

Patient Bill of Rights and Responsibilities

Except where medically contraindicated, these rights apply to all adults, neonates, children and adolescents treated at HonorHealth and their parents and/or guardians.

You Have the Right...

- To access treatment regardless of race, color, creed, sex, sexual orientation, national origin, mental or physical disability, diagnosis, religion, age or socio-economic status.
- To designate a surrogate decision maker to exercise the rights you have given them to act on your behalf in accordance with state and federal laws.
- To considerate and respectful care and to expect a reasonable response to your requests.
- To reasonably expect, from staff members responsible for your care and welfare, complete and current information concerning your condition.
- To know by name and specialty, if any, the staff members responsible for your care.
- To know the relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care.
- To reasonable consideration of your privacy and to be treated with respect and full recognition of your dignity, individuality, and reasonable cultural and religious needs.
- To expect reasonable safety insofar as the hospital practices and environment are concerned.
- To be free from all forms of abuse, assault, harassment, neglect or exploitation of a sexual nature or otherwise.
- To be free from restraint and seclusion of any form that is not medically necessary or is used as a means of coercion, discipline, convenience, or retaliation by staff.
- To expect reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the person(s) providing the care.
- To be reasonably informed, prior to or at the time of admission and during your stay, of medical and/or ancillary services available at HonorHealth and /or related charges.
- To examine and receive an explanation of the bill, regardless of the source of payment.
- To be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.
- To be afforded the opportunity to participate in planning and implementing your treatment program and discharge planning, to refuse care, treatment or services in accordance with law and regulation, including but not limited to experimental research.
- To the maintenance of confidentiality of your clinical record.
- To access information contained within your medical record, in accordance with hospital policy.
- To have a family member or representative, and your own physician(s), notified promptly upon your admission to the hospital.
- To receive information about a transfer to another doctor, unit or facility before it happens.
- To appropriate assessment, prevention and management of your pain and to receive information about pain and pain relief measures.
- To be informed, when appropriate, about the outcomes of care, including unanticipated outcomes.
- To receive calls and visitors including spouse, domestic partner, family members and friends. You may withdraw or deny consent to calls and visitors at any time.
- To receive a full explanation if any restrictions are placed on your visitors, mail or telephone conversations. Visitors are not restricted, limited or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
- To request consultation at your expense or to request an in-house review of your treatment plan.
- To have your rights explained to you in a language you understand.
- To reasonable resources to facilitate communications.
- To have an advance directive (Living Will, Healthcare Proxy, Durable Power of Attorney for Healthcare, or DNR order/identification) and to have hospital staff and practitioners comply with these directives.
- To have your family's informed consent for donation of organs and tissues.

You Have the Responsibility...

- To be honest about matters that relate to you as a patient.
- To make an effort to understand your health-care needs and ask your physician or other member of the health-care team for information relating to your treatment.

- To provide staff with accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters pertaining to your health.
- To report any unexpected changes in your condition or symptoms, including pain.
- To follow the care, service or treatment plan developed and report any perceived risks in your care.
- To understand the consequences of the treatment alternatives and not following your plan of care.
- To inform staff of your pain management needs.
- To be considerate and respectful of the rights of both fellow patients and staff.
- To honor the confidentiality and privacy of other patients.
- To follow the hospital's rules and regulations concerning patient care and conduct.
- To comply with our smoke-free environment policy.
- To be considerate of the hospital's property.
- To assure that the financial obligations of your healthcare are fulfilled as promptly as possible.
- To notify the Department of Consumer Relations if you feel your rights are being violated.

Potential Conflict of Rights

Where any person raises a concern that remains unresolved regarding a divergence of opinion regarding the rights or treatment of a neonate, child, or adolescent patient and the rights of their parents and/or guardians, the hospital shall consult with the Arizona Department of Child Safety (DCS) to ensure that the minor's rights are protected.

Supportive Data

- Title VI Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- Section 1557 PPACA of 2010, 42 USC §18116

Questions may be directed to the Compliance Office, Section 504 Coordinator by calling 480-587-5061.

How to File a Complaint

Any patient or patient's representative that has a concern regarding their visit to a HonorHealth facility may submit a written request for resolution to HonorHealth, Patient Accounts Department, 2500 W Utopia Rd Suite 101 Phoenix, AZ 85027. Please be sure to indicate at which facility the care was received. Verbal requests may be made to the manager of the department by calling the hospital operator and asking for the manager of the department for which there is a concern. In the event the concern is not resolved to the satisfaction of the patient or their representative, they may contact Administration.

HonorHealth Scottsdale Osborn Medical Center (480) 882-4000
HonorHealth Scottsdale Shea Medical Center (480) 323-3000
HonorHealth Scottsdale Thompson Peak Medical Center (480) 324-7000
HonorHealth John C Lincoln Medical Center (formerly North Mountain Hospital)
 (602) 870-6333
HonorHealth Deer Valley Medical Center (623) 879-5552
HonorHealth TTY/TDD (480) 882-4848

Any patient or patient's representative has the right to report their unresolved concerns to Arizona Department of Health Services, Medical Facilities, 150 N. 18th Avenue, 4th Floor, Phoenix, AZ 85007, (602) 364-3030.

Ethics

Any patient or family member who has a concern of an ethical nature, is encouraged to speak with the physician first. The patient's nurse can also respond to concerns and/or request an Ethics Committee consult.

I have received a copy and understand the HonorHealth Bill of Rights and Responsibilities including the visitation rights.

Patient/Designee Signature:

Date and Time