

White Mountain Regional Medical Center
118 South Mountain Avenue
Springerville, AZ 85938
(928) 333-4368

Patient Rights and Responsibilities

We respect your rights as a patient and recognize that you as an individual have unique health care needs. Therefore, we respect your personal dignity and want to provide care based on your individual needs.

Not only do you have rights and responsibilities, but these rights and responsibilities also apply to the people who have decision making responsibility for you. These people may include parents of patients under the age of 18, legal guardians and those you have given decision making responsibility to in a Durable Power of Attorney for Health Care of a Living Will.

You have the right to:

- Be treated in a dignified and respectful manner and to receive reasonable responses to reasonable requests for service.
- Effective communication that provides information in a manner you understand, in your preferred language with provisions of interpreting or translation services, at no cost, and in a manner that meets your needs in the event of vision, speech, hearing or cognitive impairments. Information should be provided in easy-to-understand terms that will allow you to formulate informed consent.
- Respect for your cultural and personal values, beliefs and preferences.
- Personal privacy, privacy of your health information and to receive a notice of the facility's privacy practices.
- Pain management.
- Accommodation for your religious and other spiritual services.
- Access, request amendment to and obtain information on disclosures of your health information in accordance with law and regulation within a reasonable time frame.
- Have a family member, friend or other support individual to be present with you during the course of your stay, unless that person's presence infringes on others' rights, safety or is medically contraindicated.
- Care or services provided without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, diagnosis, socioeconomic status, marital status, sex, sexual orientation, and gender identity or expression.
- Participate in decisions about your care, including developing your treatment plan, discharge planning and having your family and personal physician promptly notified of your admission.
- Select providers of goods and services to be received after discharge.
- Refuse care, treatment or services in accordance with law and regulation and to leave the facility against advice of the physician.
- Have a surrogate decision-maker participate in care, treatment and services decisions when you are unable to make your own decisions.
- Receive information about the outcomes of your care, treatment and services, including unanticipated outcomes.
- Give or withhold informed consent when making decisions about your care, treatment and services.
- Receive information about benefits, risks, side effects to proposed care, treatment and services; the likelihood of achieving your goals and any potential problems that might occur during recuperation from proposed care, treatment and service and any reasonable alternatives to the care, treatment and services proposed.
- Give or withhold informed consent to recordings, filming or obtaining images of you for any purpose other than your care.
- Participate in or refuse to participate in research, investigation or clinical trials without jeopardizing your access to care and services unrelated to the research.
- Know the names of the practitioner who has primary responsibility for your care, treatment or services and the names of other practitioners providing your care.
- Formulate advance directives concerning care to be received at end-of-life and to have those advance directives honored to the extent of the facility's ability to do so in accordance with law and regulation. You also have the right to review or revise any advance directives.
- Be free from misappropriation of personal property, abuse, coercion, manipulation, neglect; exploitation; and verbal, mental, physical sexual abuse and sexual assault.
- An environment that is safe, preserves dignity and contributes to a positive self-image.
- Be free from any forms of restraint or seclusion used as a means of convenience, discipline, coercion or retaliation; and to have the least restrictive method of restraint or seclusion used only when necessary to ensure patient safety.
- Access protective and advocacy services and to receive a list of such groups upon your request.

- Access to a telephone.
- Receive the visitors whom you designate, including but not limited to a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend. You may deny or withdraw your consent to receive any visitor at any time. To the extent this facility places limitations or restrictions on visitation; you have the right to set any preference of order or priority for your visitors to satisfy those limitations or restrictions.
- **Examine and receive an explanation of the bill for services, regardless of the source of payment.**
- Receive a referral to another healthcare institution if the hospital is unable to provide physical health services or behavioral health services for the patient.
- Receive assistance from a family member, representative or other individual in understanding, protecting or exercising the patient rights.
- Receive a schedule of hospital rates and charges prior to a scheduled procedure by calling the WMRMC Business Office, 928-333-4368.

You have the responsibility to:

- Provide accurate and complete information concerning your present medical condition, past illnesses or hospitalization and any other matters concerning your health.
- Tell your caregivers if you do not completely understand your plan of care.
- Follow the caregivers' instructions.
- Follow all medical center policies and procedures while being considerate of the rights of other patients, medical center employees and medical center properties.
- Express your concerns about patient care and safety to hospital personnel and/or management without being subject to coercion, discrimination, reprisal or unreasonable interruption of care and to be informed of the resolution process for your concerns. If you have any concerns regarding your care during your stay, please let your care provider or the manager/director know in the hospital unit/department that you are receiving your care. If you have a complaint, we want to resolve it as soon as possible. If during your care at White Mountain Regional Medical Center (WMRMC) you have voiced a concern to your care provider and feel it has not been resolved or if you wish to make a formal complaint, please contact WMRMC's Hospital Administrator by calling 928-333-4368 during business hours. After business hours please call the hospital Operator and ask to speak to the Administrator on call.

If you have concerns regarding the quality of your care, coverage decisions or want to appeal a premature discharge, contact the State Quality Improvement Organization (QIO), Livanta BFCC-QIO Program at:

Livanta BFCC-QIO Program
 9090 Junction Drive, Suite 10
 Annapolis Junction, MD 20701
 Phone: (877) 588-1123, TTY: (855) 887-6668
 Fax: Appeals (855) 694-2929
 Other Reviews (844) 420-6672

In addition, you have the right to file a complaint or concern regarding your care with the Arizona Department of Health at:

Arizona Department of Health Services
 150 N. 18th Ave, Suite 450
 Phoenix, AZ 85007
 Phone: (602) 364-3030
 Fax: (602) 792-0466

For information on how to file a complaint regarding our Sleep Lab please contact:
 Accreditation Commission for Health Care (ACHC)
 ACHC's Complaints Department at (855) 937-2242.