained to you including financial counseling on ways to help pay your bill. Request information about any business or financial arrangements that may impact your care.
- Receive a Notice of Privacy which explains how your health information may be used or disclosed.
- If a hospital patient, have your doctor and friend or member of your family told that you are in the hospital and be present during your stay or provide support (unless their presence interferes with others rights, safety or is medically contraindicated).

**You have the right to respect and privacy:**

- Limit who knows about you receiving care at any of our facilities.
- Formulate advance directives and have your directives followed. The lack of an Advanced Directive does not limit access to care.
- Receive respect for your cultural and spiritual beliefs including the ability to make choices based upon those beliefs.
- Receive private and confidential care. You may request only certain individuals to be present when your care is being discussed.
- Expect confidentiality of your medical information including who is paying for your care.
- Expect to get your permission before taking photos, recording or filming you except as needed to treat you.
- Request copies of your medical records, request to amend your medical records and request a list of individuals or entities who have received your health information.
- As a hospital patient, designate any individuals who may visit during your stay or decline visitors. Visitors may be limited in order to better serve your needs. Any restrictions will be determined with your full participation, your caregiver/family and health care providers.

As a patient of the Floyd Health System, you and your family have responsibilities.

**Provide information:**

- Provide accurate and complete information, to the best of your knowledge, regarding present and past illnesses, hospitalizations, medications and other matters relating to your health including any condition that puts you at risk. Ask questions and be involved in your care.
- Provide a copy of any Advanced Directive, Living Will or Durable Power of Attorney for Health Care and any organ/tissue donation permissions.
- Provide accurate health insurance and guarantor information.

**Cooperation:**

- Follow your treatment plan as recommended by the healthcare provider primarily responsible for care.
- Follow Health System rules and regulations affecting patient care and conduct. Be respectful and considerate of the rights of other patients, guests, and facility properties. Comply with the Health System No Tobacco Policy.
- Refrain from conducting any illegal activity on facility property as it will be reported to local law enforcement. Understand all threats, violence or harassment of other patients and staff will not be tolerated.
- Accept accountability for refusing treatment or not following the healthcare provider's instructions.

**Safety:**

- As a hospital patient, remind us to check your ID band before giving you medicine or blood and if having surgery, confirm to us which part of your body will be operated on.
- Report any unexpected changes in your condition.
- Be informed about your medications and why you are taking them.
- Ask all staff to identify themselves.
- Safeguard all personal belongings.
- Communicate any conditions that put you at risk such as allergies or hearing problems.

**Charges:**

- You or your guarantor are responsible for assuring all financial obligations relating to your healthcare are timely fulfilled.
- No one will be denied treatment based upon an inability to pay.

If you have a question or a complaint and our staff has been unable to resolve your concern, you may utilize our grievance process by contacting the Service Excellence Coordinator at 706.509.5195, Compliance/ Section 1557 Coordinator at 706.509.3283, 706.509.5197, the operator ("0") or 706.509.5600 (TTY).

You may also contact the Corporate Compliance Department:

Corporate Compliance Department  
420 E. 2<sup>nd</sup> Avenue, Suite 103  
Rome, GA 30161  
Phone: 706.509.3283 or 706.509.5197  
Fax: 706.509.3289  
TTY: 706.509.5600

If the concerns cannot be resolved through the organization's established mechanisms you may contact any of the following agencies:

Joint Commission on Accreditation of Healthcare Organizations  
Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
Phone: 800.994.6610

E-mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)  
Peer Review Organization  
Phone: 404.982.0411

Office of Civil Rights ~ Southeast Regional Office  
U.S. Department of Health & Human Services  
Phone: 800.368.1019 800.537.7697 (TDD)  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

GA Department of Community Health  
Healthcare Facility Regulation Division  
2 Peachtree Street NW ~ 31<sup>st</sup> Floor  
Atlanta, GA 30303-3142  
Phone: 800.878.6442 Fax: 404.657.5731  
Website: <http://dch.georgia.gov>

GA Department of Behavioral Health and Developmental Disabilities  
2 Peachtree Street NW ~ 24<sup>th</sup> Floor  
Atlanta, GA 30303  
Phone: 888.785.6954 or 404.657.5964  
Fax: 404.657.5731  
Website: <http://dbhdd.georgia.gov>

Alabama Department of Public Health  
Healthcare Facility Regulation Division  
201 Monroe Street  
Montgomery, AL 36104  
Phone: 800.356.9596  
Website: <http://www.adph.org>

*Copias en español a petición.*

**Sign language, TTYs, and other auxiliary aids and services are available free of charge to people who are deaf or hard-of-hearing. For assistance, please contact any Hospital Personnel or the Switchboard Operator by dialing 706-509-5000 (voice) Or 706-509-5600 (TTY).**



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