

**PATIENT’S RIGHTS**

CHRISTUS St. Frances Cabrini Hospital and its Medical Staff want you to know and understand your rights as a patient in this hospital. The following is a list of those rights. If you need more information, please ask to speak to a Patient Representative or a Social Worker.

* You have the right (whenever possible) to be informed about the list of rights and responsibilities prior to furnishing or discontinuing care and to be fully informed of all rules and regulations regarding your conduct as a patient in this facility.
* You have the right to receive treatment and medical services without discrimination based on race, color, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, and ability to pay or source of payment.
* You have the right to be treated with respect and dignity as an individual who as personal needs, feelings, preference, and requirements.
* You have the right to receive care in a safe setting.
* You have the right to retain and use personal clothing and belongings, as space permits, unless to do so would infringe upon the rights or safety of others or is considered to interfere with your treatment.
* You have the right to participate in religious, social, and cultural activities of your choice unless your physician, for medical reasons, considers such activities contrary to your welfare and so indicates in your medical record.
* You have the right to receive, as soon as possible, the services of a translator or interpreter to facilitate communication between you and the hospital’s health care associates.
* You have the right to fully informed about your condition unless your physician, for medical reasons, chooses not to inform you and so indicates in your medical records.
* You have the right to participate in the development and implementation of your plan of care.
* You have the right to receive information necessary to give informed consent prior to the start of any treatment and/or procedure and to make informed decisions about your care.
* You have the right to refuse treatment, as permitted by law, and to be informed of the consequences of exercising this right.
* You have the right to be included in experimental research only if informed consent is obtained appropriate to law and regulation.
* You have the right to be informed about the outcomes of care, including unanticipated outcomes.
* You have the right to have appropriate pain management based on your plan of care.
* You have the right to inform the staff, in advance, of any treatment you may wish to be withheld or withdrawn, or to name someone to make decisions for you, as permitted by law, should you be unable to participate fully in that decision.
* You or your representative have the right to participate in any ethical discussion or decisions related to your care.
* You or your representative have the right to access the Ethics Committee by contacting hospital staff.
* You have the right to privacy in your treatment, your care, and in fulfillment of your personal needs. This includes the right to confidential treatment of your medical records (including all computerized medical information), unless you have given written permission for release of these records, except in your transfer to another medical facility, or as required by law, or under third party payment contracts. You have the right to access information contained in your medical record within a reasonable time frame.
* You have the right to have a chosen representative, family member, and/or your own physician notified of your admission to the hospital in a timely manner.
* You have the right to have visitors and to have privacy during these visits. These visits may be at times other than established visiting hours, particularly at times of critical illness or pressing personal matters.
* You have the right to send and receive mail.
* You have the right to know the name and professional status of the persons providing your care and to know which physician is responsible for your care. (These people shall identify themselves by and/or wear a name badge.)
* You have the right to know the cost of your health care, regardless of how you intend to pay for services and may receive upon request information related to financial assistance available through the hospital.
* You have the right to free of physical, chemical, or mental abuse. You can only be restrained when it is necessary to protect you from injury to yourself, and this must be ordered by your physician in writing for a specific limited time period.
* You have the right to voice your opinions and complaints without fear of consequences and to have an answer to your complaint in a timely manner.
* You have the right to be informed in writing about the hospital’s policy for initiation, review, and resolution of patient complaints.
* You have the right and are encouraged to use the hospital’s own complaint resolution process. You may also file a grievance with various regulatory agencies including the Louisiana Department of Health and Hospitals, whose address and telephone number are available on request.
* You have the right to be informed on any plans to discharge you or transfer you to another facility and to be given reasonable advance notice, unless an emergency situation exists.
* You have the right to be informed by the attending physician and other providers of health care services about any continuing health care requirements needed after discharge from the hospital. You have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care.

**PATIENT’S RESPONSIBILITIES**

In addition to the preceding rights, you must accept certain responsibilities in order to receive maximum benefit from your stay in this facility.

* You are responsible for providing, to the best of your knowledge, accurate, and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters related to your health.
* You are responsible for reporting your perceived risks in your care and/or unexpected changes in your condition.
* You are responsible for participating in the formation of your treatment plan and for following the plan for care, service or treatment as prescribed.
* You are responsible to express any concerns you have about your ability to follow and/or comply with the prescribed treatment plan.
* You are responsible for asking questions when you do not understand what you have been told or what you are expected to do.
* You are responsible for the consequences and outcomes if you do not follow the care, service, or treatment plan.
* You are responsible to communicate with health care providers about pain and its management, help healthcare providers measure your pain, and report pain and effects of pain management interventions to your caregiver.
* You are responsible for being considerate and respectful of the rights of other patients and staff, and of the property of others and the hospital.
* You are responsible for following the rules and regulations of the hospital concerning patient care and conduct.
* You are responsible for helping to control noise and disturbances and following smoking policies.
* You are responsible for promptly meeting any financial obligations agreed to with the hospital.

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