

## PATIENT'S RIGHTS & RESPONSIBILITIES

**Sturdy Health Is Committed To Providing High-Quality Care Efficiently and Compassionately.**

Federal, state, and accrediting organizations mandate certain patient rights and patient responsibilities. As part of our commitment to you, we have listed your **Patient Rights and Responsibilities** below. It is important that you are aware of your rights and responsibilities related to the care we provide you. Your Sturdy Health care team will also educate you and your family about these rights and responsibilities, particularly in regard to facilitating the safe delivery of care, treatment, and services.

### YOUR PATIENT RIGHTS

- Be treated in a caring, polite, and respectful way, and have questions or requests for information answered courteously.
- Be informed of your health status and participate in the development and implementation of the plan of care
- Request the name and specialty of the provider responsible for coordinating your care and the role of all others involved in that care
- Make informed decisions regarding your care, not to be construed as a mechanism to demand treatment or services deemed medically unnecessary or inappropriate.
- Refuse diagnostic and treatment procedures; nevertheless, to still receive the best care that your health care team can offer under the circumstances.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability and not on the basis of fear or prejudice. Services will be furnished based on the medical necessity and appropriateness of the admission or service as well as applicable requirements of federal and state law and regulations regarding the types of treatment that may appropriately be furnished at a particular hospital.
- To have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- The right to full and equal visitation, and the right to deny or withdraw consent from such visitation.
- To request pastoral and other spiritual services.
- The right to an interpreter to meet your communication needs. This right provides for those who are not proficient in English and for individuals who have hearing or vision impairment.
- To receive care in a safe environment and to be free from all forms of abuse or harassment
- To expect evaluation and treatment of pain.
- To be examined and speak in private with a provider.
- To refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
- To have an advance directive, such as a health care proxy, which tells the hospital and provider how you want to be treated and whom you want to make decisions for you if you cannot speak for yourself at the time. The person you choose in your proxy is your Health Care Agent.
- To have a family member or personal representative and your own physician notified of your admission to the hospital.
- To confidentiality of all records and communications concerning your medical history and treatment to the extent provided by law.

### **YOUR PATIENT RIGHTS (continued)**

- To a prompt response to all reasonable requests.
- To request and receive an explanation as to the relationship, if any, of this hospital and your provider to any other healthcare facility or educational institution, insofar as any such relationship relates to your care.
- To request and receive information about financial assistance and free health care.
- To obtain a copy of any rules or regulations of this hospital. This may apply to your conduct as a patient.
- To receive written notice of how your health information will be used and shared in order for you to receive the highest quality of care. This is called our Privacy Notice and it contains patient rights and our legal duties regarding your health information.
- To receive beneficiary notices of non-coverage and the right to appeal premature discharge and Medicare Outpatient Observation Notice (MOON).
- Upon request to inspect your medical records, request an amendment to, or receive an accounting of disclosures regarding personal health information, and for a reasonable fee, receive a copy of your record.
- To access your medical record, including current medical records, upon oral or written request, in an acceptable available format within a reasonable time frame. Hospitals are required to maintain medical records for at least 20 years.
- To refuse to be observed, examined or treated by students or any other staff without jeopardizing your access to care.
- To prompt life-saving treatment without discrimination due to economic status or source of payment.
- If you are a female sexual assault victim of childbearing age, to receive medically and factually written information prepared by the commissioner of public health about emergency contraception; to be promptly offered emergency contraception; and to be provided with emergency contraception upon request.
- To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
- To informed consent to the extent provided by law.
- To request and receive an itemized explanation of your medical bill.

### **YOUR PATIENT RESPONSIBILITIES**

- Provide accurate information to the best of their knowledge about present medical conditions, past illnesses, hospitalizations, medications, and other information.
- Ask questions, as appropriate, when they do not understand their care, treatment, and service or what they are expected to do.
- Comply with treatment instructions or communicate concerns about their ability to follow the proposed plan of care.
- Assume responsibility for the outcomes if they do not follow the care/treatment plan.
- Follow hospital rules and regulations. Maintain a smoke-free environment.
- Show respect and consideration of the hospital's staff by maintaining civil language and conduct in interactions with staff, providers, and licensed independent practitioners.
- Meet financial commitments as agreed to with the hospital.

### **YOUR RIGHT TO ADVOCATE FOR YOUR HEALTH**

You, your family, significant other, or guardian have the right and are encouraged, to tell us when you believe something is wrong with the care being delivered, as well as to seek assistance when you or the patient's condition seems to be changing or deteriorating. You can do this by informing your nurse, or any care team member or by calling the extension located on the bottom of your or the patient's whiteboard located in the hospital room.

### **YOUR POSITIVE COMMENTS**

At Sturdy Health, we strive to provide Exceptional Care Every Time. If you have had such an experience during your stay, we would love to hear it! Your feedback is invaluable, and we welcome the chance to share your comments with your care team. Here is how you can share your praises with us.

- Talk to us - Speak directly with a Sturdy Health team member.
- Write to us – Send a note to our health system president.

Aimee Brewer, MPH  
President and CEO  
Sturdy Health  
211 Park Street | PO Box 2963  
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### **YOUR RIGHT TO SHARE A CONCERN OR FILE A COMPLAINT/GRIEVANCE**

If you have a concern, complaint, or grievance that cannot be resolved with a member of your care team (physician, provider, nurse, etc.), please contact our Medical Staff Office at (508) 236-7910. It is important to know that your care will not be affected in any way if you share a concern, complaint or grievance. If you choose not to speak with the hospital care team, you have the right to file a quality of care complaint/grievance with the following organizations.

Massachusetts Department of Public Health | Division of Health Care Safety & Quality  
67 Forest Street, Marlborough, MA 01752 | Telephone: (617) 753-8000

Massachusetts Board of Registration in Medicine  
200 Harvard Mill Square, Unit 330, Wakefield, MA 01880

DNV Healthcare USA, Inc. | ATTN: Hospital Complaints  
4435 Aicholtz Road, Suite 900, Cincinnati, OH 45245  
Fax: (281) 870-4818 | Phone: (866) 496-9647  
Email: [hospitalcomplaint@dnv.com](mailto:hospitalcomplaint@dnv.com) | Online: [www.dnvhealthcare.com](http://www.dnvhealthcare.com)