PATIENT RIGHTS

The following Patient's Rights Policy specifically applies to those patients admitted to the Hospital and is in accordance with federal and state regulations. You have the right to be fully informed of the hospital's policies regarding rights during the admission process. As you are aware, your health care is our primary function and consideration, and the provision of health care requires a cooperative effort by the Hospital staff and you, the patient. To carry out your part of this cooperative effort, you, as the patient, must be informed of and understand what you may expect and what is expected of you - in other words, your rights and responsibilities.

1. Charges. You or your Responsible Person, or if required by law, the relevant governmental agency in the absence of your Responsible Person, will be informed verbally and in writing prior to or at the time of admission of the services available in the Hospital and of the charges covered or not covered by the basic rate of the Hospital. Patients will receive monthly statements itemizing all charges and services during the period (which they are financially responsible. If changes in the charges for which you are financially responsible occur during your stay, you will be advised verbally and in writing at least thirty (30) days in advance of the change as required in the Patient Admission Agreement. If the Hospital requires a security deposit, the written procedure or contract that is given to you or your Responsible Person will indicate how the deposit will be used and the terms for its return to the patient or the amount that will be credited within ten (10) days of your discharge. An itemized statement of all Hospital charges incurred while you were a patient at the Hospital.

2. Informed Consent. The attending physician shall inform you of your medical condition. You shall be afforded the opportunity to participate in the planning of your medical treatment. You will be informed of the medical consequences of any refusal to accept treatment or medication. This information will also be recorded in your medical record. We may reasonably limit medical care or treatment, or exist, or when you request information concerning medical alternatives, you have the right to receive such information.

3. Grievances. You have the right to receive considerate and respectful care in a clean and safe environment. You will be encouraged and assisted throughout the period of your stay to exercise your rights as a patient and as a citizen. You may report any grievances or complaints to an appropriate Hospital employee or management of the Hospital. Patients will receive monthly statements itemizing all charges and services during the period. If the Hospital requires a security deposit, the written procedure or contract that is given to you or your Responsible Person will indicate how the deposit will be used and the terms for its return to the patient or the amount that will be credited within ten (10) days of your discharge. An itemized statement of all Hospital charges incurred while you were a patient at the Hospital.

4. Independence. You have the right to be free from restraint, interference, coercion, discrimination, or threat of reprisal by the Hospital, and you may manage your personal financial affairs.

5. Pain Management. You have the right to expect a timely response and appropriate management to reports of pain.

6. Restraint. You will be free from mental and physical abuse and free from seclusion, chemical and physical restraints except as authorized in writing by a physician for a specified and limited period of time to prevent medical treatment or in response to an emergency situation.

7. Confidentiality. You will be assured confidential treatment of your personal and medical records and may approve or refuse their release to an individual outside the Hospital, except in the case of a transfer to another health care institution or as required by law or by a third party payment contract. You have the right to obtain access to your personal and medical records in accordance with applicable laws and procedures.

8. Privacy. You have the right to expect staff to respect your right to personal privacy and conduct treatments with discretion, providing as much modesty as possible.

9. Services. You may not be required to perform services for the Hospital that are not included for therapeutic purposes in the plan of care as prescribed by the attending physician and agreed to by you.

10. Communication. You will be permitted to send and receive personal mail unopened unless your physician, your legal representative, or the Hospital staff has written or verbal instructions to the contrary. You may have a visit with your family or personal advisor except at your request or the request of your sponsor.

11. Association. You will be permitted, unless medically contraindicated, as documented by the attending physician in the medical record, to participate in social and religious activities without interference from the administrator or the Hospital staff. You will be permitted to meet with community groups unless medically contraindicated, as documented by the attending physician in the medical record. Reasonable provisions will be made for proper handling of personal clothing and possessions that are retained by the Hospital. You will have access to and use of these belongings.

12. Visitors. You will be afforded an opportunity to meet in private with visitors or persons of your choice or to associate and communicate privately with persons of your choice. The Hospital will not restrict visits from your legal counsel, your Responsible Person, or your spiritual advisor except at your request or the request of your sponsor.

13. Other Patients. Each Patient, or his or her representative, where appropriate, shall be informed of the patient's visitation rights, including any clinical restrictions or limitations on those rights. Each Patient, or his or her representative, where appropriate, shall be informed of his or her right, subject to his or her consent, to receive visitors who he or she designates, whether a spouse, a domestic partner (including a same-sex domestic partner), other than family member or a friend, or other individual of his or her choice, to visit the Patient in the Hospital, provided that such visitation is not restricted, limited, or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. The visitors designated by the patient shall enjoy visitation privileges that are no more restrictive than those that immediate family members would enjoy.

15. Advance Directives. You have the right to formulate advance directives and to have those directives honored. You have the right to designate your person of your choice to make healthcare decisions in accordance with those wishes for you prior to your admission.