



Patient's Bill of Rights and Responsibilities

We believe our patients, or their appointed representative, have certain rights as well as certain responsibilities. Below is a summary of these rights and responsibilities.

You have the right:

* RESPECT - Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity	* PAIN MANAGEMENT - Competent, caring healthcare providers who act as your advocate and treat your pain as effectively as possible.
* PRIVACY - Personal and informational privacy and security for self and property	INTERPRETER SERVICES – To know that interpretation services are available
* REPRESENTATIVE - Have a representative (parent, legal guardian, person with medical power of attorney) exercise the Patient Rights when you are unable to do so	* PHYSICAL CONSTRAINTS - Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.
* CONFIDENTIALITY - Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.	* FINANCIAL - Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitation or constraints placed upon your care and inquire about the possibility of financial aid.
* INFORMATION - Information concerning your evaluation, diagnosis, treatment and prognosis, to the degree known. To know the identity and professional status of individuals providing service	* TRANSFERS - Know the reason(s) for your transfer either inside or outside the facility.
* CONSENT OR REFUSAL - Make decisions about medical care, unless contraindicated for medical reasons, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks and alternatives, without coercion, discrimination or retaliation. To consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.	* NON-DISCRIMINATION - Impartial access to treatment regardless of race, age, gender identity, ethnicity, religion, sexual orientation, or disability.
* ADVANCE DIRECTIVE - Self-determination including the rights to accept or to refuse treatment and the right to formulate an advance directive.	* OWNERSHIP - Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.

* **CONCERNS** - To report any comments and receive fair follow-up on your comments concerning the quality of services provided to you or file a grievance with the facility, the health department or the Medicare Beneficiary Ombudsman.

To File a Complaint:

Register a Complaint with: Laura Forehead, Administrator 402-397-9800 x 1213 Peggy Poe, Outpatient Surgery Manager 402-397-7178 x 1113	The State of Nebraska –Department of Health and Human Services @ dhhs.ne.gov/Pages/complaints.aspx	Office of Medicare Beneficiary Ombudsman: www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
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You have the responsibility:

To keep your appointment or notify us in advance if you will be unable to do so.	Provide an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery if you are having a general anesthetic.
Provide accurate demographic information including phone number, address, insurance information and employer information	To let us know if you do not understand or cannot follow our healthcare instructions.
Provide accurate and complete information about your present health status, medications, allergies and past medical history and report any unexpected changes to your physician(s)	For your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
To cooperate fully in the treatment program you and your doctor have agreed to.	To be prompt in the payment of your account and to comply with any payment plans set up for you.

To be respectful of our staff, other patients and visitors in the facility.

Provide information about, and/or copies of any living will, power of attorney, advanced directive or other directive that could impact your care.