

11. Patient has a right to expect continuity of care and be involved in discharge planning.
12. Patient has a right to a fair and efficient process for resolving complaints and differences with health care providers.
13. Patient has a right to be reasonably informed concerning any transfer to another health care institution and to expect the hospital to assist in locating alternative services when medically indicated.
14. Patient has a right to see the bill and have it explained.
15. Patient has a right to participate in consideration of ethical issues arising from patient's care, including being told about the existence of an Ethics Committee and how to access its services.
16. Patient has a right to be free from abuse and harassment. Patient has a right to be free from physical or mental abuse and corporal punishment. Patient has a right to be free from restraint or seclusion imposed as a means of coercion, discipline, convenience or retaliation. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member or others and must be discontinued at the earliest possible time.
17. Patient has a right to comprehensive and compassionate pain management through individualized treatment of total pain, including physical, psychological, social and spiritual components. A patient can expect information about pain and pain relief; and staff who will care about each patient's pain, who will respond when pain is reported and who will ask about pain relief often.
18. Patient has a right to formulate advance directives and to have medical care providers comply with those directives.
19. Patient has a right to have a family member or representative and their own doctor notified promptly of admission to the hospital.
20. Patient has a right to access information contained in the hospital's clinical records within a reasonable time frame, except when disclosure is restricted by law. Access to psychiatric records and drug and alcohol treatment records may be limited.
21. Patient has a right to information for filing a complaint with the state survey and certification agency if he/she has a concern about patient abuse, neglect, misappropriation of the patient's property, or other concerns.
22. Patient has a right to breathe easier and, for that reason, smoking is prohibited, both inside and outside at all INTEGRIS Health facilities.
23. Patient has a right, subject to clinical restriction, to receive such visitors as the patient designates, including, but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend.
24. Patient has the right to restrict the submission of their PHI to a Health Information Exchange.
25. Patient has the right to restrict the use of their PHI for limited marketing purposes except for those instances outlined in the Notice of Privacy Practices.

26. Patient has the right to elect not to receive fundraising communications and may opt out by e-mailing **INTEGRISPrivacy@integrisok.com**.
27. Patient has the right to receive a copy of their medical record in an electronic format upon request or direct INTEGRIS will transmit the copy directly to a designated entity or person.
28. Patient has the right to restrict restrictions or limitations of PHI use or disclosed unless the use or disclosure is required by law.
29. Patient has the right, if the patient has paid out-of-pocket in full prior to the provision of a specific health care item or service to ask that PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and INTEGRIS will honor that request, unless disclosure is needed for treatment or legal reasons.
30. Patient has the right to be notified of a breach of their PHI that is inconsistent with the federal law governing the protection of medical information, known as HIPAA.

PATIENT RESPONSIBILITIES

Provision of Information

Patient has the responsibility to provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to health. Patient has the responsibility to report unexpected changes in condition to healthcare providers. Patient is responsible for making it known whether he/she clearly comprehends a contemplated course of action and what is expected. A patient has the responsibility to ask for help when needs are not being met or when a problem is encountered

Compliance with Instructions

Patient is responsible for following the treatment plan recommended by the primary doctor. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible doctor's orders. The patient is responsible for keeping appointments and, when unable to do so for any reason, for notifying the responsible health care provider.

Refusal of Treatment

Patient is responsible for his/her actions if he/she refuses treatment or does not follow the doctor's instructions.

Hospital Charges

The patient is responsible for assuring that the financial obligations of his/her healthcare are fulfilled as promptly as possible.

Hospital Rules and Regulations

The patient is responsible for following hospital rules and regulations affecting patient care and conduct.

Respect and Consideration

Patients are responsible for being considerate of the rights of other patients and hospital personnel, **complying with requests** for control of noise, **refraining from** smoking, and **limiting** the number of visitors. The patient is responsible for being respectful of the property of other persons and the hospital.

Advance Directive for Health Care

The patient is responsible for providing any and all advance directives, such as a living will or power of attorney, at the time of admission.

OKLAHOMA NOTICE TO PATIENTS

Required by the Patient Self-Determination Act

This handout informs you what rights Oklahoma law gives to you to make medical care decisions. After reading this, you may still have questions. If so, you should talk about them with your doctors and other care givers.

1. Who will talk to me about my medical care options?

Your doctor must talk about medical care options with you using words you can understand.

2. Who decides what medical care I will get?

As a competent adult, you decide what medical care you will get. You have a right to accept, refuse, or stop any medical care, including life-sustaining treatment.

3. What if I am not able to make my own decisions?

If you cannot make decisions about your own medical care, someone must make them for you. An advance directive is the best way to tell people what you want done. You can also say who you want to make decisions for you, if you can no longer decide for yourself.

4. What is an advance directive?

An advance directive is a written document you sign before you are unable to make your own decisions. You can use an advance directive to tell people ahead of time what medical care you want. You can also name the person you want to make medical decisions for you if you cannot make them yourself. Oklahoma law has three kinds of advance directives:

- Living will
- Health care proxy
- Durable power of attorney for health care

You can have one, two, or all three advance directives.

5. What is a living will?

A living will is a document that allows you to state your choices about life-sustaining treatment.

6. What is a health care proxy?

A health care proxy is a written document appointing a person you choose name to make medical decisions for you.

7. What is a durable power of attorney for health care?

A durable power of attorney for health care is a written document in which you name the person you want to make routine medical decisions for you. This person can also make decisions about CPR if you expressly give the person that power. A durable power of attorney for

health care is not necessary if you have a living will with a health care proxy.

8. May I refuse tube feeding?

You can be sure that you do not receive tube feedings (artificially administered water and food) by stating your wishes in writing in a living will. If you do not give express instructions, food and water can be withheld from you only in very limited situations.

9. Should I have an advance directive?

Whether to have an advance directive is entirely your decision. Many people want an advance directive to avoid a dispute about their care if they become ill and can't make their wishes known. It makes sense to sign an advance directive and talk about your medical care wishes with your loved ones, your doctors and others before a medical crisis happens.

10. Do I need all three documents?

No. A living will lets you tell others your wishes about life-sustaining treatment if you become terminally ill or persistently unconscious. A person you name in a health care proxy can make decisions about life-sustaining treatment according to your wishes. A person you name in a durable power of attorney can make decisions about CPR according to your wishes. Under either document, the named person can also make other treatment decisions for you if you are unable to do so. You may want to sign a living will and either a health care proxy or a durable power of attorney.

11. If I sign an advance directive now, can I change my mind?

Yes, as long as you are competent. You can revoke an existing advanced directive by writing it down or by telling someone. You can sign a new advance directive any time you want. In fact, you should go over your advance directive at least once a year to be sure it still correctly states your wishes.

12. Can I be sure my instructions will be followed?

If properly signed, your advance directive for health care is legally binding on your caregivers. If they cannot follow your directions, they will arrange to transfer your care to others who will.

13. What if I do not have an advance directive?

If you don't have an advance directive, a court may appoint a guardian to make medical decisions for you. Without an advance directive or court-appointed guardian, Oklahoma law is not clear about who will decide for you. Usually, your family, doctors and hospital can agree about medical care.

14. What if I signed a "Directive to Physicians" under the old law?

If you signed a "Directive to Physicians" under the old Oklahoma law, it is valid and binding under current new law. You may want to sign a new advance directive because it covers more circumstances and allows you to name the person you want to make your medical decisions.

15. What if I signed an advance directive in another State?

Advance directives signed in other States are generally valid and binding in this State for anything that Oklahoma law allows.

16. What if I have other questions?

If you have other questions, you should discuss them with your doctors and other caregivers.

We are here to provide health care services for you in a professional, competent, and compassionate manner. If, for any reason, you have a concern about these services, please know you may report your concerns to the Hospital President. You may also report your concerns to the Oklahoma State Department of Health at the address, telephone number and fax number below:

Hospital Administrators for INTEGRIS Facilities:

Baptist Medical Center (OKC)	(405) 949-3166
INTEGRIS Miami Hospital	(918) 542-6611
Bass Baptist Health Center (Enid)	(580) 233-2300
Northwest Specialty Hospital (Bass Pavilion)	(580) 249-4260
Canadian Valley Hospital (Yukon)	(405) 717-7961
Grove Hospital (Grove)	(918) 787-3402
Southwest Medical Center (OKC)	(405) 636-7670
INTEGRIS Mental Health Center (Spencer)	(405) 947-2233
INTEGRIS Health Edmond (Edmond)	(405) 657-3030
Lakeside Women's Health	(405) 815-6896

Oklahoma State Department of Health:

1000 NE 10th Street
OKC, OK 73117-1299
Phone: (405) 271-6576
Fax: (405) 271-1308

You may also contact
The Joint Commission at
(800) 994-6610 or
www.complaint@jointcommission.org



NOTICE TO PATIENTS FOR PATIENTS' RIGHTS AND RESPONSIBILITIES

PATIENT'S RIGHTS

- a. Patient has a right to considerate and respectful care in a safe setting.
- b. Patient has a right to non-discriminatory health care.
- c. Patient who is unable to fully participate or understand information has a right to be represented as allowed by law.
- d. Patient has a right to know the names and roles of care providers primarily responsible for the patient's care and information about health care facilities. Patient has a right to communicate with those responsible for care.
- e. Patient has a right to be involved in care, planning and treatment. Patient has a right to request or refuse treatment to the extent permitted by law and to be informed of the medical consequences.
- f. Patient has a right to receive accurate and easily understood information about his/her health status, diagnosis, treatment options, related risks and benefits, and prognosis. Patient has a right to be told about the nature and purposes of procedures to be performed. Patient has a right to receive information necessary to give informed consent.
- g. Patient has a right to consult with a specialist at his/her own request and expense.
- h. Patient has a right to talk in confidence with health care providers and to have health care information protected. Patient has a right to receive the *INTEGRIS Notice of Privacy Practices* and be treated accordingly.
- i. Patient has a right to be informed of and to receive further information about organ and tissue donation.
- j. Patient has a right to be told of any proposal to engage in or perform human experimentation affecting the patient's care and to refuse to participate without penalty. Research studies will not be offered to each patient.