

# You have the Right...



As a patient of a Presbyterian Healthcare Services facility:

---

## Advance Directives

- To make advance directives regarding your future healthcare and/or advance directives for future mental health treatment. An advance healthcare directive or an advance mental healthcare directive is an individual instruction or a power of attorney for healthcare made, in either case, while the individual has capacity. Advance directives provide direction to healthcare providers if you become unable to make choices for yourself, by making your wishes known;
- To expect that your advance directives will be honored by your care team to the extent required by law and allowed by hospital policy. However, staff and providers may decline for reasons of conscience; or if an individual instruction or healthcare decision is contrary to a policy of Presbyterian that is expressly based on conscience and the policy is communicated to you or your healthcare decision maker;
- To know that if you do not prepare an advance directive and/or a power of attorney, then New Mexico law defines who will be authorized to make decisions on your behalf in the event that you are unable to make decisions yourself;
- To receive our Advance Healthcare Directives booklet, free of charge. This booklet has been created to give you more information about advance directives and contains the forms that you will need to make your advance directive and/or designate a healthcare decision maker. If you have not received a copy of this booklet and would like one, you may request a copy from Admissions, the registration desk, or your healthcare provider. After preparing an advance directive and/or a power of attorney, in addition to keeping a copy in a safe and easily accessible place, you should provide a copy to your physician or other healthcare providers. We also suggest that you provide a copy to the person you designate to make decisions for you;

## Non-Discrimination and Respect

- To not be excluded, denied benefits, or otherwise discriminated against on the basis of race, color, national origin, physical or mental disability, religion, cultural beliefs, gender, gender identity, sexual orientation, marital status, veteran status or age, in receiving any treatment or services, including admission to, participation in, or receipt of the services and benefits under any of its programs and activities. This non-discrimination applies to any services provided by Presbyterian Healthcare Services directly or through a contractor or any other entity with which Presbyterian Healthcare Services arranges to carry out its programs and activities;
- To receive care that respects your personal values, beliefs, individuality, independence and decisions;
- To receive free and meaningful access to interpreter services. If you need assistance accessing interpreter services, contact the Presbyterian Telephone Interpreter Service at (505) 923-5420;
- If you have a complaint regarding discrimination at any of our facilities you may contact the Presbyterian Privacy Officer and Civil Rights Coordinator at P.O. Box 27489, Albuquerque, NM 87125, or call (866) 977-3021, TTY 711, fax (505) 923-5124 or [info@phs.org](mailto:info@phs.org). You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, the Privacy Officer and Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at: (800) 368-1019, (800) 537-7697 (TDD) or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201. Electronic forms and information can be found at <http://www.hhs.gov/ocr/office/file/index.html>;
- Your rights and protection from nondiscrimination are found in Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, 91 & 92;

## Information about Your Care and Informed Consent

- To receive information about your health in terms you can understand including your diagnosis, treatment, prognosis for recovery, and outcomes of care;
- To make informed decisions about your care;
- To participate to the fullest extent possible in developing a plan for your care and to expect care will be provided in accordance with that plan;
- Except in emergencies, to make decisions regarding your care. This includes the right to be informed about your health status, being involved in care planning and treatment, and the right to request and refuse treatment, excluding medically unnecessary or inappropriate treatment;
- To know who is providing your care and who has overall responsibility for providing your care;
- To request a second opinion or consult a specialist at your own expense;
- To receive information about pain management, and if you have pain that it be evaluated and managed as effectively as possible;
- To receive information about any research or experimental treatment being considered for your care and to consent or refuse to participate;
- To raise concerns about ethical issues relating to your care with your providers and/or the Hospital Ethics committee;
- To expect that we will communicate with you in a manner that you can understand, including the use of translation and interpretation services or audiovisual aids when necessary;
- Except in emergencies, if you need to be transferred to another facility, to receive a full explanation of the reason for transfer, the risks and benefits of a transfer, and appropriate provision for continued care;

## Support Persons

- To have a support person or representative of your choosing and your own physician notified promptly when you are admitted to the hospital;
- To have a support person, with your permission, involved in your care, treatment and service decisions as appropriate and as allowed by law;
- To expect that a surrogate decision-maker will be sought if you lack the ability to make decisions and have not made an advance directive;
- To expect that your designated or surrogate decision-maker will be able to exercise all rights you would have regarding your medical care;
- To designate one lay person as a caregiver following admission and prior to discharge and to have your designated caregiver

provided with information and instructions on your aftercare;

### **Medical Records and Privacy**

- To access your medical records within a reasonable time frame, except under circumstances where the law allows us to limit your access;
- To have confidentiality of your medical records and personal information as further described in the Joint Notice of Privacy Practices handout;
- To have personal privacy to the extent possible and consistent with your care needs;

### **Patient Environment**

- To receive care in a safe environment;
- To have specific dietary needs met when you are receiving your meals in our facility;
- To have visitors of your choosing, including but not limited to spouses, domestic partners, family members and friends visit during designated visitor times and subject to any clinical restrictions in effect on the unit or ordered by your care team. Visitors will not be limited on the basis of race, color, national origin, physical or mental disability, religion, cultural beliefs, gender, gender identity, sexual orientation, marital status, veteran status or age. Visitors may be limited if deemed to pose a threat to you, other patients, staff or the facility;
- To withdraw your consent for visitors at any time;
- To access information about the ways in which the facility educates staff about patient rights and their role in supporting those rights;
- To receive information about and access to protection and advocacy services;
- To be free from restraint or seclusion unless medically necessary or in order to ensure the immediate physical safety of yourself, staff members, or others;

### **Billing**

- To request and receive information regarding the charges for any treatment or services and any potential sources of financial assistance;
- To request and receive an explanation of your bill regardless of the source of payment;

### **Reporting Concerns**

- To receive care that is free from all forms of abuse, neglect, misappropriation of property, and harassment;
- To access facility policies and procedures concerning the reporting of abuse, neglect, misappropriations of your property and where applicable, other reportable incidents;
- To voice concerns, complaints and grievances about your care, service, or safety issues, without fear of reprisal or discrimination, including filing complaints and grievances with your healthcare facility, the State and with other government and/or quality management organizations;
- To expect the facility to have a process for timely consideration and resolution of your complaints, grievances, needs, and concerns;
- If you have a complaint, grievance, need, or concern you may advise a staff member or you may contact (505) 923-5256;

### **Special Circumstances**

If you receive treatment for End-Stage Renal Disease, then it is also your right:

- To receive information regarding the facility's reuse of dialysis supplies, including hemodialyzers; and
- To receive information about all treatment modalities and settings including, but not limited to, transplantation, home dialysis modalities, and in-facility hemodialysis;

If you receive residential treatment or services for mental health issues or a developmental disability, then while in our facility it is also your right:

- To receive prompt and adequate medical attention for any physical ailments you may have;
- To receive a physical examination upon admission to the facility (unless a physical has been performed within 2 days prior to admission);
- To be free from unnecessary or excessive medication and to expect that medication will never be used as punishment, for the convenience of staff or as a substitute for programs;
- To have writing materials, postage stamps, and telephone facilities provided to you without charge, in accordance with policy, if you cannot otherwise afford them;
- To practice or abstain from the practice of religion;
- To have reasonable daily opportunities for physical exercise and outdoor exercise and to have reasonable access to recreational areas and equipment;

### **You have the Responsibility...**

As a patient of a Presbyterian Healthcare Services facility:

- To provide true and correct information about your personal identity, including your legal name and date of birth;
- To provide complete, accurate and timely medical history and insurance information;
- To work cooperatively to promptly resolve all financial obligations;
- To follow all facility rules and policies;
- To participate to the extent possible in making decisions about your care;
- To cooperate in your own agreed upon plan of care and treatment;
- To discuss with your healthcare providers any problems you think you might have in following the plan of care;
- To accept responsibility if you do not follow your plan of care;
- To refrain from the use of tobacco or illegal drugs and to inform your care team of any and all medications you are taking;
- To abide by the terms of any pain contract and/or other restrictions a provider places you on while prescribing opiates or narcotics;
- To communicate with your healthcare providers including informing them if there is a change in your health condition and asking questions necessary to understand your care, treatment, services or what is expected of you;
- To be respectful of other patients, healthcare providers, staff and property;
- If you know you will be staying in our facility overnight, to leave any valuables at home.

