Patient Bill of Rights

Summit Healthcare has the responsibility to provide you with medical care in a secure and safe environment. The following is the Patient Bill of Rights which Summit Healthcare supports.

You have the right to:

Confidential Medical Treatment

- You may request a copy of the Hospital privacy practice notice.
- Your health records stay private, and only the minimally necessary information may be used or disclosed in the management of your care as authorized by law or to those responsible for paying all or part of your bill.
- All communications initiated by the Hospital are considered confidential.
- You may review and request copies of your medical record and request that debatable information be amended.
- You may request an explanation for the release of any information regarding your care.
- You may request that any communications delivered by the Hospital be delivered by alternative means or to an alternate location.

Be Actively Involved in Your Care

- You may request your choice of spiritual care.
- You can expect reasonable access to care in a safe Hospital setting.
- You can expect considerate and respectful care without discrimination regardless of culture, race, language, religion, color, sex, age, or disability.
- You can make decisions about your care before and during your stay, to refuse a recommended treatment to the extent permitted by law, and to be informed of the medical consequences of your refusal. If you refuse care or treatment, you are entitled to other appropriate care and services that the Hospital provides (or can arrange) or transfer to another hospital.
- You can expect your doctor to give you complete and current information about your diagnosis, treatment, and prognosis in terms you can understand. Also, you have the right to be informed of the outcome of care, including unexpected outcomes.
- You can expect to know the names and titles of those caring for you, including those in “supervised training.”
- You can expect complete explanations, including risks, regarding any ordered procedures, care, and treatments so that you may give informed consent (permission for care, treatment, and procedures).
- You may also designate a substitute decision maker in the event that you may not be capable of giving an informed consent.
- You can expect privacy and dignity during discussions regarding your situation, examination and treatment. Those not directly involved in your care must have your permission to be present.
- You can expect that the Hospital will provide care within its capability. If your medical needs exceed the capability of the Hospital, the Hospital coordinates the transfer of your care to a medical care provider who has the capability to manage your care.
- You can communicate with family members and significant others. You have the right to have visitors and telephone calls unless otherwise prohibited by Hospital policy. We will provide interpretation services if needed whenever possible.
- Restraints are used only if required to protect your personal safety or the safety of others.
- You can expect to have your pain assessed and managed.
- You can expect to be informed of a plan for follow-up and ongoing care needs after discharge, including knowledge of any follow-up appointments and alternative doctors or providers who are available to provide the service.
- You can participate in discussions about any ethical issues that may affect your care. This includes issues of conflict resolution, withholding of life saving services, and forgoing or withdrawing of life saving procedures.
- You may request a copy of the procedures we use to protect your property from theft or loss.
- With evidence, you may request protective services in order to report situations of neglect, abuse or exploitation of a child or adult.

Know the Complaint Process

- You may voice complaints without fear about the care you receive and have those complaints reviewed and resolved when possible.
- You may access any federal or state regulatory agency about your care. You also have the right to file a complaint regarding your care and to be informed of the complaint process, including the name and address of the proper agency.

Az Department of Health Services..... (602) 364-3030
Health Services Advisory Group ..... (602) 264-6382
Summit Healthcare Administration..... (928) 537-6399
Summit Patient Advocate..... (928) 537-6746

Billing and Payment Explanations

- You may request information regarding the charges for services that are being provided to you, including an itemized copy of your bill and an explanation regarding the charges. An itemized copy of your bill will only be sent if requested.
- You may request an explanation regarding payment made by your insurance company.

Patient Visitation Rights

Summit Healthcare supports patient visitation and considers this to be an important component of your patient-centered care. Whenever feasible, you may have your support person(s) visit you in the hospital. Visitors may be limited or restricted only when visitation would interfere with your care and/or safety. You may discuss the reasons for the limitations or restrictions with your healthcare professional and/or ask for a copy of the visitation policy.

Patient Responsibilities

1. Give your physician and the staff complete and accurate information about your condition and care, including past illness and hospitalization, medications (including vitamins and herbal products) and other matters related to your health status.
2. Request additional information or additional explanation(s) about your health status or treatment when you do not fully understand information and instructions.
3. Follow your physician's orders and instructions as well as the staff's instructions for your care. Inform your physician and the staff if you anticipate any difficulties in following the prescribed treatment.
4. Accept responsibility for refusing treatment or not following your physician's recommendations. Ask your physician about the risks and consequences for refusal prior to making decisions.
5. Review your Living Will or Durable Power of Attorney for Health Care, if you have one, with your physician and the person you have selected to represent you. If you change either document, you have the responsibility to bring an updated copy to be placed in your medical record. If you do not bring a copy or your copy is unavailable, you may consider making a new one for your current hospitalization.
6. Be considerate of other patients' needs for privacy and a quiet environment. Consider other patients when using the telephone, radio, or television.
7. Observe the non-smoking policy.
8. So that we can provide optimal care for you, communicate your personal, physical, emotional, and spiritual needs to the staff. Additionally, let the staff know when you have pain so they can provide pain management for you.
9. Supply insurance information and pay your bill promptly so that we may continue to serve you and the community effectively.
10. Follow Hospital rules and regulations.
11. Speak up and inform a health care worker about anything you feel is unsafe. Speak up if you feel you are about to be given the wrong medication or treatment. Speak up if the environment is not safe. For example, if there is a spill on the floor, tell someone.