



Inpatient, Observation, & Outpatient

Patient Rights and Responsibilities

Ferry County Public Hospital District #1 Patient Rights and Responsibilities policies reflect on the importance of respect and privacy, confidentiality and consent for care for each and every patient.

All Patients have the right to receive care in a safe setting where you are informed about your health, treatment and recovery. Each patient has the right to personal privacy and rights to complete information about your hospital bill.

Patient Rights

You have the right to:

- Be treated with courtesy, dignity, and respect by all hospital staff. To be free from discrimination against race, color, religion, sex, age, national origin, sexual orientation, disability or source of payment and other factors.
- Be well informed about your illness or injury, possible treatments and likely outcome of these treatments.
- Your medical provider has the responsibility to discuss this information with you or your chosen representative.
- Have a family member (or a representative of your choice) and your medical provider notified promptly of your admission to the Hospital.
- Have access to people outside the Hospital whom you designate, whether a spouse, domestic partner (including same sex partner), another family member, or a friend, regardless of race, color, national origin, sex, gender, identity, sexual orientation, or disability. The right to withdraw or deny such visitor consent at any time.
- Participate, or have your representative participate in the development and implementation of your plan of care.
- Know the name and role of each person who assists in your care.
- Accept and refuse any treatment permitted by law. If you refuse a recommended treatment, you have the right to receive all other needed and available care.
- If you are a Medicare beneficiary, you have the right to receive a notice of your discharge rights, a notice of non-coverage rights, and be notified of your rights to appeal your discharge.
- To be informed about unanticipated outcomes of care, treatment or services.
- Formulate advance directives, and have the hospital staff and others who provide care in the hospital comply with these directives.
- To assign someone legally, to exercise the rights listed above on your behalf, if you are unable to exercise them.
- Receive care in a safe setting, free from abuse or harassment.
- Be shown consideration for your personal privacy. The Hospital, your medical provider and others will protect you as much as possible.
- Review your medical records and have the information explained to you.



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- Know that your medical records will remain confidential and will be released only with your written permission or if the law specifically requires or permits reporting. When we release records to other (such as insurance companies), we remind them that the records are to be kept confidential.
- Choose whether to participate in research efforts, which may affect your care. If you choose not to participate, you will receive the most effective care the hospital otherwise provides.
- Be told of reasonable alternatives for your care when acute inpatient hospital is no longer appropriate.
- Be informed about hospital rules that affect you and your treatment.
- Receive an explanation of your bill regardless of your source of payment and receive information or be advised of availability any sources of financial assistance.
- Participate in the discussion of ethical issues that may arise during your treatment.
- Know about hospital resources (such as team-patient conferences) that can answer your questions and help you solve problems regarding your illness, treatment choices, or hospital stay.
- Be free from any forms of restraints whether physical or pharmaceutical, that is not medically indicated.
- Have an interpreter if you are not comfortable communicating in English or if you are hearing-impaired.
- Access protective and advocacy services.
- Follow your spiritual and religious beliefs and customs as much as possible.
- Have a person of the same sex with you during certain exams and treatments.
- Refuse to see or talk with anyone who is not directly involved with your care.
- Appropriate assessment and management of pain.
- Voice any concerns about your care without fear of receiving poor treatment. To have your concerns reviewed in a timely manner and when possible, resolved in a timely manner. You have the right to be informed in writing of the response to your concerns.
- Obtain information contained in your medical records, including electronic copies, within 30 days of request.
- You may do so by contacting the Ferry County Public Hospital Health Information Department at 509-775-3333.
- Direct a copy of your health information to a designated 3rd party.
- Restrict disclosures to Health Plans for treatments you've agreed to pay FCPHD. Receive notification of a breach, notification will include; a description of the breach, type of healthcare information involved, steps that should be taken to protect yourself, a brief description of the investigation and prevention of

Patient Responsibilities

- Provide complete and accurate information about your medical history and communicate needs to those involved in your care.
- Take part in decisions about your care and treatment by making decisions, following directions, and taking responsibility for your choices.
- Ask questions when you do not understand information or instructions.
- Inform your medical provider or nurse of any changes in your health.
- Follow your treatment plan of care.
- Be respectful, along with your visitors, toward care providers, other staff members and other patients.
- Provide insurance information and when necessary, make arrangements for paying your bills.
- Obey hospital rules and regulations.
- Express any dissatisfaction with care or services rendered so improvements or explanations can be made.