

Baptist Health  
**PATIENT  
HANDBOOK**



11/2018



# Welcome to Baptist Health

Dear Valued Patient,

We understand hospital stays can be stressful and the information you are provided about your care can be overwhelming, which is why we have created this patient handbook. We encourage you to take a moment and read through it, as it contains important information about your safety and patient rights, and covers commonly asked questions such as phone numbers and visiting hours.

You will also find in the back of the book a place for you to write notes about your stay and plan of care. If you have questions for the healthcare professional caring for you, please do not hesitate to ask. During your stay, we will strive to earn our reputation for quality healthcare, working hard to offer the best patient experience and outcome possible.

It is our privilege to care for you.

Your Baptist Health Family

**Baptist Medical  
Center South**  
(334) 288-2100

**Baptist Medical  
Center East**  
(334) 277-8330

**Prattville  
Baptist Hospital**  
(334) 365-0651

## Mission Statement

As a witness to the love of God through Jesus Christ, Baptist Health exists as a voluntary, not-for-profit organization to promote and improve the physical, emotional and spiritual well-being of the people and communities it serves through the delivery of quality healthcare services provided within a framework of fiscal responsibility.

## Vision Statement

- ♦ Help people in communities we serve maintain and improve their health and quality of life.
- ♦ Collaborate with other community organizations to provide needed services.
- ♦ Be the healthcare provider of choice for all who need care in the communities we serve.
- ♦ Be the employer of choice for healthcare professionals with a positive attitude.
- ♦ Be a healthcare system of choice for physicians and other healthcare providers.
- ♦ Provide high quality services at appropriate costs.

## Nursing Mission Statement

Nursing provides loving care within a sacred environment for the mind, body and spirit for every person in all of our relationships every time.

## Organizational Aim

Patients First, Compassionate Care, Pursuing Perfection.

# Notes to Go Home

I had to stay in the hospital because:

Doctor:

Date admitted:

Date discharged:

Tests:

Treatment:

Follow-up, Appointment(s):

Notes:



## This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue lines spaced evenly across the page, typical of notebook or legal stationery. The lines are thin and light blue, set against a plain white background. There are no margins, text, or other markings present.



Baptist Gateway offers patients of Baptist Health facilities a simple and convenient way to manage their healthcare, how, where and when it's best for them. Your Baptist Gateway account is completely secure, FREE to use and is available 24 hours per day.

Through your Baptist Gateway account, you can:

- Obtain health education information in your Continuity of Care document;
- Easily view your lab results, with many available within 96 hours;
- View discharge instructions;
- View important data and manage your health record;
- Manage the health of your children or a loved one using the proxy feature;
- Manage your medication list and history;
- View your medication allergy list and history;
- Send messages to your Baptist Health primary care provider;
- Access your Baptist Gateway account through any desktop or mobile device.

We hope you enjoy the convenience of this secure online portal that connects you to your personalized health information. If you have any difficulties navigating the portal, please do not hesitate to contact us at 1-877-621-8014.

Once you receive your Baptist Gateway log in email, you have 90 days to enroll before your log in expires.

Tobacco Free Policy

Smoking and the use of tobacco products are prohibited by anyone on Baptist Health campuses including employees, volunteers, students, patients, medical staff, visitors, vendors and contractors. The purpose of this policy is to provide a healthier environment and demonstrate the Hospital's commitment to improve the health of the community, employees and everyone who visits our campuses. This policy shall apply to all properties leased or owned (facilities, buildings, grounds, off-site facilities, Baptist Health owned or leased vehicles, and at any and all parking lots and grounds associated with Baptist Health). We thank you for your cooperation and for helping to make Baptist Health properties a healthier environment for our patients, visitors and staff.

About Your Admission

Registration

Your admission was requested by your physician who is a member of the hospital's medical staff. During the admission process, it is necessary to obtain vital information regarding you, the patient. Your cooperation in supplying this information is appreciated. Patients should bring with them all insurance identification cards, policy numbers or referrals. Your insurance will be verified and you will be asked to pay the insurance deductible, co-payment and any estimated balance not covered by your insurance. For patients with no insurance, total estimated charges are payable at the time of admission.

What to Bring to the Hospital

- 1. A complete list of all medications you are taking, including herbal and over-the-counter medications or supplements.
- 2. Only such personal items such as cosmetics, nightgown or pajamas, bathrobe, slippers, toiletry (deodorant, toothbrush, razor, etc.) and shower items should be brought to the hospital upon admission.
- 3. If you bring an electrical item (hair dryer, razor, radio, fan, etc.) please notify the nurse so a member of the Engineering staff may check the item for safety.

Personal Property and Valuables

Personal Property and Valuables  
Please leave all personal property and valuables at home or with a family member/personal representative. Personal property includes jewelry, money/cash, luggage and wallets/purses. Should you need to store valuable items hospital security and registration areas will secure your valuables until discharge. Personal property needed for daily activities, such as eyeglasses, hearing aids and dentures may remain in your room in a personal property case. The hospital cannot be held responsible for loss or damage to valuable items kept at the bedside. This includes eyeglasses, contact lens, hearing aids, dentures, cash, jewelry, etc.

Parking

Parking is available in designated areas on each campus. Please look for the signs on campus labeled“Visitor Parking.”

OPIOID PROGRAMS IN ALABAMA



PROGRAM NAME	DBA	STREET	CITY	STATE	ZIP	PHONE
AltaPointe Medication Assisted Treatment Program		4211 Government Blvd.	Mobile	AL	36693	(251) 666-2569
Bradford Health Services - Madison Medically Monitored Residential Detoxification Adult NTP		1600 Browns Ferry Road	Madison	AL	35758	(256) 461-7272
Bradford Health Services -Warrior Medically Monitored Residential Detoxification Adult NTP		1189 Allbritton Road	Warrior	AL	35180	(205) 244-2960
Chilton County Treatment Center	Chilton County Treatment Center	2100 Holiday Inn Drive	Clanton	AL	35046	(205) 755-4300
Comprehensive Management Group, LLC	Northeast Alabama Treatment Center	196 County Road 85	Stevenson	AL	35772	(256) 437-2728
Cullman County Treatment Center		1912 Commerce Ave. NW, P.O. Box 2085	Cullman	AL	35056	(256) 739-5595
Escape from Chemical Dependence	ECD Program, Inc.	808 Downtowner Loop W.	Mobile	AL	36609	(251) 341-9505
Gulf Coast Treatment Center, Inc.		12271 Interchange Rd.	Grand Bay	AL	36541	(251) 865-0123
Huntsville Metro Treatment Center P.C.		2227 Drake Ave., Suite 19	Huntsville	AL	35805	(256) 881-1311
Huntsville Recovery, Inc.		4040 Independence Drive	Huntsville	AL	35816	(256) 721-1940
Marion County Treatment Center	Marion County Treatment Center	1879 Military Street South	Hamilton	AL	35570	(205) 921-3799
MedMark Treatment Centers of Alabama, Inc.	MedMark Treatment Centers - Dothan	9283 W. U.S. 84	Newton	AL	36352	(334) 692-4455
MedMark Treatment Centers of Alabama, Inc.	MedMark Treatment Centers - Oxford	118 East Choccolocco St.	Oxford	AL	36203	(256) 831-4601
Metro Treatment Center of Alabama	Montgomery Metro Treatment Center	6001 East Shirley Lane	Montgomery	AL	36117	(334) 244-1618
Metro Treatment of Alabama L.P.	Birmingham Metro Treatment Center	151 Industrial Drive	Birmingham	AL	35211	(205) 941-1799
Mobile Metro Treatment Center P.C.		1924 - C Dauphin Island Parkway	Mobile	AL	36605	(251) 476-5733
Northwest Alabama Treatment Center, Inc		4204 Edmonton Dr.	Bessemer	AL	35022	(205) 425-1200
Shelby County Treatment Center (SCTC)		750 Highway 31 South	Saginaw-Ala-baster	AL	35007	(205) 216-0202
The Gadsden Treatment Center, Inc.		1117 Gardner Street	Gadsden	AL	35901	(256) 549-0807
The Treatment Centers, Inc.	Shoals Treatment Center	3430 North Jackson Hwy.	Sheffield	AL	35660	(256) 383-6646
Tri County Treatment Center P.C.		5605 Clifford Circle	Birmingham	AL	35210	(205) 836-3345
TTC, L.L.C.	Tuscaloosa Treatment Center	1001 Mimosa Park Rd.	Tuscaloosa	AL	35405	(205) 752-5857
Walker Recovery Center	Walker Recovery Center	2195 North Airport Rd.	Jasper	AL	35504	(205) 221-1799



**PROPER DISPOSAL – PAIN PATCHES (FENTANYL TRANSDERMAL SYSTEM/DURAGESIC)**  
FDA recommends disposing of used patches by folding them in half with the sticky sides together, and then flushing them down a toilet. They should not be placed in the household trash where children or pets can find them.

FDA recognizes that there are environmental concerns about flushing medicines down the toilet. However, FDA believes that the risk associated with accidental exposure to this strong narcotic medicine outweighs any potential risk associated with disposal by flushing. When the patches are no longer needed, disposing by flushing completely eliminates the risk of harm to people in the home.

FDA has included fentanyl patches on a list of medicines that should be flushed down a toilet because they could be especially harmful, and possibly fatal, in a single dose if used by someone other than the person for whom the medicine was prescribed.

Health care professionals and patients are asked to report any cases of accidental exposure to the FDA’s MedWatch Safety Information and Adverse Event Reporting program.

**FLUSHING OF CERTAIN MEDICINES**

A small number of medicines may be especially harmful and, in some cases, fatal with just one dose if they are used by someone other than the person for whom the medicine was prescribed. To prevent accidental exposure to, including ingestion of, these potentially dangerous medicines by children and others, including pets, it is recommended that these medicines be disposed of quickly through a medicine take-back program or by transferring them to a DEA-authorized collector. If these disposal options are not readily available, it is recommended that these medicines be flushed down the toilet as soon as they are no longer needed.

**FOR MORE INFORMATION GO TO:**  
[www.fda.gov/forconsumers/consumerupdates/ucm101653.htm](http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm)

**PAIN MANAGEMENT CONSULTANTS - 2018**

PHYSICIAN	ADDRESS	PHONE
DR. DAVID HERRICK	The Center for Pain of Montgomery 2065 E South Blvd, Ste 401 Montgomery, AL 36116	(334) 288-7808
DR. BRADLEY KATZ	The Center for Pain of Montgomery 2065 E South Blvd, Ste 401 Montgomery, AL 36116	(334) 288-7808
DR. RHET LANGLEY	Pain Management Center of Montgomery 3287 Malcolm Drive Montgomery, AL 36116	(334) 356-9970
DR. STEVEN OSBORNE	Pain Management Center of Montgomery 3287 Malcolm Drive Montgomery, AL 36116	(334) 356-9970
DR. MEDHA PRADHAN	Southern Pain Control Center 7205 Copperfield Drive Montgomery, AL 36117	(334) 396-6055
DR. AARON SHINKLE	The Center for Pain of Montgomery 2065 E South Blvd, Ste 401 Montgomery, AL 36116	(334) 288-7808
DR. JONATHAN VARNER	Pain Management Center of Montgomery 3287 Malcolm Drive Montgomery, AL 36116	(334) 356-9970

About Your Hospital Stay

**Telephone**

Your room is equipped with a telephone at your bedside. To call out to a local number dial (9) to get an outside line, followed by the number you are calling. To make a long distance call, please dial ‘0’ to reach the operator and they will assist you.

- Your individual number to your room so you may receive calls is:
- Baptist Medical Center East: 244-8 followed by the room number.
  - Baptist Medical Center South: 286-1 followed by the room number.
  - Prattville Baptist Hospital: 568-4 followed by the room number.

For other types of calls, please dial ‘00’ to reach the hospital operator. Telephone calls are blocked or not put through to the patient rooms from 9 p.m. until 7 a.m.

**Dietary Services**

Meals served to you during your hospital stay are provided to aid in your recovery. Your particular dietary needs are considered by your physician who then writes an order for your diet. Trained dieticians plan the menu. You will be served three (3) times a day based on your condition and according to your physician’s instructions.

At times, you may not be able to eat or drink (NPO) due to your condition or tests/procedures your physician has ordered. We ask that you check with your nurse prior to supplementing your diet with foods from home. In the event you are not satisfied with your meal, or if you have special dietary requests, please contact your nurse so those requests can be given to our Nutrition and Food Services Department.

**Religious and Cultural Services**

Chaplains employed by the hospital are available to provide ministry, pastoral care and counseling. A chaplain is available to hear your questions, respond to your need for specific religious services, offer counsel and sustain you, as well as your family while coping with the stressors of illness, decision-making, waiting and the experience of hospitalization. We can assist in contacting your own clergy person when you request their services. We want to provide you with support, prayer, scripture or other services while responding to your spiritual needs. If you have religious, spiritual and/or cultural practices that will be important to you as we provide your care, please share this information with your physician and the nurse who performs your admission history.

**Patient Satisfaction**

To ensure that we are providing excellent service as we meet our patient’s needs, we appreciate any comments you share with our staff during your stay. If you have any comments or concerns you would like to share with us during your stay, please contact hospital administration.

We value your feedback and would like to know your thoughts and comments. You may receive a telephone call from Press Ganey asking about your hospital stay about one week after you arrive home. This telephone survey allows us to get detailed information about your visit that we will use in our ongoing efforts to provide excellent service at Baptist Health.

- By sharing your opinion with us we can:
- Make a positive impact on all patients
  - Give our patients the respect they deserve
  - Care for all of our patients’ medical needs, and
  - Maintain patient satisfaction within our hospital

DO NOT FLUSH *any kind of*  
WIPE *even if the package says*  
*they are “flushable”.*

# Patient Safety – Make a Difference in Your Healthcare

At Baptist Health, your safety is our top priority. Please read the following tips on how to keep yourself (or your loved one) safe:

### Team Member

- Become an active member of your healthcare team.
- Take part in every decision.
- Understand your diagnosis, tests and treatment.

You may want to encourage family members or a trusted friend to serve on your behalf as an advocate. Advocates can be a part of your healthcare team, although they can only do so with your permission.

### Hand Washing

Hand washing is the best way to stop the spread of infection. Baptist Health encourages frequent hand washing for its staff, patients and visitors.

### Respiratory Hygiene/Cough Etiquette

Please help us prevent the spread of infection:

Cover the nose and mouth when coughing or sneezing. Use tissues to contain respiratory secretions and dispose in a waste receptacle after use. Wash your hands! Cough into your elbow if a tissue is not available. Help us prevent the spread of infection.

### Communicate

Provide accurate and complete information about your condition and medical history. Expect caregivers to introduce themselves and look for their identification badge. Ensure your doctor or nurse confirms your identity before any procedure or treatment.

### Prevent Falls

If you have problems with balance or if you have a history of falls, please let us know. Always ask for help when getting up, especially if you are light-headed, weak, or wobbly. Wear non-slip shoes or slippers. The nurse may place a yellow armband on your arm to alert other caregivers that you are at high risk for falls so that appropriate precautions can be taken.

### Medicine

Tell your doctor and nurse all of the medications you are taking, including any herbs, vitamins, dietary supplements or over-the-counter medications.

Ask about the purpose of the medication and ask for written information about it, including its brand and generic names. Also inquire about the side effects of the medication.

Carry a written list of your medications at all times.

This hospital dispenses medication in the most ready-to-use form to promote patient safety.

Baptist Health utilizes pharmacists at each of our hospitals to provide medication order entry for all three hospitals to ensure 24 hour a day pharmaceutical care for our patients.

### Allergies

Tell us about any allergies or bad reaction you have to medication, food, or dyes.

### IV Pumps

Your IV pump is controlled by your nurse or physician only. Please contact your nurse if you have any questions about this. In some cases, you may be given a PCA (Patient Controlled Analgesia) pump for management of your pain. This is controlled only by you (the patient). Tell us if you have pain and if your pain doesn't ease, let us know. If you are on a pain pump, NEVER allow someone else to press the dose button for you – only the patient should administer a dose of pain medication.

### Blood Clots

Also known as Deep Vein Thrombosis (DVT), this condition is often caused by restricted movement while confined to a hospital bed. DVT is best prevented by moving your feet and legs and turning yourself over in bed at least every two hours. Your doctors and nurses may give you medicine, stockings, or leg wraps to help. If you have problems breathing or are coughing up blood, tell a member of your care team immediately.

# DISPOSAL OF UNUSED MEDICINES: WHAT YOU SHOULD KNOW

Follow these simple steps to dispose of medicines in the household trash

### MIX

Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter, or used coffee grounds;



### PLACE

Place the mixture in a container such as a sealed plastic bag;



### THROW

Throw the container in your household trash;



### SCRATCH OUT

Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.



## DISPOSAL IN HOUSEHOLD TRASH

If no medicine take-back programs or DEA-authorized collectors are available in your area, and there are no specific disposal instructions on the label, such as flushing as described below, you can also follow these simple steps to dispose of most medicines in the household trash:

1. Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter, or used coffee grounds;
2. Place the mixture in a container such as a sealed plastic bag
3. Throw the container in your household trash;
4. Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.





### Understand Your Care

Ask what tests you will have. Ask if you will have blood work. Your doctor should explain the risks, benefits and alternatives to any tests, procedures or treatments recommended for you. Ask any questions you have. If you don't understand, ask again. Only agree to those things you fully understand. Remember that you have the right to refuse any treatment.

Having surgery? Your surgical site may be marked so there is no confusion in the operating room. You may be asked to be a part of this process. A pre-operative checklist will be used to ensure your safety. Just before beginning the procedure the entire team will stop and take a time-out to confirm it is safe to begin.

Keep your armband on at all times during your stay. Your armband provides us with critical information. Let a member of your care team know if your armband comes off.

Before you leave, be sure you understand discharge instructions and if you have a follow-up appointment. Find out how to contact the physician's office if you have questions after you leave.

### If You Have Questions or Concerns -- ASK, ASK, ASK!

Please feel free to contact any member of your healthcare team. Please notify us if you notice:

1. A change in patient condition
2. Patient Safety Issues
3. Concerns not being addressed in a timely manner

If you are worried, so are we!

If you feel you need additional assistance from your healthcare team, please don't hesitate to reach out.

**For immediate medical assistance during your stay, please call:**  
**Baptist Medical Center South - 6666 (internal extension)**  
**Baptist Medical Center East - (334) 451-5253**  
**Prattville Baptist Hospital - (334) 451-0584**

**If you are worried, so are we!**





## Definitions of Hospital Caregivers

**Attending physician** – the physician who is directing your care while in the hospital.

**Consulting physician** – may see you at the request of your attending physician for specialized needs.

**Resident physician** – a medical doctor enrolled in an educational program to expand his or her knowledge prior to practicing alone.

**Healthcare student** – a student enrolled in an accredited educational program who may observe your care or assist in limited ways.

**Registered Nurse (R.N.)** – a licensed nurse who will work with your physicians to coordinate your treatment and answer questions about your diagnosis or care plan.

**Hospitalist** – a medical doctor who specializes in your care while you are in the hospital. Your doctor may use a hospitalist physician for your inpatient care. This physician will release you back to your doctor at discharge.

**Intensivist** – a physician who specializes in the care of critically ill patients, usually in an intensive care unit.

**Licensed Practical Nurse (L.P.N.)** – a licensed nurse who works under the supervision of a registered nurse.

**Patient Care Technician (P.C.T.)** – a supportive member of the patient care team educated or experienced by previous training to assist in routine and non-complex aspects of patient care.

**Unit Clerk** – responsible for the secretarial duties on the nursing unit. They answer call lights, phones and handles patient and visitor requests.

**Respiratory Therapist (R.T.)** – a certified therapist who is responsible for providing direct care within specific guidelines related to respiratory care. They assess and manage equipment through the direction of a physician.

**Radiologist** – a medical doctor who specializes in analyzing and performing procedures using X-rays.

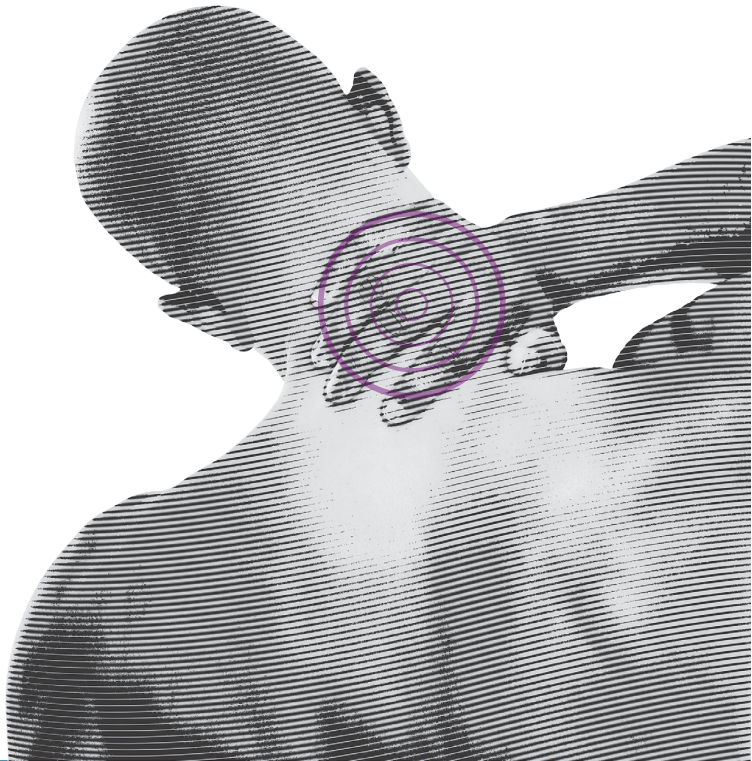
**Nurse Practitioner** - an advanced practice nurse who combines clinical expertise with education to serve as a valued member of the healthcare team to assess patients, order and interpret diagnostic tests, make diagnoses, and initiate and manage treatment plans as well as prescribing medication. A nurse practitioner works under the supervision of a physician.

**Physician Assistant** - a member of the healthcare team that is trained to conduct physical exams, diagnose and treat illnesses, order and interpret tests, develop treatment plans, perform procedures, prescribe medications, counsel on preventive health care and may assist in surgery in collaboration with a physician.

## KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within \_\_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
- ❑ Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

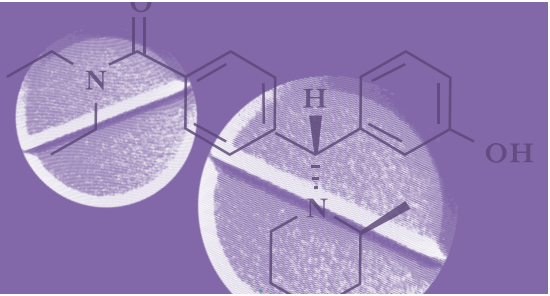


### Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

**Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use.** An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating



## RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

# Patient Rights

### Professional and Personal Care

1. You have a right to be treated in a proper, caring and respectful manner that respects your dignity.
2. You have a right to have your cultural and personal values, beliefs, and preferences respected.
3. You have a right to receive care and treatment 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 told when there has been an unexpected outcome that has occurred where the unexpected outcome was caused by the care and treatment or lack of care and treatment by the hospital or its 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 your doctor(s) may determine to 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 side effects of the proposed care or treatment and the reasonable alternative care and treatments available, and their risks and benefits. You may know when your personal medical information must be disclosed or reported. You have a 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. If you are unable to make decision about your care, treatment or services, your surrogate decision maker will be involved in making these decisions.
4. You have a right to give or refuse consent for video recording, filming, or photographs of your person, made for performance improvement or education. Further, you may stop any videoing, filming, or photography in process and have any video, film, or photos destroyed. You may withdraw consent until a reasonable time before the item is used.
5. You may ask for a second opinion, or for a transfer to another hospital. For a second opinion, the attending physician is made aware and you may request another physician. It is up to the second physician to accept the request. A transfer request requires an accepting doctor and hospital acceptance of the transfer, which neither you or this hospital can demand.
6. You have a right to provide the hospital and your doctor with an advance directive. These include a “Living Will” to instruct us on areas of care should you be facing an

eminent death, and/or a health care durable power of attorney or a designated health care proxy naming the person selected by your to make health care decisions for you should you be determined to be facing an eminent death and you are unable to tell us your wishes.

### Good Communication

1. You have a right to receive information in a manner that you can understand, considering your age, language, and ability to understand.
2. Should you need it, you have a right to have sign language and foreign language interpreters available to help you at no cost to you.
3. You have a right to telephone and mail service while you are a patient in the hospital.
4. You have a right to receive assistance with your needs if you have problems with your vision or speech, or if you have any difficulty understanding what is being said to you.

### Privacy and Confidentiality

1. You have a right to personal privacy while seeking treatment and/or care while in our facilities.
2. You have a right to confidentiality about your protected health information. Under the Health Insurance Portability and Accountability Act (HIPAA) your rights include:
  - a. **Right to Restrict:** You may ask to restrict how we use and disclose (or release) your information for treatment, payment and other health care option. You can also restrict information given to your family or friends. We are not required to agree with your requests and we will tell you if we cannot agree with your request.
  - b. **Accounting and Disclosures:** You may ask for a list of the persons or entities that have reviewed or received your health information under certain circumstances. All your requests must be in writing. Please ask us if you need help.
  - c. For more information about your privacy rights under HIPAA, please contact the Corporate Compliance Department at (844) 298-1926.
3. You have a right to request a written notice of how your health information will be used and shared. This is called our Notice of Privacy and Practices and it contains your rights and our legal duties about your health information.

### Access to Medical Records

1. You have a right to access the information in your medical records within a reasonable time frame. You may obtain a copy of your medical record, however, there may be a reasonable charge associated with such a request.
2. You have a right to request we change or delete information in your medical record. Your request will be reviewed and a decision will be provided to you. While you have a right to make the request, the hospital is not required to make a change or delete information from your record if there is no evidence that an error was made or that incorrect information was entered into your medical record. The reasons for our decision will be explained in writing along with any further right you may have.

Caregivers

- 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 have us 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 have visitors come to see you while you are hospitalized. We may, however, limit the number of visitors at one or any visitation at certain times. 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/visitors or care on the unit;
  - e. When you are at risk of infection from visitors or visitors are at risk of infection from you;
  - f. When your doctor orders privacy and rest for you for medical reasons;
  - g. When you need extra protection because of a widespread disease such as the flu;
  - h. When your substance abuse treatment policies require that you have restricted visitors.

Access to Services for Your Protection and Support

You have a right to ask for and get a list of names, addresses, and telephone numbers of state client protection and advocacy (or support) groups.

A. Secure and Dignified Environment

- 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, harassment, physical/sexual/or mental 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 items.
- 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.

Freedom from Unnecessary Restraints or Seclusion

- 1. You have a right to be free from any use of restraint or seclusion, solely used as a means of enforcement, discipline, convenience, or retaliation. Restraint or seclusion may only be used to ensure your immediate physical safety or the safety of hospital staff or others, but must be discontinued at the earliest possible time.
- 2. You have a right to have the least restrictive form of restraint or seclusion used, and in such cases all reasonable efforts will be made to protect your health and safety.

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, type, or frequency 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 side effects of pain medications.

Religious and Spiritual Services

You have a right to religious and other spiritual services. Baptist Health provides a staff of trained, qualified pastoral counseling providers that are 24 hours a day, 7 days a week. If you ask, the hospital's chaplain will also contact your minister, priest, rabbi, imam or other spiritual advisor.

Advance Directives and End of Life Decisions

- 1. You have the right to information related to Advance Directives.
- 2. You have the 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 must, however, present 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 have us honor and carry out your advance directive within the law, medical necessity and appropriateness, and our capabilities.
- 7. You may have us honor your wishes as an organ donor within the law, circumstances, and our capabilities.

Understand and Give Consent for Research Treatment

- 1. You have a right to be told about the risks and benefits of research treatment to help you decide about participating in a research study or clinical trial.
- 2. You have a right to participate in or refuse to participate in research treatment offered. Refusing to participate in research treatment or stopping research treatment will not affect your access to other care, treatment or services.

STROKE IS AN  
EMERGENCY!  
EVERY MINUTE COUNTS

B.E.F.A.S.T.

- B BALANCE**  
Loss of balance or coordination, dizziness
- E EYES**  
Blurry vision, double vision, cannot see out of one eye
- F FACE**  
Facial droop, uneven smile
- A ARM**  
Arm numbness, arm weakness
- S SPEECH**  
Slurred speech, difficulty speaking
- T TIME**  
What time did symptoms start? Time to call Rapid Response Team

STROKE RISK FACTORS

- High blood pressure
- High cholesterol
- Heart disease
- Diabetes
- Smoking
- Heavy alcohol use
- Physical inactivity and obesity
- Atrial fibrillation (irregular heartbeat)
- Family history of stroke

FOR MORE INFORMATION ABOUT STROKE, CONTACT:

American Stroke Association (ASA)  
www.strokeassociation.org  
1-(888)-4-STROKE

National Stroke Association (NSA)  
www.stroke.org  
1-(800)-STROKES





NOTICE OF PRIVACY PRACTICES OF  
THE HEALTH CARE AUTHORITY FOR BAPTIST HEALTH  
AN AFFILIATE OF UAB HEALTH SYSTEM

ABOUT THIS NOTICE

This is a **condensed** version of our Notice of Privacy Practices. For a full version of the Notice you can view the notice posted on our website **www.baptistfirst.org**. You are entitled to receive this Notice in written form. You can request one from the admissions desk or contact the Corporate Compliance Office at the address listed below to obtain a written copy.

**Language Translations Available.** A copy of this Notice of Privacy Practice is available in both Spanish and Korean. If you would like to receive a copy of either of these translations, please request a copy from the facility registration desk.

WHO WILL FOLLOW THIS NOTICE

**Baptist Health.** This Notice describes the privacy practices of the Health Care Authority of Baptist Health, an affiliate of UAB Health System, Baptist Health and all affiliates doing business as Baptist Health.

**Medical Staff.** This Notice also describes the privacy practices of an “organized health care arrangement” or “OHCA” between Baptist Health and eligible providers on its’ Medical Staffs. Baptist Health will:

- Use this Notice as a joint notice of privacy practices for all inpatient and outpatient provision of medical care and follow all practices described in this notice;
- Obtain a single signed acknowledgment of receipt;
- Notify you in the case of a breach of your identifiable medical information; and
- Share medical information from inpatient and outpatient provision of medical care with eligible providers so that they can help Baptist Health with its’ health care operations.

**Health Information Exchanges (HIE).** We participate in a HIE that may make your health information available to other providers, health plans and health care clearinghouses for treatment and/or payment purposes. You may choose NOT to have your health information included in the HIE by submitting a written request seeking exclusion.

**The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.**

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The following are the types of uses and disclosures we may make of your medical information without your permission.

**Treatment.** We will use and disclose your medical information for treatment.  
**Payment.** We will use and disclose your medical information for payment purposes.  
**Health Care Operations.** We may use or disclose your medical information for our health care operations.

**Business Associates.** We will disclose your medical information to our business associates and allow them to create, use and disclose your medical information to perform their job.

**Appointment Reminders.** We may contact you to remind you that you have an appointment for treatment or medical services.

**Treatment Alternatives.** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising.** We may contact you as part of a fundraising effort.

**Certain Marketing Activities.** We may use your medical information for certain market activities.

**Facility Directory.** We may include your name, location in the facility, general condition and religious affiliation in a facility directory.

**Family and Friends.** We may disclose your location or general condition to a family member or your personal representative.

**Required by Law.** We will use and disclose your information as required by federal, state or local law.

**Public Health Activities.** We may disclose medical information about you for public health activities.

**Abuse, Neglect or Domestic Violence.** We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order.

**Law Enforcement.** We may release certain medical information if required to do so by law or pursuant to an ongoing criminal investigation.

**Deceased Individuals.** We may release medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties.  
**Organ, Eye or Tissue Donation.** We may release medical information to organ, eye or tissue procurement, transplantation or banking organizations.  
Research. Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards.  
**Threats to Health or Safety.** Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety.  
**Specialized Government Functions.** We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President.  
**Workers’ Compensation.** We may release medical information about you as authorized by law for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.  
**Inmate or Individuals in Custody.** (If applicable) We may release medical information about you to a correctional institution or law enforcement official.  
**Incidental Uses and Disclosures.** There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business.  
**Other Uses and Disclosures.** Other uses and disclosures of your medical information not covered above will be made only with your written permission.

INDIVIDUAL RIGHTS

**Request for Voluntary Restrictions.** You have the right to request a restriction on how we use and disclose your medical information for treatment, payment and health care operations, or to certain family members or friends identified by you or to your health plan under certain circumstances.

**Access to Medical Information.** You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. You may also request an electronic copy of your medical record.

**Amendment.** You may request that we amend certain medical information that we keep in your records.

**Accounting.** You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates.

**Breach Notification.** You have the right to be notified if there is a breach of your unsecured medical information.

**Confidential Communications.** You may request that we communicate with you about your medical information in a certain way or at a certain location.

**Sale of Medical Information.** Baptist Health is prohibited from selling your medical information except under certain conditions.

**Right to Revoke Authorization.** You may revoke your authorization to disclose or use your medical information.

**How to Exercise These Rights.** All requests to exercise these rights must be in writing.

COMPLAINTS

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with Baptist Health using the contact information at the end of this Notice. You may also submit a written complaint to the Office for Civil Rights. There will be no retaliation for filing a complaint.

If you would like to request a copy of your medical records, please contact Health Information Management:  
Baptist Medical Center East: (334) 244-8471  
Baptist Medical Center South: (334) 286-2959  
Prattville Baptist Hospital: (334) 568-4221

CONTACT INFORMATION

**Corporate Compliance Office**  
Telephone: (334) 273-4442  
E-mail: corporatecompliance@baptistfirst.org  
Mailing Address: Baptist Health Corporate Compliance  
301 Brown Springs Road  
Montgomery, Alabama 36117

**Baptist Ethics Hotline:** 800-621-5966

**Office for Civil Rights**  
U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909.

**NPP6 EFFECTIVE DATE:** April 14, 2003 **REVISED DATE:** Feb. 16, 2015

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 resolve them or tell you our 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 to, as soon as reasonably possible, investigate your complaint and to work to resolve it as soon as possible.
4. You may submit your complaint and/or concerns to us in writing. Your letter should be addressed to the Chief Nursing Officer at the particular hospital. We will confirm receipt of your letter and tell you when to expect a response.
5. You have a right, if you do not feel that your complaint and/or concern has been appropriately resolved, to call the hospital operator and ask for the patient advocate or a nursing supervisor, and 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:  
Baptist Medical Center East at (334) 244-8558  
Baptist South at (334) 286-3287  
Prattville Baptist at (334) 568-4866

6. You may address your complaint 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 303017  
Montgomery, Alabama 36130-3017  
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) 792-5636
- 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:  
KePRO  
5700 Lombardo Center Drive, Suite 100  
Seven Hills, Ohio 44131  
Toll Free Number: 844-430-9504  
Fax Number: 844-878-7921  
TTY: 855-843-4776

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 request to speak with the Patient Advocate. 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 Policies











## Baptist Health’s Policy on Healthcare Decision Making

### What is an Advance Directive?

An Advance Directive is a written document, prepared and signed by you in accordance with Alabama law, which tells your attending physician(s) whether to provide, withhold, or withdraw life sustaining treatment (ventilator, renal dialysis and/or artificially provided nutrition and hydration) and/or to designate a health care proxy to make those decisions on your behalf should you be determined, by two (2) physicians, to have an eminently terminal condition and you are permanently unconscious or mentally/physically unable to make your wishes known. You must be at least nineteen (19) years of age to formulate an Advanced Directive. You do not need an attorney but you should discuss your decisions with your primary physician and your family.

### Types of Advance Directives

Alabama recognizes three (3) forms of Advance Directives. These are:

1. A **Living Will** is a written document that basically complies with the format set forth in Section 22-8A-4 of the Code of Alabama. A Living Will form is available from the hospital.
2. A **Health Care Proxy** is a person, designated in writing by you, who is given the power to make decisions regarding the provision, withholding, or withdrawal of life sustaining treatment and artificially provided nutrition and hydration should you be determined to face eminent death and you are unable to make your wishes known.
3. A **Durable Power of Attorney** may be used to empower a named individual to make medical decisions for you at any time when you are unable to make those decisions, due to unconsciousness, illness or injury. A Durable Power of Attorney may also contain language identical to that for a Health Care Proxy, which would allow the designated person to make the same end-of-life decisions, that the Proxy can be empowered to make.

### What to do with your Advance Directive

If you have an Advance Directive, you need to have copies of it available to bring with you each time you are hospitalized. A copy should be provided to your primary care physician and to your family. If no family exists or is not readily available, you may wish to give a copy to a close personal friend whom you trust.

### How do you change your Advance Directive?

You may change the terms of or terminate your Advance Directive at any time. You can mark through and sign specific parts you wish to remove/change or you can verbally change it providing you are deemed capable of understanding your decision.

### Baptist Health Policy on Patient Decision Making

Adult patients who are deemed to possess the capacity to understand the outcomes and impact of their decisions, have the right to refuse care and treatment. This includes the right to make or not make an Advance Directive. If we (the hospital and your attending physician[s]) cannot carry out your wishes, we will tell you why and you will have the option to find another hospital and other physicians who will honor your requests.

## Prattville Baptist Hospital



### Important Telephone Numbers

Main Hospital Number	(334) 365-0651
Administration	(334) 568-4267
Dietary	(334) 568-4264
Patient Safety Line	(334) 568-4253
Guest Relations	(334) 568-4866
Medical Records	(334) 568-4307
Surgery/ICU Waiting Room	(334) 568-5112
Outpatient Waiting Room	(334) 568-5110
Housekeeping	(334) 568-4229
Security	(334) 568-4159
Senior Advantage/Volunteer Services	(334) 568-4866
Hospital Operator	Dial '00'
Gift Shop	(334) 568-4850

### Gift Shop Hours

Monday-Friday 8 a.m.-4 p.m.

### ICU Visiting Hours

Limit two visitors at a time and must be older than 14 years of age. Nursing staff will work with family/visitors to plan individual visiting guidelines for the patient.

### General Visiting Hours

Daily

- Until 9 p.m.
- We ask that you refrain from visiting between the hours of 6 a.m. and 8 a.m. and 6 p.m. and 8 p.m.

Waiting room numbers are internal are:

- ICU: (334) 568-5112
- Outpatient Surgery: (334) 568-5110

*Clergy may visit as appropriate.*

### Cafeteria Hours

Open Monday-Friday

- Breakfast - 7a.m.-9:30 a.m.
- Lunch - 11 a.m.-1:30 p.m.



# Baptist Medical Center East



### Important Telephone Numbers

Billing Customer Service	(334) 273-4570 or (800) 243-2859
Case Management	(334) 213-6399
Gift Shop	(334) 213-5077
Information Desk	(334) 213-5078
Hospital Administration	(334) 244-8500
Hospital Operator	Dial '00'
Medical Records	(334) 244-8471
Menu Line	(334) 213-6368
Nursing Administration	(334) 244-8387
Pastoral Care and Counseling	(334) 213-6377
Patient Registration (Admitting)	(334) 244-8406
Senior Advantage/Volunteer Services	(334) 244-8308
Security	dial 5555 or (334) 213-6271
Guest Relations Liaison	(334) 244-8558

### Gift Shop Hours

Monday, Wednesday and Friday 9 a.m. - 5 p.m.  
Tuesday and Thursday, 9 a.m. - 6 p.m.  
Saturday, 9:30 a.m. - 3 p.m.

### Cafeteria hours

Monday-Friday  
• Breakfast – 7 a.m.-9:30 a.m.  
• Lunch – 11 a.m.-3:30 p.m.  
• Dinner – 4:30-6:00 p.m.  
• Snack – (9:30-11:30 p.m.)

Saturday-Sunday  
• Breakfast – 7 a.m.-9:30 a.m.  
• Lunch – 11:30 a.m.-3:30 p.m.  
• Dinner – 4:30-6:30 p.m.

### Hospital Visiting Hours

Daily  
• 8 a.m.-9 p.m.  
*Clergy may visit at all times, as appropriate.*

### ICU Visiting Hours

Limit two visitors at a time and must be older than 14 years of age. Nursing staff will work with family/visitors to plan individual visiting guidelines for the patient.

# Organ/Tissue/Eye Donation

In Alabama, there are more than 2,300 individuals awaiting organ donations and the list keeps growing. They could be your father or mother, sisters or brothers, your children, co-workers or friends. If you have indicated your intent to become an organ donor on your driver's license, be sure to discuss your decision with your family. Perhaps what's most incredible is that a donation from just one person can save the lives of eight individuals and dramatically improve the lives of countless others. Donor families are never charged for any aspect of the organ recovery and transplantation process. Organ donation has no impact on the donor's funeral arrangements. It does not alter the appearance of the body.

Please contact the hospital chaplain if you need more information about organ donation.

## Your Hospital Bill

### Financial Counselors

We have financial counselors located at each facility to help our patients with understanding their insurance benefits and financial obligations. They also provide assistance with setting up payment options to meet our patients' needs.

### Insurance Claims

As an accommodation to you, the hospital will submit claims to your insurance company or other third-party payer. However, you, or the person responsible for your account, remain ultimately responsible for payment of your hospital bill until it is paid in full.

### Payment of Hospital Bill

At the time of discharge, you or a family member should go to the Patient Registration Department to arrange for payment of your hospital bill and/or co-pays (if not already done). The hospital attempts to make preliminary financial arrangements at the time of admission. We will verify your insurance coverage either prior to or during your stay; however, final settlement must be made at the time of discharge, you may use Master Card, Visa, Discover, American Express or cash.

### Statement of Hospital Charges

Upon request, you or the person responsible for your account will be mailed a summary statement of all hospital charges. A billing statement is sent after insurance pays regardless of how long it takes the insurance to pay.

### Anesthesiology Services

Anesthesiology services include hospital-provided services and the anesthesiologist's professional fee. The hospital portion will be billed by the hospital, while the anesthesiologist's fee will be billed by the anesthesiology group. Any amount not covered by your insurance will be billed to you.

### Radiology (X-ray) Services

X-ray services include hospital-provided services and the radiologist's professional fee. The hospital portion will be billed by the hospital, while the radiologist's fee will be billed by Montgomery Radiology Associates, P.A. Any amount not covered by your insurance will be billed to you.

### Professional Physician Billing

Your physician may or may not participate with Medicare, Blue Cross/Blue Shield or other third party players. Your hospital bill does not include charges for professional services provided by physicians involved with your care. Your physician(s) will bill you separately from the hospital. These physicians can include: anesthesiologists, surgeons, cardiologists, radiologists, pulmonologists, nephrologists, pathologists and/or other specialties.

### Emergency Department Physician Service

If you are admitted through the Emergency Department, you may receive a separate bill for these services.

### Obtaining Assistance with Your Hospital Bill

If you have a question pertaining to your hospital bill, call Customer Service at (334) 273-4139 or toll free at (800) 243-2859.





# Baptist Medical Center South



## Important Telephone Numbers

Billing Customer Service	(334) 273-4560 or (800) 243-2859
Case Management (Care Coordination)	(334) 286-2230
Gift Shop	(334) 286-3193
Information Desk	(334) 286-3491
Hospital Administration	(334) 286-2988
Hospital Operator	Dial '00'
Medical Records	(334) 286-2951
Menu Line	(334) 286-2764
Nursing Operations	(334) 286-2975
Pastoral Care and Counseling	(334) 286-2964
Patient Advocate	(334) 288-3287
Patient Registration (Admitting)	(334) 286-2900
Volunteer Services	(334) 286-2974
Security	(334) 286-5555
Senior Advantage	(334) 286-3400

## Cafeteria Hours:

- Open daily
- + 6:30-9:30 a.m.
  - + 11 a.m.-1:30 p.m.
  - + Afternoon Snack: 1:30 -4 p.m.
  - + 4-10 p.m.

Chappy's Deli (334) 286-9200

Information subject to change.

## Hospital Visiting Hours

Visiting hours are posted by unit. Please ask your nurse if you have a question.

*Clergy may visit at all times, as appropriate.*

## ICU Visiting Hours

Limit two visitors at a time and must be older than 14 years of age. Nursing staff will work with family/visitors to plan individual visiting guidelines for the patient.

## Gift Shop Hours

8 a.m.-6 p.m. Monday – Friday  
10 a.m.-4 p.m. – Saturday  
12 noon-4 p.m. – Sunday

## Tower Pharmacy

(334) 286-3200

*Did you know you can have your prescriptions filled before you leave the hospital?*

This service is available from 8 a.m. to 6 p.m., Monday through Friday. Most insurance accepted.

Co-pays, if applicable, are due at the time of service.