

Patient Rights & Responsibilities

PATIENT RIGHTS

While you are a patient at Virginia Mason, you have the right to expect:

Respect. You have the right to be treated and cared for with dignity and respect.

Participation in Your Care. You have the right to relevant, current and understandable information concerning your diagnosis, various treatment options, prognosis and costs. One of our most important jobs is keeping you informed. You have the right to participate in decisions regarding your care, including refusing treatment and agreement to care.

Advance Directives. You have the right to participate in ethical questions that arise in the course of your care, including conveying your wishes regarding end-of-life decisions, such as life-sustaining treatment. You have the right to expect that your health care providers will comply with your decisions.

Privacy; Confidentiality. You have the right to every consideration of privacy, including personal needs. This also means that case discussion; consultation, examination and treatment should be conducted so as to protect your privacy. Similarly, you have the right to expect that all written communications and records about your treatment be treated as strictly confidential, except in cases permitted or required by law, such as suspected abuse or public health hazards. You have the right to be informed about how Virginia Mason will use or share information about you. To facilitate communications between your health care providers, your name may be posted next to your room number on a board at the nursing station. If you have any concerns with your name being posted on this board, please discuss them with your nurse.

Information Access. You have the right to review all records pertaining to your medical care and to have the information fully explained to you, except when such disclosure is restricted by law. You also have the right to request an amendment to your medical record.

Appropriate Care. You have the right to expect that Virginia Mason will make a reasonable response to your request for appropriate care and services. We will provide evaluation, service and/or referral as indicated by the urgency of each case. Only when it is medically appropriate and legally permissible will you be transferred to another facility. Your requests to be transferred will be honored based on medical, legal and payer requirements. Quality of care and premature discharge complaints should be addressed to the Patient Relations Department (*see other side*) and will be referred to a utilization and quality control peer review committee for resolution. You have the right to be informed of unanticipated outcomes.

Pain Management. You have the right to expect information about pain and pain relief measures. We will provide knowledgeable staff members committed to pain prevention that will respond quickly to reports of pain.

Knowledge of Staff Information and Relationships. You have the right to know the names of everyone involved in your care, their titles, education and relationship with the medical center. You have the right to know of business relationships between Virginia Mason and educational institutions and other health care providers.

Freedom to Participate in Research. You have the right to consent or decline to participate in proposed studies or human experimentation affecting care and treatment. You have the right to have studies explained to you prior to your consent. You have the right to be given a description of alternative services that might also prove advantageous to you. If you decide not to participate in research, you are still entitled to the most effective care the medical center can otherwise provide.

Continuity. You have the right to expect reasonable continuity of care and to be informed by physicians and care providers of available and realistic patient care options that Virginia Mason may not be able to directly provide.

Support. You have the right to spiritual care. You have the right to have your family or representative, and your personal physician promptly notified of your admission to the hospital. You have the right to communicate. If communication restrictions are necessary for patient care and safety, we must document and explain the restriction to you and your family.

Free Language Services. You have the right to free language services such as qualified interpreters.

Information about Medical Center Policies. You have the right to be informed of all medical center policies and practices that relate to your care and treatment. You have the right to be informed of available resources for resolving disputes, grievances and conflicts. Similarly, you have the right to be informed of the medical charges for services and available payment methods.

Restraints. You have the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff. A restraint may be either physical or a drug that is being used as a restraint.

Safety. You have the right to access protective services and information regarding such services are available at all Virginia Mason locations. You have the right to security and to receive care in a safe setting. You have the right to be protected from abuse, neglect and harassment.

Who Makes Decisions When You Cannot. Under state law, if you are determined incompetent to make medical decisions, then a legally authorized representative may exercise those rights on your behalf. Based on the order of priority set forth in state law, the legally authorized representative may be a court appointed representative, an individual to whom you previously delegated authority to exercise such rights, or other individual as permitted by law.

Visitors. You have the right to receive, subject to patient's consent, visitors designated by you, including but not limited to a spouse, domestic partner (including same sex partner), another family member, or a friend. These visitors will not be restricted or otherwise denied visitation privileges on the basis of age, culture, employment, ethnicity, expression, gender identity, language, national origin, participation in programs, physical or mental disability, race, religion, service and activities, sex, sexual orientation, socioeconomic status or treatment.

PATIENT RESPONSIBILITIES

To give you the best care possible, we need your help. By assuming the following responsibilities, you can contribute to your care in a positive way. We ask that you:

Provide accurate and complete information about present complaints. Past illnesses, hospitalization, medications and other matters relating to your health.

Report unexpected changes in your condition to the physician or other health care provider symptoms of pain when they first begin and discuss pain relief options with your doctor or nurse. Work with your care provider to develop a pain management plan. Tell your care provider if your pain is not relieved.

Follow the treatment plan recommended by our health care team, including following the instructions of your providers. Keeping appointments and notifying your provider's office if you are unable to do so.

Take responsibility for your well-being.

Follow hospital rules and regulations affecting patient care and conduct.

Be considerate of the rights of other patients and hospital and clinic personnel.

Refrain from behavior that is threatening or disruptive to the operations of Virginia Mason or is abusive to the staff. Such behavior includes the bringing of weapons of any kind onto hospital or clinic property, which may result in steps to immediately terminate the patient relationship with your provider or the entire medical center.

Regardless of the type of insurance coverage you have, pay your bill promptly or make arrangements with our financial services department before entering the hospital.

Tell us whether you truly understand your care plan and what your role is in the plan.

PATIENT RELATIONS

Compliments and Complaints/Grievances

We strive to treat all patients with compassion and dignity. If you have a concern about patient safety, quality of care or other problem, we encourage you to first discuss them with your physician or ask to speak with the manager of that area. Compliment/complaint forms are also located throughout the medical center and may be filled out. Please contact the Patient Relations Department at the address below if you have a complaint, concern or grievance:

Virginia Mason Patient Relations
1100 Ninth Ave., C1-PTR / Seattle, WA 98101
PHONE: 206-223-6616

The Patient Relations Department will respond within 48 business hours. The usual expected timeframe for resolution is within seven (7) business days. If a longer period is required, Patient Relations will communicate to the patient the anticipated timeframe. Please be assured that you may share your concerns, complaint or grievance without fear of retribution or denial of care. You have the right to work with us to resolve issues related to your care.

If a problem is not resolved to your satisfaction, the medical center has an Appeals Committee. To file an appeal, contact the Patient Relations Department as noted above. You also have the option to contact the following agencies in addition to, or instead of, the medical center's Appeals Committee:

- **Washington State Department of Health (DOH):**
Health Systems Quality Assurance, Complaint Intake
PO Box 47857 / Olympia, WA 98504-7857
PHONE: 1-800-633-6828 (toll-free) or 360-236-4700
EMAIL: HSQAComplaintIntake@doh.wa.gov **FAX:** 360-236-2626
- **Medicare:** www.medicare.gov/claims-and-appeals/medicare-rights/get-help/embudsman.html
PHONE: 1-800-MEDICARE
- **Joint Commission:**
PHONE: 1-800-994-6610 (toll-free)
- **Billing Issues:** Billing questions can be directed to the Virginia Mason Billing Department at 206-223-6601.

Notice of Nondiscrimination and Language Assistance

Virginia Mason complies with applicable Federal civil rights laws and does not discriminate on the basis of age, race, color, creed, ethnicity, religion, national origin, culture, language, marital status, sex, sexual orientation, gender identity or expression, physical or mental disability, association, whether or not an advanced directive has been executed, socioeconomic status, veteran or military status or any other basis prohibited by federal, state, or local law. Virginia Mason does not exclude people or treat them differently because of age, race, color, creed, ethnicity, religion, national origin, culture, language, marital status, sex, sexual orientation, gender identity or expression, physical or mental disability, association, whether or not an advanced directive has been executed, socioeconomic status, veteran or military status, or any other basis prohibited by federal state, or local law.

Virginia Mason:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact The Administrative Director, Patient Experience, 206-223-6616.

If you believe that Virginia Mason has failed to provide these services or discriminated in another way on the basis of age, race, color, creed, ethnicity, religion, national origin, culture, language, marital status, sex, sexual orientation, gender identity or expression, physical or mental disability, association, whether or not an advanced directive has been executed, socioeconomic status, veteran or military status, or any other basis prohibited by federal, state, or local law, you can file with: The Administrative Director, Patient Experience, 1100 Ninth Ave. C1-PTR, Seattle, WA 98101, 206-223-6616, 1-800-833-6384 (TTY), 206-223-6394, Patient Relations email inbox: VMMCPatientRelations@virginiamason.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, The Administrative Director, Patient Experience, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave., SW / Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 / 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

ATENCIÓN: Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-206-223-6616 (TDD: 1-206-223-7698). (Spanish)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-206-223-6616 (TDD: 1-206 223-7698). (Vietnamese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-206-223-6616 (TDD: 1-206 223-7698)。 (Chinese)

저희 병원에서는 영어로 상담하시기 어려운 환자분들과 시각 또는 청각 장애가 있으신 환자분들을 위하여 무료 통역 서비스를 제공하고 있습니다. 통역이 필요하신 분들은 저희 병원 직원에게 알려주시기 바랍니다. 1-206-223-6616 (TDD: 1-206-223-7698). (Korean)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-206-223-6616 (TDD: 1-206 223-7698). (Russian)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-206-223-6616 (TDD: 1-206 223-7698). (Tagalog)

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-206-223-6616 (TDD: 1-206 223-7698). (Ukrainian)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます 1-206-223-6616 (TDD: 1-206 223-7698) (Japanese)

ប្រយ័ត្ន៖ បើសិនអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិត ល្អលក្ខណ៍អាចមានសំរាប់បំរើអ្នក។ ចូរទូរស័ព្ទ 1-206-223-6616 (TDD: 1-206-223-7698)។ (Khmer)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-206-223-6616 (TDD: 1-206 223-7698). (Amharic)

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-206-223-6616 (TDD: 1-206 223-7698). (Cushite/Oromo)

ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਵਿੱਚ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਉਪਲਬਧ ਹੈ। 1-206-223-6616 (TDD: 1-206-223-7698) (Punjabi)

إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بالرقم 1-206-223-6616، هاتف الصم والبكم (Arabic). (TDD: 1-206-223-7698)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-206-223-6616 (TTY: 1-206-223-7698). (Laotian)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-206-223-6616 (TTY: 1-206-223-7698) (German)