



**PATIENT RIGHTS, RESPONSIBILITIES,  
ADVANCE DIRECTIVE,  
AND FINANCIAL ASSISTANCE**

**AS A PATIENT, YOU HAVE THE RIGHT...**

**Personal Privacy**

- To have your personal dignity respected.
- To the confidentiality of your identifiable health information.
- 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.

**Visitation**

- To receive visitors of your choosing that you or your support person designate, including a spouse, a domestic partner including a same-sex domestic partner, or another family member or a friend, and the right to withdraw or your consent to receive such visitors at any time.
- To be informed or your support person to be informed of your visitation rights, including any clinically necessary restriction or limitation on such rights.
- To designate a support person who will designate visitors on your behalf, should you be unable to do so.

**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 when necessary.

**Cultural and Spiritual Values**

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

**Access to Care**

- To receive care regardless of your age, race, color, national origin, culture, ethnicity, language, socioeconomic status, religion, physical or mental disability, sex, sexual orientation, or gender identity or expression, or manner of payment.
- To ask for a change of provider or a second opinion.
- To choose, if needed, the facility for higher level of care and retain the responsibility for that choice.



### **Respect and Dignity**

- You have the right to be treated with dignity and respect at all times and under all circumstances.
- You have the right to have your cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected.
- You may wear appropriate personal clothing and religious or other symbolic items as long as they do not interfere with diagnostic procedures or treatment.

### **Access to Information**

- To make advance directives and have them followed.
- 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 Perry County Hospital has students in training at times, and 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 or office visit.
- 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 material risks, benefits and alternatives.
- To knowledgeably refuse any care, treatment and services.
- 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.



### **Communication**

- To receive information you can understand.
- To have access to an interpreter and/or translation services at no charge.
- 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.

### **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.
- To express concerns, complaints and/or a grievance to your providing hospital personnel.
- If you or your representative and /or support person has a concern about any aspect of your care at Perry County Memorial Hospital, you are urged to let us know so we can resolve it promptly. This reporting will in no way negatively impact future care. We consider your comments opportunities for us to improve care and service. To address concerns, you may:
  - Speak to your physician or nurse (the most direct option).
  - Speak to the supervisor of the department where the concern arose.
  - If an inpatient, you also may talk with the team leader, nurse manager, nursing director or administrator. The operator can connect you with any of these individuals. You or your representative will be provided a timely response.
  - If you would like to make a complaint to a state or an outside agency, you may contact the following: a) MO Department of Health and Senior Services Bureau of Health Services Regulation, P.O. Box 570, Jefferson City, MO 65102-0570, phone number (573)751-6303 or email: [complaint@dhss.mo.gov](mailto:complaint@dhss.mo.gov). or b) The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181, phone number (800) 994-6610.



## **AS A PATIENT, IT IS YOUR RESPONSIBILITY...**

### **Provision of Pertinent Information**

- To give us complete and accurate information about your health, including your previous medical history and all the medications you are 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 speak up. Communicate your concerns to any employee as soon as possible — including any member of the patient care team, manager, or administration.

### **Refusing Treatment and Accepting Consequences**

- To follow our instructions and advice, understanding that you must accept the consequences if you refuse.

### **Explanation of Financial Charges**

- To pay your bills or make arrangements to meet the financial obligations arising from your care.
- To give up to date insurance information. If you do not understand what your insurance covers, you may ask to speak to a member of Utilization or the Business Office.

### **Following Rules and Regulations**

- To follow our rules and regulations.
- To keep your scheduled appointments, or let us know if you are unable to keep them.
- 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

## **ADVANCE DIRECTIVES**

### **Healthcare Decisions for Your Future**

- People everywhere are facing decisions about the issues such as life support, nutrition and resuscitation efforts for themselves and family members. PCMH knows the importance of such issues. We would like to provide you with information to help answer questions you might have.



### **Advance Directives—Stating Your Wishes in Writing**

- The US Supreme Court ruling states that all competent people can refuse medical treatment. This includes life-prolonging procedures. This ruling also gives you the right to name someone else to make these decisions for you, if you cannot make them for yourself.
- An advance directive is a paper, such as a living will or durable power of attorney, for healthcare. This allows you to let others know what you would want if you could not speak for yourself. If properly enacted, your advance directives should be honored in any state according to that state's law and medical center policy.

### **Living Will**

- A living will is a signed, dated and witnesses paper. It can be used to state what you would want done, or not done, should you become terminally ill or permanently unconscious.
- Your living will may not cover everything. Your living will probably does not allow you to name an agent. There is clearly a benefit to being as specific as possible when making an advance directive.

### **Durable Power of Attorney**

- Durable Power of attorney names the person who can make healthcare decisions for you. This person is sometimes called an agent. This paper should have detailed instructions on what types of treatment you want or do not want in the case that you are unable to make your own healthcare decisions.
- General power of attorney refers to business and money matters. A durable power of attorney for healthcare covers medical issues.

### **Naming an Agent**

- You should name someone who knows your wishes and whom you trust to act according to your wishes. You may name a family member, but you do not have to do so. You might choose your spouse, an adult child or a friend. Talk with your agent about your wishes in detail and confirm that he or she agrees to act according to your wishes.

### **When Durable Power of Attorney for Healthcare Decisions Goes Into Effect**

- Durable power of attorney becomes effective only when you are no longer able to make your own decisions, such as if you are seriously ill, injured, or terminally ill in a temporary or permanent unconscious state.

### **Discussing Your Advance Directive**

- It is up to you to let your agent or agents, doctors, family members, clergy and significant other know you have an advance directive. You should give them a copy and discuss the details of your advance directive with them.



### **Carrying Out Wishes Stated in an Advance Directive**

- Healthcare providers and your agent must honor your wishes, so long as the directions you have made comply with state law and PCMH policy. If a provider refuses to honor your wishes, he or she must help you transfer to someone who will honor your advance directive.
- Your family cannot make changes to the advance directive. Only your agent has legal authority to make healthcare decisions on your behalf. However, your agent may wish to obtain more information from your family to assist him or her in making those decisions.

### **Changing or Revoking Advance Directives**

- Your advance directive is effective until the time of your death or until you revoke it. You should review your advance directives periodically. Each time that you do this, date and initial it in the margins of your documents. This will indicate that your directions are current. An advance directive can be revoked orally, however, it is better to sign and date a written revocation and destroy all previous copies of the document.

### **Organ and Tissue Donations in an Advance Directive**

- You may express your wishes for organ or tissue donations in an advance directive. If you plan to donate organs or tissues, you should complete the back section of your driver's license. You should also discuss organ and tissue donation with your family members.

### **Questions**

- If you have questions, or would like assistance completing a living will or advanced directive, please contact Social Services at 573-768-3387.

### **CODE STATUS**

Should you or your loved ones become very ill, the doctor or nurse may ask you about a "code status," or what efforts should be made to revive someone should his or her heart stop beating or if he or she stops breathing. The following are definitions of common terms the nurse and doctor may use when discuss a code status.

- **CARDIOPULMONARY RESUSCITATION (CPR)**
  - An emergency procedure consisting of artificial breathing and compression on the chest. This is performed in an attempt to revive a patient who has gone into cardiac arrest (no heartbeat) or respiratory arrest (no breathing).
- **LIFE SUPPORT TREATMENT**
  - Medical treatment that helps to maintain life, without which the person could possibly die. Example: Drugs to support blood pressure or the use of a breathing machine (ventilator).



- **CODE BLUE or FULL CODE**
  - An emergency response in which CPR is applied in an effort to restore breathing and/or heartbeat. This may result in the use of a ventilator and/or drugs if the code blue is successful.
- **DESIGNATION OF CODE STATUS**
  - Under certain circumstances, such as cardiac or respiratory arrest, it may be appropriate for a physician to enter one of the following orders in the patient's medical record at the request of the patient or family:
    - No Code Blue: No CPR
    - Code Blue: No Intubation: CPR with no breathing tube
- **COMPASSIONATE CARE**
  - The patient will receive supportive care from the medical and nursing staff. No CPR or aggressive life support measures will be done. Drugs will still be given to relieve pain and control sign and symptoms of disease. The patient will be watched closely, so changes will be noticed.

### **FINANCIAL ASSISTANCE**

Perry County Memorial Hospital is dedicated to the health of our community. Each day we work with patients and their families who have difficulty paying for their health care and we want them to know financial assistance is available.

Our assistance program is based on the household income of the patient/guarantor and the number of dependents.

If you have any questions or concerns, our Financial Counselor welcomes your call at 573-768-3393.

Here is a list of the documents that we ask you to provide if possible:

- \_\_\_\_\_ Federal Income Tax Return
- \_\_\_\_\_ Proof of Public Assistance (Food Stamps, Housing Assistance)
- \_\_\_\_\_ Last 3 months of Bank Statements
- \_\_\_\_\_ Account Statements for CD, Money Market, 401K, IRA, Stocks, Bonds
- \_\_\_\_\_ Last 3 pay check stubs (If employed less than 12 months with current employer, please provide previous employment history.)
- \_\_\_\_\_ Income verification from other sources (Social Security, Pension, Grants, Unemployment, Worker's Compensation)
- \_\_\_\_\_ Medicaid Denial Letter

### **NONDISCRIMINATION**

Perry County Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Perry County Memorial Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.