For us to properly care for you, you and your family must:

A. Give Accurate and Complete Information

1. Tell us all you know about your present illness, other times you have been sick or in the hospital, your health history, your current symptoms, and anything else that you think would be helpful for your care, treatment or services.

2. Tell us about:

   a) All drugs you are taking including prescriptions, herbal remedies, over the counter medications, natural products, vitamins, alcohol and tobacco use;
   b) Any allergies or reactions to medicines, food, adhesive tape, latex, or other things;
   c) Anything else that affects your health.

3. Tell us right away if:

   a) You have an unexpected change in your condition or symptoms;
   b) Your pain medicine is not helping you.

B. Ask Questions and Speak-Up

1. Tell us right away if:

   a. You feel at risk or you are worried or do not feel safe about your care;
   b. You are unhappy about your care;

2. Ask questions if you do not understand or do not know what you are expected to do.

C. Follow Instructions

1. Follow the instructions of your doctor, nurse or other caregiver. If you cannot follow your plan of care instructions, please tell someone right away. Often your plan of care can be changed to make it easier for you to follow.

2. Accept responsibility and risk for your choices if you:

   a. Choose not to follow your plan of care;
   b. Refuse care or treatment.

D. Other Responsibilities

1. Show respect and consideration for our staff, doctors, patients, visitors and property;

2. Follow the hospital’s rules regulations;

3. Prepare to pay your hospital bill. Please give us the information we need to bill your insurance. Let us know if you need help with a payment plan.

Questions

If you have any questions regarding these rights or wish to voice a concern about your rights, you may contact the hospital chaplain, or the nursing supervisor. They can be reached by asking your doctor, nurse or hospital operator. (Dial 00 if you are using a hospital telephone.)

Baptist Health Policies:

- Abuse, Neglect, Exploitation and/or Abandonment: Victims of Advance Directive
- Confidentiality: Patient Right to Privacy
- Communication Barriers
- End of Life Care remove
- Ethical Issues and Guidelines remove
- Filming, Recording, Photographing 2014
- Informed Consent
- Pain Management
- Patient Complaints and Grievances
- Research/Investigational Studies/Clinical Trials: Patient Rights
- Restraint and Seclusion
- Sexual, Mental, Physical, Verbal: Abuse, Neglect and/or Exploitation, Alleged by Patient remove
- Transfer Policy: Hospital to Other Facilities to Another Facility
- Withholding & Withdrawing Life Support 2014
- Case Management Polices

Patient Responsibilities

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Patient Rights

Professional and Personal Care

1. You have a right to be treated in a proper, caring and respectful manner that respects your identity.
2. You have a right to have your cultural and personal values, beliefs, and preferences respected.
3. You have a right to treatment and that does not discriminate against you because of your age, race, ethnic origin, religion, culture, language, physical or mental disability, social and economic status, gender, sexual orientation, gender identity or expression of your gender identity.
4. You, or your family or the person you selected to make decisions for you, have the right to be informed of any unexpected outcome that has occurred where the unexpected outcome was caused by the care and treatment or lack of care and treatment by employees.

Participate in Care Decisions

1. You have a right to make decisions about the care, treatment, and services to be provided to you during your hospital stay and after your discharge. This includes the right to refuse care, treatment and services. This right does not, however, allow you to demand treatment or services that the hospital cannot provide or that would be medically unnecessary or inappropriate.
2. You have a right to clear and understandable information in order for you to give an informed consent for the types of care, treatment, and services to be provided for you based on a discussion with your doctor about the potential risks, benefits, possible alternative treatments or procedures, proposed care or treatment and the reasonable alternative care and treatments available, and their risks and benefits. You may know when your personal medical records are to be used. You have the right to refuse proposed medical care or treatments even if your refusal carries a risk of death or loss/damage to a bodily function.
3. You have the right to request your personal records or be asked to sign a release for your personal care or treatment. You have the right to have access to your medical record. The reasons for our decision will be explained in writing with any further right you may have.

Caregiving

1. You have a right to and you will be advised of the names of all doctors and other practitioners who have primary responsibility for your care, treatment, and services and any other doctors or practitioners who may provide other care, treatment or services.
2. You may notify a family member or your representative, and your doctor when admitted to the hospital.

Visitors

1. You have the right to receive the visitor you designate including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner) another family member or friend regardless of whether or not the visitor is legally related to you to lend emotional support during your hospital stay.
2. You have a right to visitors to come to see you while you are hospitalized. We may, however, limit the number of visitors at one or any visitation time. Reasons include:
   a. When you are having procedures, tests or treatments performed;
   b. When visitors may interfere with the care of other patients;
   c. When there is a court order limiting or forbidding visitation;
   d. When a visitor poses a risk because of his/her behavior to you, hospital staff, or other patients or visitors or care on the unit.
3. When your doctor orders privacy and rest for you for medical reasons, you have a right to privacy.
4. When you need extra protection because of a widespread disease such as the flu,
5. When your substance abuse treatment policies require that you be isolated from others.

Access to Services for Your Protection and Support

1. You have a right to receive care in a safe setting.
2. You have a right to be protected from neglect, being taken advantage of, physical, emotional or sexual abuse, or physical punishment.
3. You have a right to be in a setting that supports a positive self-image and preserves human dignity.
4. You have a right to appropriate storage space for your personal belongings.
5. You have a right to retain and to wear your personal clothing and to keep your personal possessions with you (but you accept responsibility for any loss or damage to them), unless your medical situation prevents the use of your personal clothing or your possessions infringe on the rights of others or creates a safety risk.
6. You have a right to request to be taken outside the hospital for short periods if you are in the hospital over thirty (30) days and your medical condition will allow you to be moved outside the hospital.

Freedom from Unnecessary Restraints or Seclusion

1. You have a right to be free from any use of restraint or seclusion, except when a hospital or its employees reasonably believe that the use of restraints or seclusion is necessary to prevent you from injuring yourself or another person or from causing harm to yourself or another person.
2. You have a right to request written notification of your placement in a restraints or seclusion is needed, and in such cases, all reasonable efforts will be made to ensure that the documentation reflects the reasons for your use of restraint or seclusion.

Pain Management

1. You have a right to, as much as possible, be comfortable and have your pain controlled.
2. You have a right to participate in and carry out your pain management plan as prescribed by your doctor. This right does not, however, include a right to dictate the manner, frequency or use of pain medication. Those decisions rest solely with your treating doctor.
3. You have a right to receive education about how to manage your pain, about any limitations to the management of your pain, and the signs of “medical complications”.

Religious and Spiritual Services

You have a right to religious and other spiritual services. Baptist Health provides a staff of trained, qualified pastoral counseling professionals on site, 24 hours a day, 7 days a week. If you ask, your hospital’s chaplain will also contact your minister, priest, rabbi, imam, or other spiritual leader.

Advance Directives and End of Life Decisions

1. You have a right to information related to Advance Directives.
2. You have a right to create, review, or revise your Advance Directives. Assistance may be provided at your request.
3. You may advise us and/or your personal doctor of what treatments you want provided to you at the end of your life.
4. You may provide us and your doctor with a written advance directive (living will, health care durable power of attorney or health care proxy) when admitted or during your hospital stay. You may provide us with a copy of the document each time you are admitted for us to honor it.
5. Your access to, care, treatment, and services is not affected by whether you have an advance directive.
6. You may provide us with an advance directive within the law, circumstances, and our capabilities.
7. You may have your wishes honored as an organ donor within the law, circumstances, and our capabilities.

You have a right to be told about the risks and benefits of research treatment to help you decide whether participating in a research treatment or not is appropriate.

You have a right to participate in or refuse to participate in research treatment offered. Refusing to participate in research treatment or stopping treatment will not affect your access to other care, treatment, or services.

Tell Us Your Concerns or Complaints

1. You have a right to freely voice your complaints and suggestions without it affecting your care, treatment, or services. You have a right to voice complaints and/or concerns and to have us review and respond to tell us your plan of resolution if it will require a period of time.
2. You have a right to voice your complaint and/or concern to our staff, your doctor, or any other caregiver.
3. You may expect us, as soon as reasonably possible, investigate your complaint and to work to resolve it as soon as possible.
4. You may have a reasonable time to respond to your complaint and/or concern.
5. If you, or your legal representative, have a complaint and/or concern has been appropriately resolved, to call the hospital operator and ask to speak to the chief nursing supervisor, and then to restate your complaint and/or concern to them and your issue(s) with the time it is taking to resolve your issue(s) and/or concerns.
6. Baptist Medical Center East at (334) 244-8558
7. Baptist South at (334) 288-3287
8. Prattville Baptist at (334) 568-4866
9. You may address and/or concerns to appropriate parties outside the hospital system. Those agencies and their addresses and phone numbers are:

   Alabama Department of Public Health
   P.O. Box 30307
   Montgomery, Alabama 36130-3017
   Baptist Health Care Facilities Complaint Line: 1-800-356-9596
   The Joint Commission
   www.jointcommission.org, using the “Report a Patient Safety Event” link in the “Action Center”
   Fax: 630-792-5063
   Mail To: Office of Quality and Patient Safety, The Joint Commission
   One Renaissance Boulevard
  Oakbrook Terrace, IL 60181

   If you have Medicare or Medicaid Insurance, you can contact:
   KePPO
   5700 Lombardo Center Drive, Suite 100
   Seven Hills, Ohio 44131
   Toll Free Number: 844-438-9564
   Fax Number: 844-878-7923
   TTY: 855-447-4776