

You will be informed of your right to receive or deny visitors whom you designate, which include but are not limited to a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend, and your right to withdraw or deny visitors at any time. Community Hospital-Fairfax does not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation. You will be informed of any clinical visitation restrictions that are contingent upon patient care in advance of furnishing patient care.

If you have any questions about your rights outlined in this Patient Bill of Rights, please talk with your physician or nurse.

You may also designate a support person to act on your behalf and exercise your visitation rights if you are unable to do so. You may designate the support person verbally or in writing to hospital personnel. A support person could be a family member, friend or other individual who supports the patient during the course of your hospital stay. The support person does not have to be the person legally named on an Advanced Directive for making medical decisions.

If, for any reason, you feel that your rights have been violated, or if you have concerns about the quality of care at this facility, you may file a grievance. Please feel free to talk with your nurse or your physician about your concerns prior to filing a grievance. There are two ways to file a grievance:

1. Contact our Social Services Designee
2. Write to our Administrator or Chief Operating Officer at:

Community Hospital-Fairfax
P.O. Box 107
26136 State Hwy 59
Fairfax, Missouri 64446
(660) 686-2211

Your rights also include contacting the Missouri Department of Health and Senior Services at:

PO Box 570
Jefferson City, Mo
Phone: 1-573-751-6303
Fax: 1-573-526-3621
Toll Free: 1-800-392-0210
Email: info@dhss.mo.gov
www.dhss.mo.gov

Patient Rights

26136 State Hwy 59
PO Box 107
Fairfax, MO 64446
(660) 686-2211
www.FairfaxMed.com
Find CH-F on Facebook



Updated 5/2012

Patient Bill of Rights

As a patient at Community Hospital, Fairfax:

You have the right to be treated with dignity and respect at all times, regardless of race, color, national origin, disability, age, religion, or sex. To be protected from discrimination. If you think you have been treated unfairly notify Office for Civil Rights at 1-816-426-7277.

You have the right to be free from any sort of abuse, including verbal, physical, psychological, sexual and emotional.

You have the right to be free from the use of seclusion or restraint, of any form, as a means of coercion, discipline, convenience or retaliation by staff.

You have the right to participate in the development and implementation of your plan of care prior to and during, the course of treatment. You have the right to request treatment that is medically necessary. You have the right to refuse a recommended treatment or plan of care to the extent permitted by law and to be informed of the medical consequences of such action. In case of such refusal, you are entitled to receive other appropriate care and services that the hospital provides or transfer to another hospital to get emergency care when and where you need it.

You have the right to have an advance directive (such as a living will, health care proxy or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law.

You have the right, and are encouraged, to obtain from physicians and other direct caregivers relevant, current and understandable information concerning your diagnosis, treatment and prognosis. You are entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation and the medically reasonable alternatives and their

accompanying risks and benefits. Learn about all of your treatment choices in clear language that you can understand and in a culturally sensitive way.

You have the right to every consideration of privacy concerning your own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in your care must have your permission to be present, and you have the right to have curtains drawn during examinations.

You have the right to know your health information privacy rights. This information is located in your Original Medicare Plan or your Medical Health Plan.

You have the right to have your health information that MEDICARE collects about you kept private. They must tell you why it is needed, whether required or optional, what happens if you do not give them the information, and how it will be used.

You have the right to expect that all communications and records pertaining to your care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted by law. You have the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

You have the right to review the records pertaining to your medical care and to have the information explained or interpreted as necessary, except when restricted by law. You have the right to expect that, within its capacity and policies, the hospital will make reasonable response to your request for appropriate and medically indicated care and services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have benefit of complete information and explanation concerning the need for, risks, benefits and alternatives to such a transfer.

You have the right to ask to be informed of the existence of business relationships among the hospital, educational institutions, other health care providers and/or payers that may influence your treatment and care.

You have the right to consent to, or decline to participate in, proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent.

You have the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

You have the right to be informed of hospital policies and practices that relate to patient care, treatment and responsibilities. You have the right to be informed of available resources for resolving disputes, grievances and conflicts.

You have the right to have the ability to appeal a decision relating to your claims for benefits and have the ability to file a complaint. Appeal may be made by contacting your Quality Improvement Organization (QIO) at 1-800-Medicare (1-800 633-4227).

You have the right to be informed of the hospital's charges for services and available payment methods.

You have the right to obtain information about Medicare that you can understand to help make health care decisions and have questions you have about Medicare answered by Community Hospital, Fairfax. If you continue to have questions please notify Medicare at 1-800-Medicare (1-800-633 4227).

When a patient is unable to request or comprehend the rights outlined above, **he or she has the right** to expect appropriate consideration will be given to the available relative, friend or other support person who can act on his or her behalf.