

A Patient's Bill of Rights

As a patient at New Milford Hospital, we consider you a partner in your healthcare. You are entitled to respect and compassionate treatment. Your health is our first concern. We consider our patients an important part of the healthcare team and continually work to create an environment where effective communication between patients, families and caregivers is a priority.

This Bill of Rights and Responsibilities is intended to comply with the requirements of the Joint Commission on the Accreditation of Healthcare Organizations, AMA and professional association guidance, and the relevant provisions of Connecticut and Federal law, including the provisions of the Medicare conditions of Participation for Hospitals addressing patients' rights, 42 Code of Federal Regulations Statute 482.13.

- You have the right to know who you should contact if you have any questions or concerns about your hospitalization, your patient rights or the care you are receiving. Patients are encouraged to immediately discuss any concerns with your physician, a hospital staff member, the appropriate department manager or the Quality and Patient Safety Department at 860-210-5444. After discharge, comments or concerns may be expressed by completing the patient survey form that you will receive in the mail or by writing to: Quality and Patient Safety Department, New Milford Hospital, 21 Elm Street, New Milford, CT 06776.
- You have the right to file a formal complaint regarding the quality of your care in accordance with the hospital's patient complaint policy. This is available upon request by contacting the Quality and Patient Safety Department at 860-210-5444.
- Any complaints regarding premature discharge issues should be addressed with the Clinical Resource Management at (860)210-5408.
- You have the right to file concerns regarding care or discharge issues with: State of Connecticut Department of Public Health, 410 Capitol Ave., P.O. Box 340308, Hartford, CT 06134, (1-860-509-7400) or with Qualidigm (for Medicare patients), 100 Roscommon

Dr., Suite 200, Middletown, CT 06457, 1-800-553-7590. For deaf persons who are teletypewriter users (TTY), please notify your nurse. You can also contact the Joint Commission on Accreditation of Healthcare Organization, Office of Quality Monitoring, by either calling 1-800-994-6610 or emailing complaint@jointcommission.org.

Your Rights and Responsibilities as a Patient

You have the right to:

- Expect that the hospital will not discriminate in providing you medical care because of age, sex, sexual orientation, gender identity or expression, physical or mental disability, religion, race, national origin, ethnicity or culture, language, socio-economic or financial status. Any discriminatory behaviors by hospital staff will lead to corrective action.
- Have your cultural, emotional, spiritual and personal values and beliefs respected and accommodated to the best of the hospital's ability.
- Request or refuse care, treatment, medications and services, including the right to forgo or withdraw life-sustaining treatment and withhold resuscitative services in accordance with law and regulation once you have been informed of the medical risks of such a decision.
- Request a transfer for care services. You may be transferred to another facility only after you have received complete information about the need/risks/benefits/alternatives to such a transfer. The place to which you are to be transferred must first have accepted you for transfer and the transfer must be legally allowed and medically appropriate.
- Receive a medically indicated evaluation and care services or transfer/referral to another care facility when appropriate; know the reason(s) for your transfer either within or outside the hospital.
- Expect that the hospital will make all reasonable efforts to provide you with any medically indicated care services that you might request which are within their ability or capacity to perform.
- Have a family member or representative of your choice and your physician notified promptly of your admission.
- Relevant, current and understandable information concerning your diagnosis, treatment options and prognosis from your physician in words or manner you can understand.
- Receive appropriate information to give or withhold informed consent prior to the start of any procedure or treatment. This information will be provided by your physician or by

the physician responsible for the procedure or treatment. Except in emergency situations, this information will include the specific procedure and/or treatment along with the medically significant risks involved, the benefit of the procedure and/or treatment, the medically significant alternatives for care or treatment which may exist and the probable length of recovery.

- Participate in the development and implementation of your plan of care (including discharge planning) and being informed of your health status.
- Know how to contact your physician(s) should the need arise.
- Know the identity and professional status of your caregivers and the reason(s) for any proposed change in the professional staff responsible for your care.
- Information about any professional (business) relationships that exist among the professionals treating you and the relationship of the hospital to other persons or organizations participating in the provision of your care.
- Personal privacy and confidentiality during your care and confidentiality of your care and financial information. Those people not directly involved in your care must have your permission (or that of your surrogate decision maker) to be present.
- Effective pain management.
- A safe, secure and clean environment that preserves dignity and contributes to a positive self-image.
- Considerate and respectful care provided in a manner that supports your privacy, safety, dignity and individuality.
- Be free from all forms of abuse, neglect and harassment.
- Be free from restraints and seclusion of any form that are not medically necessary.
- Establish, review and revise an Advance Directive and have your care wishes followed in accordance with law and regulation. Any Advance Directive documents should be brought to the hospital with you.
- Name a person of your choice (surrogate decision maker) to make care, treatment and services decisions for you should you become too ill to do so. This person has the right to receive information to make informed decisions and to refuse care, treatment or services on your behalf in accordance with law and regulation.
- And need for effective communication in a manner tailored to your age, language and ability to understand. You have the right to communication services (i.e. translator or communication equipment) if you are deaf, hard of hearing or have vision/speech/cognitive impairment.
- See your medical record, have it explained to you, request changes to it and obtain a list of anyone who has received any of your health care information.

- Obtain a copy of your medical records within a reasonable time frame except when restricted by law.
- Full financial information including notification of when an insurance company or other payor is no longer covering the cost of your care.
- Participate voluntarily in, or refuse to participate in, a research, educational project, investigation or clinical trial that has been approved by the hospital institutional review board; you have the right to receive adequate information about such programs in order to make that decision.
- Full knowledge, and exercise, of your rights and responsibilities in receiving health care without coercion, discrimination or retaliation.
- Identify a “support person” (including, but not limited to, a family member or friend) who may be present for emotional support during your course of stay unless that individual’s presence infringes on others’ rights, safety or is medically or therapeutically contraindicated.
- Receive visitors you consent to or designate, and the corresponding right to withdraw such consent.
- Have your family involved in care, treatment and services decisions to the extent permitted by you or your surrogate decision maker, in accordance with law and regulation.
- Access protective and advocacy services and obtain a list of advocacy groups upon request.
- Be informed of rules and regulations as they pertain to patient care and conduct.
- To be informed (or have a surrogate decision maker informed) about unanticipated outcomes of care, treatment and services that relate to adverse (sentinel) events.
- Your family has the right of informed consent of donation of organs and tissues in accordance with law and regulation.
- Right to consultation by the Ethics Committee.
- Most hospitalized patients have a full and healthy recovery from their illness; however, there are times when a patient is hospitalized with a very serious or terminal illness and death may occur. While this is unlikely, it is important that you and your legally authorized representative understand your autopsy rights within the state of Connecticut. These rights include: (1) having an autopsy performed by the Western Connecticut Health Network Pathologist, (2) having an autopsy performed by the Western Connecticut Health Network Pathologist while being observed by another licensed physician or (3) having an autopsy performed at another facility (additional costs to the

requestor may be incurred). Please sure your legally authorized representative and physician understand your wishes regarding autopsy.

You are responsible for:

- Providing the hospital with accurate and complete information about your identity, past illnesses, hospitalizations, medications and other matters related to your health, injury or illness.
- Reporting unexpected changes in your condition to the responsible physician.
- Informing your physician or hospital staff whenever you have further questions or do not understand information about your care.
- Reporting any care or safety concerns to your physician or hospital staff member.
- Following the treatment plan recommended by the physician primarily responsible for your care. This includes following instructions of hospital personnel who are carrying out your planned care.
- Your actions if you refuse treatment, or do not follow the physician's instructions.
- Providing accurate and complete information about your insurance or other sources of payment and for assuring that the financial obligations of your health care are fulfilled as promptly as possible.
- Informing your physician or nurse when you are in pain or your pain management plan is not effective.
- Being considerate of other patients and ensuring that your visitors follow hospital rules and regulations pertaining to good visitation conduct.
- Being respectful of the property of other persons and of the hospital.
- Following hospital rules, regulations, instructions and policies to support quality care for patients and a safe environment for all.
- Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff and physicians.