

Your Responsibilities as a Patient

As part of the hospital and patient relationship, we ask that you accept these responsibilities:

- To provide accurate information regarding your health to assist in developing the treatment plan.
- To comply with instructions regarding the treatment plan. Questions or concerns regarding the plan of care, or what is expected, should be directed to the physician or nurse.
- To report any perceived risks in care or safety concerns, as well as any unexpected changes in your condition.
- For the outcomes if treatment is refused or instructions are not complied with regarding care.
- To follow the Hospital's policies, including those on smoking, cellular phone use, noise and visitors.
- To be considerate of other patients' rights and property as well as those of the Hospital.
- To provide the Hospital with a copy of your Advance Directives. If on a previous admission a copy was provided and it is still current, the copy can be retrieved from the records upon request.
- To ask questions if instructions are not clearly understood.
- To fulfill financial obligations as promptly as possible by providing current and accurate information for insurance claims, obtaining pre-certification if required by your insurance carrier, making arrangements to pay your bill, and being honest about your financial needs so we can assist you.
- To refrain from bringing any valuable property to the Hospital or to have valuables secured in the Hospital safe, and to accept responsibility for personal property you have chosen to leave in your room.
- To advise caregivers of any dissatisfaction experienced.
- To accept all caregivers without regard to race, age, disability or national origin.
- To notify us if you object to medical students participating in your care.
- To refrain from abusive, threatening or inappropriate language or behavior.

**This right must not be construed as a mechanism to demand provision of care or services deemed medically unnecessary or inappropriate.*

You have a right to appeal any continued unresolved grievance or directly submit your claim to the following agencies:

Michigan Department of Health and Human Services (MDHHS)

333 S. Grand Ave., P.O. Box 30195
Lansing, MI 48909
571.241.3740 | www.michigan.gov/mdhhs

Accreditation Commission for Health Care (ACHC) (through 2027)

139 Weston Oaks Court
Cary, NC 27513
855.937.2242 | www.achc.org

Office for Civil Rights (OCR)

U.S. Department of Health & Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201
800.368.1019 | www.hhs.gov/ocr

KEPRO (Medicare Patients)

5700 Lombardo Center Drive, Suite 100
Seven Hills, OH 44131
855.408.8557 | www.kepro.org

Centers for Medicare & Medicaid Services Ombudsman

7500 Security Boulevard
Baltimore, MD 21244
<https://www.cms.gov/center/special-topic/ombudsman-center.html>



Three Rivers Health

Patient
Rights and
Responsibilities

Your Rights as a Patient

We believe you have a right:

- To considerate and respectful care based on your psychosocial, physical and spiritual needs.
- To receive care in a safe setting.
- To impartial access to quality medical care, regardless of race, color, religion, gender, gender identity, ethnicity, age, disability or payment source.
- To have disclosed to you clinical restriction or limitation on visitation. Beacon associates will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
- To confidentiality and personal privacy while at Beacon.
- To designate who may or may not visit, regardless of the relationship to you, and ensure that all visitors enjoy full and equal visitation privileges consistent with your preference.
- To designate a support person who can act on your behalf.
- To be informed of your health status and to participate in the planning, development and implementation of the plan of care, including the planning and/or discontinuation of treatment, and your discharge from the hospital.
- To receive all information that is needed to give informed consent for any proposed procedure or treatment. This information will include possible risks, discomforts and benefits of the procedure or treatment, as well as alternative treatment.* You may request, consent to, or refuse treatment.
- To have a surrogate or support person (parent, legal guardian, person with medical power of attorney or health care representative appointment—as allowed under state law) exercise your rights when you are not capable of doing so, and to have staff and practitioners who provide care in the Hospital comply with these directives.
- To formulate and exercise Advanced Directives regarding decisions in accordance with the Patient Self-Determination Act and have practitioners who provide care comply with these directives.
- To be free from unnecessary restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.

- To be free from all forms of abuse or harassment and to have access to protective services.
- To effective communication when a language barrier exists, including hearing and speech impairment. A medical interpreter will be provided.
- To exercise personal, religious, spiritual or cultural values and beliefs, as long as these do not interfere with the well-being of others, or with the treatment plan.
- To know the professional status of any person providing services.
- To know the reason for any proposed change in the professional staff responsible for your care.
- To know the reason for transfer either within or outside of the Hospital.
- To know the relationships of the Hospital to other persons or organizations participating in providing care.
- To have all medical records and personal information treated in a confidential manner.
- To have access to information contained in the medical record within a reasonable time frame as permitted by law.
- To be fully informed of and to consent or refuse to participate in any unusual experimental or research project without compromising access to services.
- To have a family member or representative of choice and your physician notified promptly of your admission to the Hospital.
- To voice concerns or complaints about care, treatment plan, or financial issues and to a prompt response to these concerns or complaints. Concerns can be discussed with the physician, nurse, nursing manager or supervisor or Patient Representative.
- To participate in ethical discussions that arise in the course of your care, including issues of conflict resolution, withholding of services, forgoing life-sustaining treatment, participation in investigational studies or clinical trials, and care at the end-of-life.
- To request information about the hospital's charges for services and available payment options, and receive financial assistance under the terms and conditions we provide. You may request and receive a detailed explanation of the total bill.
- To be informed of the source of the facility's reimbursement for services and of any limitations that may be placed upon care.

- To be informed (and to have your family informed when appropriate) about the outcomes of care, including unanticipated outcomes.
- To have your family informed of the opportunity to consent to donation of organs or tissues in the event of death while in the Hospital.

With respect to pain, you have the right:

- To express your pain and have the expression accepted and respected as the most reliable indicator of your pain.
- To have your pain assessed thoroughly and systematically on a continual basis.
- To have your pain treated as effectively as possible.
- To be informed and involved in all decisions regarding all aspects of your pain care.



As a patient of Three Rivers Health Hospital, you are entitled to exceptional care, excellent service and full information about your stay. To emphasize our commitment to you and your health, we believe in honoring and respecting your Patient Rights.

If you have questions or concerns about care given at the hospital, please contact the Patient Representatives at 574.647.7600 so that we may try to resolve the situation.