



YUMA DISTRICT HOSPITAL and CLINIC'S PATIENT RIGHTS

We, at Yuma District Hospital, are committed to provide you competent and quality care, to honor your legal rights, and strive to meet your expectations.

As a patient of Yuma District Hospital, you have the right to:

- 1. Be informed of your rights and responsibilities as a patient of Yuma District Hospital and Clinics in a language and manner that you understand.
2. Receive considerate and respectful care at all times and under all circumstances, regardless of race, color, religion, national origin, gender including gender identity, age, marital status, personal appearance, sexual orientation, veteran status, individual handicap, or source of payment for care.
3. To express and practice your personal, cultural and spiritual beliefs and values as long as these do not harm others or interfere with treatment. We will accommodate your access to pastoral and spiritual care.
4. Expect every effort will be made to communicate effectively, regardless of language or other barriers. Interpreter services or communication aides for the deaf and blind, etc. will be provided as appropriate.
5. Subject to your consent, receive visitors, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and you have the right to withdraw any such consent at any time. Yuma District Hospital will not restrict, limit, or otherwise deny visitation privileges based on race, color, national origin, religion, sex, gender, identity, sexual orientation, or disability.
6. Receive complete and current information concerning your diagnosis, treatment, and prognosis. You will be informed of any unanticipated outcomes of care, treatment, or services in terms you can be reasonably expected to understand. You will be involved in any decisions regarding your care and treatment.
7. Receive qualified information that you need to give informed consent for all proposed treatment and procedures including information related to the risk, benefits, side effects, risk of potential problems related to recuperation, the likelihood of success, the results of non- treatment and alternatives to the proposed procedure or treatment in light of your condition and current medical knowledge.
8. Right to participate in all decisions involving care or treatment, including the development, implementation and revision of your plan of care.
9. Refuse any drug, test, procedure, treatment or service you don't want and be informed of the risks and benefits of this action including the medical consequences of such decision in accordance with the law.
10. To expect that the hospital will give you necessary health services to the best of its ability, regardless of your ability to pay. Your care and treatment will be based on your healthcare needs and not on economics. If you have an emergency medical condition or are in labor, referral or transfer may be recommended. If transfer is recommended or requested, you will be informed of the risk, benefits, and alternatives. You will not be transferred until the receiving institution agrees to accept you.
11. To have an advanced directive, such as a Living Will or Medical Durable Power of Attorney. These documents express your choices about medical treatment or name someone to speak for you if you cannot speak for yourself. You have the right to have such a directive honored by care providers within the limits of the law and the hospital capabilities. If you have a written advance directive you should provide a copy to the hospital, your family, and your doctor. The provision of care, treatment, and services is not based on whether or not you have executed an advanced directive. If you have questions or need assistance in preparing advanced directives, please notify the patient advocate at 848-4795 or ask someone to contact the advocate for you.
12. To be involved in decisions about withholding resuscitative measures and life sustaining treatment as permitted by the law.
13. When you are unable to participate in your care or make health care decisions, we will seek an authorized representative to exercise your rights for you. When care involves infants, children or adolescents your family and or guardian will be involved in your health care decisions. You have a right to include or exclude any or all-family members from participating in your health care decisions.
14. To be informed in advance if Yuma District Hospital and Clinics is participating in teaching programs, research, and/or experimental programs related to your own case. You have the right to refuse to participate without compromising your access to hospital services not related to the research.
15. Be involved in the management of your pain and have your pain relieved within the boundaries of good medical practice.
16. Considerate and respectful care in a clean and safe environment, free from all forms of abuse, neglect, harassment, and punishment, including restraints or seclusion that is not medically necessary and ordered by your doctor.
17. Access protective services and know that your best interest is the hospitals primary concern.
18. Have your personal privacy respected, including confidentiality of your medical records.
19. To inspect and obtain copy your medical record in compliance with the law.
20. Request and receive, prior to initiation of care or treatment, the estimated charges for non-emergent care, including assistance with determining co-pays and deductibles not covered by third party payer, based on the insurance information you provide. You may ask about our general billing procedures and receive an itemized bill with an explanation of the charges within 7 calendar days of the request.
21. Know the names, professional status, and experience of those responsible for your care and to be informed of any relationships they may have with other health care institutions or other educational institutions that may suggest a conflict of interest.
22. Select and/or change your health care provider among providers who have clinical privileges.
23. Request (and at own expense) consult with a specialist or get a second opinion.
24. As soon as can be reasonably expected, have a family member or representative of your choice and your own physician notified when you are admitted to the hospital.
25. To comfort and dignity at the end of life. You, and when appropriate, your family, will be involved in every aspect of your care. This includes managing your pain aggressively and effectively, respecting your values, religion, and philosophy, providing any treatment for any primary and secondary symptoms, sensitively addressing personal issues such as an autopsy or organ donation, and responding to the psychological, social, emotional, spiritual and cultural concerns of you and your family.
26. Colorado's End-of-Life Options Act permits terminally ill adults to request and receive prescription medication for the purpose of ending life in a peaceful manner. A patient requesting prescription medication pursuant to the Act must meet strict requirements and follow a process mandated by the Act. Yuma District Hospital and Clinics gives its providers the choice of whether to participate in certain activities authorized by the Act, provided certain conditions specific to Yuma District Hospital and Clinics are met. If a patient has questions about the Act or Yuma District Hospital and Clinics' position regarding the Act, the patient can ask his or her treating physician or otherwise ask for a referral to Yuma District Hospital and Clinics' Ethics Committee. Yuma District Hospital and Clinics' Policy regarding the Act is available on its website under the "Patient Resources and Forms" link. Additional patient information on the Colorado End of Life Options Act and patient resources can be found at www.compassionandchoices.org/colorado
27. To request initiation, review, and prompt resolution of your complaints or grievances. Complaints that cannot be resolved by the patient care advocate will be referred to the Chief Executive Officer, who will conduct an additional investigation. The Chief Executive Officer or the patient care advocate will provide you with the results in writing in a reasonable time. You have the right to file a complaint with the State of Colorado Department of Public Health and Environment, as well as or instead of utilizing Yuma District Hospital and Clinics Grievance Process.

Colorado Department of Health
4300 Cherry Creek Drive South
Denver, CO 80246
Telephone: 1-800-886-7689
www.cdphe.state.co.us

Department of Regulatory Agencies (DORA)
1560 Broadway
Denver, CO 80202
(303-894-7588)
www.dora.state.co.us

Bev Sanburg RN, Patient Care Advocate
Yuma District Hospital and Clinics
1000 W. 8th Ave.
Yuma, CO 80759
(970-848-4795)
www.bsanburg@yumahospital.org

If you have questions, complaints or need assistance you may contact the patient care advocate, Bev Sanburg RN, 970-848-4795 or you may request a member of the staff to call the advocate for you. To express your complaints or concerns without fear of retaliation or recrimination about your care.

YOUR RESPONSIBILITIES

Rules and regulations pertaining to patient conduct are necessary to ensure that all patients are treated fairly and respectfully. Your cooperation with these responsibilities will help us provide quality care and services.

- 1. Please cooperate with your caregivers, and follow the plan of care you, your physician, and your health care team have agreed upon. You are responsible for the outcomes if you do not follow the plan of care as agreed.
2. Ask questions if you do not understand information or instructions, or if you cannot follow the proposed plan of your care.
3. Please provide full information about your current illness and past health, so that we can provide the appropriate care.
4. You must follow hospital rules and regulations in addition to respecting the privacy of your roommate and the rights of fellow patients and staff by according them the dignity and courtesy that you expect to receive.
5. Please provide us with complete and accurate personal information including but not limited to, your legal name, address, social security number, birthdate, current health insurance data, and/or the identification of the person responsible for your bill.
6. You are responsible for understanding the extent of your insurance coverage and any requirements such as preauthorization, deductibles and co-payments.
7. Please cooperate with us in our efforts to obtain payment for services provided to you and/or with our efforts to provide you with the benefits of our special financial assistance program.
8. Please seek non-emergency care during regular hours.
9. Please take all of your personal belongings when you leave. Unclaimed belongings will be destroyed after 30 days.
10. If you have questions or concerns during your stay, please contact the Patient Advocate at 848-4795, or ask someone to contact the advocate for you.

Name

Date

Witness