



PATIENT RIGHTS & RESPONSIBILITIES



ST JAMES
PARISH HOSPITAL

LARGE ENOUGH TO SERVE, SMALL ENOUGH TO CARE.

This institution is an equal opportunity provider and employer.

YOUR RIGHTS AS A PATIENT

Personal Privacy, Visitation & Mail Services

- To have your personal dignity respected and your identifiable health information protected.
- To designate a support person who will designate visitors on your behalf, should you be unable to do so.
- To be informed (or your support person to be informed, where appropriate) of your visitation rights, including any clinically necessary restriction or limitation on such rights.
- To receive visitors of your choosing that you (or your support person, where appropriate) designate and the right to withdraw or deny your consent to receive such visitors at any time.
- To enjoy personal privacy and a safe, clean environment and to let us know if you would like to restrict your visitors or phone calls.
- To receive mail daily (Send to: Your Name / Room #, St. James Parish Hospital, 1645 Lutchter Avenue, Lutchter, LA 70071)
- To request restrictions on the disclosure of your medical information (unless needed to provide emergency care)
- To request confidential communication about certain medical matters.
- To request an account of required disclosures of your medical record.
- To unpunitively file a complaint with our Privacy Officer (in writing) or with the Department of Health and Human Services if you believe your privacy has been violated:

Call 225.258.5922 or mail:

St. James Parish Hospital
Attention Privacy Officer
1645 Lutchter Avenue
Lutchter, LA 70071

Call 877.696.6775 or mail:

Secretary of the Department of
Health & Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Security

- To be free from all forms of abuse or harassment.
- To access protective and advocacy services.
- To know that restraints will be used only to ensure the immediate physical safety of the patient, staff member or others, and in accordance with established standards

Cultural and Spiritual Values

- To have your cultural, psychosocial, spiritual, personal values, beliefs and preferences respected.
- To have access to pastoral and other spiritual services.

Access to Care

- To emergency treatment if needed to stabilize your condition when presenting to the Emergency Room
- To receive care regardless of your age, race, color, national origin, culture, ethnicity, language, socioeconomic status, religion, physical or mental disability, sex, sexual orientation, gender identity or expression, or manner of payment.
- To ask for a change of provider or a second opinion.
- To consult with specialists at your expense

Access to Information

- To make advance directives (a written statement of medical wishes and a living will should you be unable to communicate) and have them followed, subject to limitations required by applicable law or medical standards.
- To have your family or a representative you choose and your own physician, if requested, be informed of your hospital admission.
- To know the rules regulating your care and conduct.
- To know that some of your caregivers may be in training.
- To ask your caregivers if they are in training.
- To know the names and professional titles of your caregivers.
- To have your bill explained and receive information about charges that you may be responsible for, and any potential limitations your policy may place on your coverage.
- To be told what you need to know about your health condition after hospital discharge.
- To be informed and involved in decisions that affect your care, health status, services or treatment.
- To understand your diagnosis, condition and treatment and make informed decisions about your care after being advised of potential risks, benefits and alternatives.
- To knowledgeably refuse any care, treatment and services to the extent permitted by law, accepting the consequences of this decision.

- To say “yes” or “no” to experimental treatments and to be advised when a physician is considering you to be part of a medical research program or donor program. All medical research goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not involve you in any medical research without going through this special process. You may refuse or withdraw at any time without consequence to your care.
- To legally appoint someone else to make decisions for you if you should become unable to do so, and have that person approve or refuse care, treatment and services.
- To have your family or representative involved in care, treatment and service decisions, as allowed by law.
- To be informed of unanticipated adverse outcomes.
- To have your wishes followed concerning organ donation, when you make such wishes known, in accordance with law and regulation.
- To request a review of your medical chart with your caregivers during your hospital stay.
- To inspect and obtain a paper or electronic copy of your medical record. (Special circumstances may legally limit access to information. In this event, you can request a denial review by another party.)
- To request an amendment to your medical record if you believe information we have is inaccurate or incomplete.

Communication

- To receive information in a manner you can understand.
- To have an interpreter and/or translation services at no charge. We offer video interpretation services for patients who speak foreign languages or use American sign language.
- To know the reasons for any proposed change in the attending physicians/professional staff responsible for your care.
- To know the reasons for your transfer either within or outside the hospital.

Pain Management

- To have pain assessed and managed appropriately.
- To health professionals who respond quickly to address pain and offer both medicinal and holistic options.

Disclosures

- To request a listing of disclosures about your healthcare, and to be able to access and request to amend your medical record as allowed by law.
- To know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care.

Recording and Filming

- To provide prior consent before the making of recordings, films or other images that may be used externally.

Concerns, Complaints or Grievances

- To receive a reasonably prompt response to your request for services.
- To be involved in resolving issues involving your own care, treatment and services (you are encouraged to speak directly to caregivers during your stay).
- To ask to speak to a Supervisor or Nurse Manager if you have a concern.
- To express concerns, complaints and/or a grievances to Administration that were not addressed satisfactorily during your stay.
By Mail St. James Parish Hospital, 1645 Lutchter Avenue, Lutchter, LA 70071 – Attention Hospital Administrator
By Phone 225.869.5512, Extension 2990
- If your concern cannot be resolved, according to hospital policy and regulatory agency requirements, you have a right to file a grievance to the following agencies:

The Joint Commission:

By web: www.jointcommission.org, by fax: 630.792.5636

By mail: Office of Quality & Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

The Louisiana Department of Health:

By email: hss.mail@la.gov, **by fax:** 225.342.5073,

by phone: 225.342.0138 or **by mail:** Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821.

Office of the Medicare Beneficiary Ombudsman:

By web: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

{ ***YOUR PATIENT RESPONSIBILITIES.*** }

Sharing of Pertinent Information

- To give us complete and accurate information about your health, including your previous medical history and all the medications you are currently taking.
- To inform us of changes in your condition or symptoms, including pain.

Asking Questions and Following Instructions

- To let us know if you don't understand the information we give you about your condition or treatment.
- To **SpeakUp**. Communicate your concerns to any employee as soon as possible — including any member of the patient care team, manager or administrator.
- To follow our instructions and advice, understanding that there may be consequences if you refuse (which is your right to the extent the law allows).

Financial Obligation

- To pay your bills or make arrangements to meet the financial obligations arising from your care.

Following Rules and Regulations

- To follow St. James Parish Hospital's rules and regulations.
- To leave your personal belongings at home or have family members take all valuables and articles of clothing home while you are hospitalized.

Respect and Consideration

- To be considerate and cooperative.
- To respect the rights and property of others.

