

Patient Rights and Responsibilities



As a patient or the patient's representative, you have the right to:

Communication

- Be notified of your rights and exercise your rights regarding your care.
- Be provided an interpreter if you are deaf or have limited English proficiency.
- Be informed of aspects of your condition necessary to make decisions regarding your care.
- Know the name of your healthcare provider and others who care for you and request a family member and your provider be notified of your admission.
- Receive detailed information you can understand about your care, your illness, your treatment, or other services you may be receiving.
- Be informed of unanticipated outcomes.

Informed Decisions

- Refuse treatments or services to the extent permitted by law and be informed of the potential consequences of such an action.
- Seek a second opinion or choose another caregiver.
- Refuse to participate in experimental research.
- Expect the hospital to get your permission before taking photos, recording, or filming you, if the purpose is for something other than patient identification, care, diagnosis, or therapy.

Visitation

- Choose who may and may not visit you.
- Designate a support person or representative.

Care Planning

- Actively participate in decisions involving your plan of care including ethical issues, refusal of care, and be informed of, and participate in any change in your plan of care.
- Be informed of the reason for impending discharge, transfer to agency and/or level of care; ongoing care requirements and other available services and options if needed.

Care Delivery

- Receive safe, private, high quality, and respectful care.
- Reasonable access to care and treatments and/or accommodations that are available or medically advisable regardless of one's race, color, creed, religion, sex, sexual orientation, gender identity, national origin, disability, age status as a disabled veteran, having an advanced directive or ability to pay for care.
- Express values and beliefs and to exercise spiritual and cultural beliefs that do not interfere with delivery of patient care and the well-being of others.
- Receive medical services in a life-threatening emergency.
- Have your comfort and pain needs assessed.

- Receive care from personnel that are trained to perform assigned tasks and to coordinate services.
- If you are a victim or at risk of abuse, neglect, or harassment, you have access to legal and community resources that provide protection. Protective services may include social services, law enforcement, adult protective services, or child protective services, depending on the circumstances.
- Freedom from the use of seclusion or restraint of any form unless to ensure your immediate physical safety, our staff members or others.

Privacy and Confidentiality

- Confidential management of patient records and information (except when law dictates otherwise, you may approve or refuse the release of your records.)
- Access your information in your patient record upon request and within a reasonable time frame.

Hospital Bills

- Receive an explanation of your bill and policy concerning billing and payment for service, including inquiring about the possibility of financial aid.

Complaints, Concerns and Questions

- Be informed of the process for submitting and addressing any complaints to the hospital facility, state agency or CMS.
- Timely resolution of complaints or grievances without fear of retribution or denial of care.

Advanced Directives

- Formulate an advance directive such as a living will and have SLV HEALTH comply with these directives (unless otherwise notified).
- Donate organs and other tissues (when medically appropriate) and as determined by you or your designee/surrogate.

What is an Advance Directive?

In Colorado, you have the right to make your own healthcare decisions. These are decisions that you, your family, and your doctor make regarding your care, including whether or not to receive life-sustaining or end-of-life treatments. Two documents can help convey your wishes for future medical care, including non-treatment:

- Living Will (or Health Care Directive)—only applies if you are terminally ill and addresses life support issues.
- Durable Power of Attorney for Health Care—allows you to name a person as your healthcare agent or proxy. This is someone who is authorized to consent to, stop, or refuse most medical treatment if a physician determines that you cannot make these decisions for yourself.

If you would like more information or have any questions about a living will, health care directive or durable power of attorney, please talk with your doctor, nurse or other member of your healthcare team.

At SLV Health, healthcare providers and staff make every effort to abide by your wishes concerning Advance Directives.

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However, please be advised that we reserve our right to suspend “Do Not Resuscitate” orders during surgery and through transfer from the recovery area. If you are undergoing surgery and have need for clarification, you are encouraged to discuss this with your Nurse Anesthetist.

Patients’ Right to Know HB23-1218

In 2023, the governor signed [Colorado House Bill 23-1218](#), the “Patients’ Right to Know Act,” into law. This law protects a person’s right to make informed choices about their health and consent to their medical treatment. The law aims to give you more information about the availability of health-care services and referrals for those services in three categories:

- reproductive health-care services;
- LGBTQ health-care services; and
- end-of-life health-care services.

For more information, please visit the Colorado Department of Public Health & Environment website.

As a patient or the patient’s representative, you have the responsibility to:

Provide Information

- Participate in decisions involving your care.
- Provide complete and accurate medical history to the best of your knowledge and to provide information about current medications or treatments.
- Ask questions and seek clarification about your diagnosis, course of treatment or care plan.
- Provide information about complications or health symptoms including allergies.
- Report any changes in condition.

Respect and Consideration

- Be considerate of the rights of other patients, care personnel, and property.
- Comply with the hospital’s no-smoking policy.
- Support mutual consideration and respect to all by using civil language and conduct.
- Refrain from conducting any illegal activity on hospital property. If such activity occurs, the hospital will report it to the police.
- To ensure patient privacy and comfort, we ask that cell phone usage, photography, and videography are not used in patient care areas. We appreciate your understanding and cooperation.

Safety

- Promote your own safety by actively participating in your care and treatment.
- Remind staff to wash their hands before taking care of you.
- Remind staff to check your identification before they give you medications, administer blood or blood products, take blood samples, or before any procedure.
- Ask questions if you have concerns about your safety, care, treatment, medications, or services.

Refusing Care

- Ask questions if you don’t understand your care or you have concerns.

- You are responsible for your actions if you refuse care or do not follow care instructions.

Charges

- Provide accurate and timely information about sources of payment and your ability to meet financial obligations.
- You are responsible for paying for the healthcare that you received as promptly as possible.

Cooperation

- Follow the course of treatment or care, recommendations and advice, you and your provider have agreed to together.

Parents, guardians, and patient designees may represent or assist a patient or client in fulfilling these rights and responsibilities. If you would like to express concerns regarding the quality of care you receive at SLV Health, please contact the Office of Patient Affairs, (719) 587-5702, and/or the Colorado Department of Health at (303) 682-2800, Complaint Hotline 1-866-800-8749.

I confirm that I have read and understood this form, and I have received a copy for my records.

Patient (Parent/Guardian or Medical Durable Power of Attorney)

Date: _____

Witness and accepted by
for San Luis Valley Health

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