

Patient Bill of Rights and Responsibilities



Washington Institute Orthopedic Center has established Patient Bill of Rights and Responsibilities with the expectation that their observance will contribute to more effective patient care and greater satisfaction for the patient, physicians, and organization. Patient care outcomes are influenced by the degree to which these rights and responsibilities are communicated, understood, and respected during each patient encounter at our facility.

As our patient, you have the right to:

- Be treated and cared for with dignity, safety, respect, and consideration.
- Be protected from abuse, harassment, neglect, and have access to protective services.
- Care that is free from discrimination pertaining to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, gender, sexual orientation, or gender identity.
- Personal privacy and confidentiality and to know our facility will comply with HIPPA rules for privacy and security.
- Open communication with our medical staff and not be restricted from communication with others. If communication restrictions are necessary for your care and safety, we must document and explain the restrictions to you and your family.
- Be informed and agree to your care; to be given information about procedure, risks, unanticipated outcomes, and benefits, so that you may give informed consent.
- A list of all your medications received during treatment.
- Have your pain addressed.
- Receive important information about your care in your preferred language and in a way that meets your needs if you have vision, speech, hearing, or mental impairments.
- Be involved in all aspects of your care including refusing care and treatment, and resolving problems with decisions about your care.
- Have family input in care decisions in compliance with your existing legal directives or existing court-issued orders.
- Know the names of the medical staff that treat you.
- Be informed of any person other than routine personnel that would be observing or participating in your treatment and to refuse that observation and/or participation.
- Have a personal representative (also called an advocate) with you during your care. Your advocate can be a family member or friend of your choice.
- Information concerning the facility to which you may have to be transferred. The facility, that the you are to be transferred to, must give approval prior to your transfer.
- Know if any research will be done during your treatment and has the right to refuse it.
- Report a concern about your care and treatment without fear of retribution or denial of care and receive timely complaint resolutions within 30 days.
- Examine and receive and explanation of your bill regardless of the source of payment.
- Be provided with a written statement of your patient rights and responsibilities.

As our patient, you have the responsibility to:

- Provide accurate and complete information regarding your health, medications, including over the counter, dietary supplements, past complaints, hospitalizations and any health matters.
- Read and understand all permits and consents to be signed, asking physician, nurse or staff to clarify any questions.
- Promptly report any changes in your condition to you physician.
- Notify us if you have a living will, medical power of attorney, or other directive that could affect your care.
- Follow the treatment plan as prescribed by your provider.
- Be considerate of rights of other patients and comply with our policies to ensure the safety of patients, staff and visitors.
- Adhere to and respect our rules and regulations affecting care and conduct.
- Understand your acceptance of responsibility if you refuse medical treatment or instructions.
- Assure all payments for your service rendered are on a timely basis and assume ultimate financial responsibility regardless of the insurance coverage.
- Provide financial and/or insurance information regarding who will be responsible for your bill including current address and authorized contact information.
- Notify our administration if you or your representative thinks your rights have been violated or if you have a significant complaint.
- Provide for adult transportation to and from our facility and have an adult remain with you for 24 hours, appropriate to the medications and/or anesthesia to be given, and according to the preoperative instructions (if you are a surgery patient).

Complaints

Every healthcare facility in Washington State is responsible to provide safe and competent care. Whenever possible, you should discuss any complaint or concern about your health care with the facility administration. Usually the facility has a process for handling and resolving issues and complaints.

Anyone who has concerns about care received at this facility may contact the following agencies:

Washington State Department of Health:

Mail: Department of Health
Health System Quality and Assurance (HSQA)
PO Box 47857
Olympia, WA 98504-7857

Phone: 360-236-4700 – option 4 or
800-633-6828

Email: HSQAComplaintIntake@doh.wa.gov

The Joint Commission (JCAHO):

Mail: Office of Quality Monitoring and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

Phone: 800-994-6610

Email: patientsafetyreport@jointcommission.org

Center for Medicare and Medicaid Services (CMS):

Medicare help and support: 1-800-MEDICARE
Office of the Medicare Beneficiary Ombudsman

www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html