



## Patient Rights and Responsibilities

**Access to Care** – You are able to access care when medically necessary regardless of your age, sexual preference, marital status, race, creed, color, gender, national origin, disability, religion, sexual orientation or source of payment.

**Access Medical Records/Billing** – You have the right to access or request copies, obtain information on disclosures of protected health information and billing, in accordance with federal and state laws.

**Access to Policies** – You have access to the hospital and clinic’s policies and procedures.

**Advance Directives** – You have the right to make an advance directive and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information on getting one. You have the right to donate organs and other tissues, according to RCW 68.50.500 and 68.50.560.

**Age-Appropriate Care for Minors** – Neonatal, child and adolescent patients have the right to care and education that are appropriate to their age and development.

**Confidentiality** – You are assured of the confidentiality of your medical records and of any discussion and decisions about your care.

**Continuity of Care and Discharge Information** – You may expect to be provided discharge information from your physician, in writing, about follow-up care.

**Death with Dignity Act** – SPMC does not participate in Initiative 1000, Death with Dignity Act.

**Designate Others to Make Care Decisions** – You, your family and friends with your permission, have the right to participate in decisions about your care, treatment, and services provided, including the right to refuse treatment to the extent permitted by law.

**Information** – You have the right to receive clear and understandable information about your care from your provider and other caregivers.

**Informed Consent and Refusal** – You have the right to request information about your care and to know the risks, benefits and alternatives, except in an emergency. You may refuse treatment to the extent permitted by law. If your refusal presents the provision of appropriate care and your primary care elects to terminate your relationship, reasonable notice must be given, and you will be informed of the medical consequences of your action.

**Know the Identity of Your Caregivers** - You have the right to be told the names of your providers, nurses and all health care team members directing and/or providing care.

**Non-Voluntary Discharge** – You have the right to discharge information from the care team when he or she is not progressing toward the goals and continued treatment is no longer appropriate.

**Pain Management** – You have the right to have your pain assessed, evaluated, treated and reassessed and can be involved in the decisions about treating your pain.

**Respectful Care** – You have the right to be treated and cared for with dignity and respect in an environment, which contributes to a positive self-image. You have the right to receive care in a safe environment be free from abuse, neglect, inappropriate use of restraint and seclusion, humiliation, financial or other exploitation and retaliation.

**Participate in Decisions About Your Care** – You have the right to be involved in decisions about your care, treatment, services provided, discharge plan, follow-up and the cost of treatment.

**Privacy/Confidentiality** – You can expect full consideration of your privacy and confidentiality in care decisions, exams and treatments.

**Protective Services** – You have the right to access protective and advocacy services in case of abuse and neglect, including assistance in accessing protective services if needed.

**Receive Effective Communication**—Caregivers will communicate effectively with you, your family and other visitors. Occasionally, communication may be restricted due to your medical condition or at your request.

**Receive Information about Transfers** – You have the right to receive information about being transferred to another provider of health services prior to the transfer.

**Release of Your Records** – You may expect medical records will not be released to anyone without your consent, except when required by law or a third-party payer contract.

**Report Concerns Regarding Care and Safety** – You are able to voice concerns and get assistance with a complaint resolution.

**Safe and Clean Environment** – You may expect to be cared for in a safe and clean environment. You are encouraged to report concerns regarding care and safety.

**Second Opinion** – You are able to obtain a second opinion at your request and expense, without jeopardizing your care.

**Special Needs Assistance** – You are able to request assistance with any special needs. These include vision and hearing impairment, communication limitations (e.g., interpretation, translation and reading assistance) and consideration of special religious or cultural practices.

**Patient Information** – Provide complete and accurate information, including your full legal name, mailing and physical address, telephone number, date of birth, social security number, insurance carrier and employer, when applicable. In addition, this includes providing SPMC with a copy of your advance directive, if you have one.

**Participate in Your Care** – Give your doctors, and others who are treating you, full and accurate information about your health and any changes in your condition. We encourage you, and your family, to ask questions when you do not understand treatment or what to do about your care.



**Respect of Facility and Others** – Follow the rules of the hospital and clinic and be considerate of the rights and property of other patients and SPMC personnel. This includes, but is not limited to, the Tobacco Free Campus and No Weapons policy; showing respect and giving consideration to other patients and SPMC personnel; assisting in the control of noise and number of patient visitors.

**Communication** – Communicate to the clinical team before you leave your room. Keeping appointments and for notifying SPMC when you are unable to do so. We encourage you to follow your treatment plans and express to the clinical team any concerns you may have about care to determine if adjustments can be made. If you choose not to follow care instructions, you will be responsible for the outcome.

**Payment** – The patient must meet the financial obligation to the organization.

**Your Concern is Our Concern** – If you have any concerns about your care, treatment or safety, we encourage you to contact any member of your care team or our Patient Experience Specialist at 360-346-2210.

A representative will talk with you about issues or concerns you have and help with communication between you and the appropriate individuals. Although most concerns can be resolved through this process, if at any time you feel you need more help, you may choose to contact our Administration at 360-346-2222 or the Department of Health Consumer Services at 360-236-4700.

#### **Our Mission**

In partnership with our community, we passionately advance the health of all individuals with an emphasis on quality, access and compassion.

#### **Our Values**

Passion, Respect, Integrity, Compassion, & Excellence

#### **Our Vision**

Through Summit Care, we will build the healthiest community in the Nation.