Alice Peck Day Memorial Hospital

Patient Rights and Responsibilities

Your Rights as a Patient

in planning your care and treatment,

know how they will affect your health

understand your care choices, and

and well-being.

You Have the Right to	What This Right Means for You			
Be treated with respect and dignity.	To feel safe while in the hospital.			
	 To be called by the name and pronouns you choose. 			
	 To have your cultural background, spiritual and personal values, beliefs and preferences respected. 			
	 To NOT be treated differently because of your age, race, ethnicity, religion, culture, language, physical or mental disability, financial status, sexual orientation, gender identity or expression. 			
Have your own doctor and the person of your choice told when you are admitted to the hospital.	The person of your choice can be with you during your hospital stay as long as this does not interfere with the rights and safety of others or your agreed-upon plan of care.			
Know the names of the doctors and staff on your care team.	You have the right to ask questions as well as for help, and to get clear and timely responses. We want you to ask questions and understand your care.			
Know what brought you to the hospital (your diagnosis) so you can take part	 You may ask to talk with different doctors about procedures, tests, and the results, as well as the medical outlook for your future. 			

you complete Advance Directives to let us know how you want to be treated if you are not able to speak for yourself. You can choose a person to decide and speak for you.

• You have the right to be part of making end of life decisions. We suggest that

• You may say "no" to any care, tests or treatments, to the extent allowed by law.

• You have the right to get information in a manner you can understand and to

• You have the right to have things explained in your preferred language.

have the person of your choice involved in making decisions.

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You are free to communicate and meet with visitors of your choice.

Not be restrained or kept away from others unless we must take action to keep you and others safe.

A doctor may, in writing, set a specific and limited time frame for restraint to protect the patient or others from injury.

Expect reasonable privacy.

You may expect to talk with all members of your healthcare team with as much privacy as the situation allows. Anything you tell them will be shared ONLY with others who need to know to do their jobs.

Know what's in your medical records.

- Your medical records are private.
- You may look at your records and get a copy or summary within 30 days of your request. If we cannot meet this deadline, we will give you as much as possible and tell you when all your records will be ready. This will be within 60 days of your request. We may charge you a reasonable, cost-based fee for copies of your records.
- We must report certain conditions even without your permission. These include: work-related contact with poisons or other harmful materials, child abuse and elder abuse.
- In some cases involving concern about your care, we may share information in medical records with our lawyers and agents.
- To have us send your records to another healthcare facility or provider please contact us at:

APD Medical Records 10 Alice Peck Day Drive Lebanon NH 03766 Fax: (603) 640-1984

Email: medicalrecords@apdmh.org

Get written notice of how your health information will be used and shared in order for you to get the highest quality of care.

This is called our Notice of Privacy Practices. It contains patient rights and our legal duties regarding your health information. You may ask any staff member for a copy of this Notice.

If you are unhappy with your care, speak with any member of your health care team, Patient and Family Relations, or specially trained volunteers called Patient Voices Volunteers.

- Your care will not be affected in any way.
- We will listen and try to help solve your concern right away. If we cannot, we will try to do so within 7 days. You will be given:
 - a contact person
 - information on what to expect from us (including whom we will talk to on your behalf)
 - when you will hear back from us
 - what we have learned
- Please refer to the NH Patients' Bill of Rights on our website.
- If we cannot meet your needs, you can contact:
 - New Hampshire Department of Health and Human Services, Health Facilities Administration at (603) 271-9499 (or HFA-licensing@dhhs.nh.gov)
 - For issues with doctors: New Hampshire Board of Medicine (Office of Professional Licensure and Certification), (603) 271-1203

Get instructions you can understand before leaving the hospital.

These instructions will describe how you and your caregivers can help you recover and offer an ongoing healthcare plan for home.

Leave the hospital even if your doctor advises against it.

- You may not leave if you have certain infectious diseases that could affect the health of others, OR if you are not able to provide for your own health and safety OR other people's safety is at risk as defined by law.
- You must sign a form saying the hospital is not responsible for any harm that comes to you as a result of leaving the facility.

Be told about services to help pay for your care, to reduce concerns about paying your bill.

You have the right to look at your bills and have them explained. You can get this information from Patient Financial Services at 1-844-808-0730. This number is for Conifer Health Solutions who will assist you on our behalf, Monday through Friday, 8 am to 5 pm.

Your Responsibilities

What You Must Do (As a Patient or Family Member)

What This Means

We ask that you take an active role in your own care to help your care team meet your needs. This is why we ask you and your family to share with us certain responsibilities.

Be honest and tell us all you know about your past and present health.

- Share with your doctor or nurse if you think you are at risk, if your health has changed and the medicines you are taking.
- Tell us about anything at home or work that may affect your ability to care for yourself, so we can direct you to resources that may help.
- Tell us if you feel you cannot follow a plan of care or tell us when things do not seem to be going well so that, together, we can develop the right plan for you.
- Fill out and tell us about your Advanced Directives (Living Will and/or Durable Power of Attorney for Healthcare) so we know who will speak for you if you are unable to speak for yourself.

Ask questions about anything you do not understand, including your treatment plan or what is expected of you.

This includes making sure you understand the possible risks, benefits and side effects of your treatment.

Follow the plan developed by you and your treatment team.

If you have a concern about the plan, it is up to you to talk about it with your doctors and nurses.

Accept responsibility for your actions if you refuse treatment or do not follow instructions.

Your treatment plan may recommend you take action about exercise, not smoking and eating a healthy diet.

Make a good faith effort to pay your medical bills in a timely fashion or ask for help to manage them.

- We provide emergency care and medically needed services whether or not you are able to pay or qualify for help paying your bill (financial assistance) or qualify for government help.
- We offer help to pay your bill (financial assistance) if you do not have insurance, not enough insurance, or do not qualify for government help, depending on your income and situation.
- We will try our best to offer help with your bill (financial assistance) before sending a bill to a collection agent.

For more information, please call 1-844-808-0730 or see our Financial Assistance Policy brochure (PDF).

Follow the rules and regulations of Alice Peck Day Memorial Hospital, including the no smoking, alcohol, firearms and weapon policies. The following rules apply to EVERYONE - patients, visitors, and staff:

- **No smoking** inside or outside buildings on the Alice Peck Day Memorial Hospital campus. This includes no smoking on sidewalks, parking lots and driveways. We are a smoke-free and tobacco-free campus. Smoking is allowed ONLY inside a car if parked on campus.
- No alcohol or illicit drugs may be brought to or consumed on our property.
- **No weapons** of any kind are allowed. No one may carry or possess a gun, knife, or mace (pepper spray). Please leave all weapons at home.
- No photography, video, or audio recording while on our campus.

Take care and be kind and thoughtful at all times to the staff, other patients, visitors, and Alice Peck Day Memorial Hospital property.

- Speak to caregivers with respect. If you are angry or upset about your care, you can get help from a staff member or Patient Relations/Care Experience.
- Everyone expects all our spaces to feel safe, caring, and inclusive.
- Words or actions that are not respectful, or are hostile, harassing or discriminatory are not welcome. Do NOT use or make:
 - Offensive comments about others' race, accent, religion, gender, sexual orientation, or other personal traits and do NOT refuse to see a clinician or other staff member based on these personal traits
 - Physical or verbal threats or assaults
 - Sexual or vulgar words or actions
- Do NOT engage in unwanted communication with a clinician or other staff member not related to clinical care.
- Do NOT disrupt another patient's care or experience.
- Words or actions noted above may lead to patients being asked to go elsewhere for future non-emergency care. We will carefully consider all points of view before we make any decision.
- If you see any of these behaviors or have them happen to you, please report it to a member of your care team.

If you have questions about your rights as a patient, or if you would like a copy of the New Hampshire state law which lists your rights, please call the Patient Relations/Care Experience during business hours at (603) 308-0536.