



Patient Rights & Responsibilities

Advance Directives

HPMC OMS is not a primary care provider and does not honor Advance Directives. To provide awareness about Advance Directives to patients or clients, HPMC OMS providers may initially discuss Advance Directives with patients/clients and refer them to their primary care provider for further details.

Notice of Non-Discrimination

HPMC Occupational Medical Services does not discriminate against any patient because of race, creed, color, national origin, handicap or employer.

This brochure, "Patient Rights and Responsibilities," is published by HPMC Occupational Medical Services in order to inform patients and families of their rights as delineated in Washington Administrative Code and the Accreditation Association for Ambulatory Health Care. Patient rights are protected and promoted by all departments and individuals at HPMC Occupational Medical Services.

HPMC Occupational Medical Services

1979 Snyder Street
MSIN G3-70
P.O. Box 150 – Suite 150
Richland, WA 99354
(509) 376-3333

Introduction

HPMC Occupational Medical Services (HPMC OMS) recognizes that entering a medical clinic can be a confusing and intimidating experience for patients, clients and their families or support persons. Therefore, this brochure has been prepared to make your visit as comfortable as possible, to explain your rights and responsibilities as a patient, and to answer some frequently asked questions. Health professionals, department team leaders, and staff are also available to answer your questions or assist you during your visit.

In keeping with our mission to provide quality medical care, as well as demonstrate our concern for your well-being and respect for your personal dignity, HPMC OMS has adopted the following Patient Rights. In order to meet your care requirements there are certain Patient Responsibilities (identified in the back of this brochure) that you need to meet to assist the staff in the ability to provide your care.

Patient Rights

Access to Care and Treatment

You have the right to receive the medical services and accommodations your health professional indicates are needed to the best of HPMC OMS' ability. You have the right to refuse any or all parts of an examination, test or procedure. Please note that your medical clearance may be withheld if you refuse a procedure that is required by regulatory standards or is necessary to determine if you can safely perform your job. You have the right to request or refuse services from a particular health professional. If you have concerns or questions regarding your care, ask your provider to contact the Site Occupational Medical Director (SOMD) or the Clinic Director.

Healthcare Information and Consent

You and/or your legal representative have the right to receive complete information about your health status, diagnosis, treatment, and any known prognosis in terms you can easily understand. You also have the right to see your medical records within the limits of the law.

You have the right, to the greatest extent possible; to participate in decisions concerning your medical care, including any ethical issues that may arise. You have the right to receive complete information about treatment or procedures that are proposed for you so you can give your consent to participate. You also have the right to refuse to consent to treatment. You have the right to be informed of the significant risk and benefits of any other possible methods of treatment, and to be informed of any consequences if you refuse treatment.

Communication

If you are hearing or visually impaired, you have the right to interpreter services and assistance. Your health professional will help you obtain these services.

Community of Care & Caregiver Identity

Your attending provider is in charge of your medical care. You have the right to know the identities and responsibilities of all individuals caring for you and what services they are providing.

If you are referred to another facility, organization, service or individual for further care, you have the right to be told whether the person or organization receiving the referral will benefit financially, so you can identify any potential conflicts of interest.

Safety, Respect and Dignity

You have the right to a safe environment and to consideration and respect for your personal dignity and for your spiritual and cultural beliefs and practices.

Pain Management

You have the right to receive adequate pain management as identified by the guidelines of the Agency for Health Care Policy and Research. For more information contact the SOMD at 376-4716.

Privacy and Confidentiality

You have the right, within the law, to know that your personal privacy, including any written information about you, is protected. Those rights include:

- The right to be interviewed and examined in surroundings designed to ensure your privacy from other patients, visitors, or HPMC OMS staff.
- The right to expect that any discussions involving your care will be conducted only with those who need to be involved.

- The right to have your medical record read only by individuals directly involved in your treatment, or in the monitoring of its quality or other operational uses.
- The right to expect that all communications and records pertaining to your care are treated as confidential.
- The right to be free from all forms of abuse or harassment, neglect as being defined as one form of abuse. This right pertains to behavior by any HPMC OMS staff, other patients, visitors, or any other person in HPMC OMS facilities.

Outcome Disclosure

You have the right to be informed to any outcomes of care when they differ significantly from the anticipated outcomes.

Complaints/Grievances

If you have a problem or concern that cannot or is not being resolved, you have the right to contact the SOMD, Clinic Director, and Patient Relations Representative or use a customer service card or patient survey to report the concern and seek the appropriate help in resolving the problem. A grievance may be verbal or written and will be addressed in a timely manner. You have the right to receive information about the HPMC OMS process for responding to complaints. You have the right to have your problem handled confidentially and not affect the care you receive. If your grievance cannot be resolved satisfactorily through the HPMC OMS process you have the right to seek assistance from the Washington State Department of Health or the Medical Quality Assurance Commission. Contact the Patient Relations Representative at 376-6565.

Transfer

You will not be transferred to another facility or organization for care until:

- You and/or your legal representative have received a complete explanation of the need for the transfer and any possible alternatives, and
- You and/or your legal representative have agreed to the transfer, and
- The provider and the facility or organization to which you will be transferred has agreed to accept you.

Discharge Planning

You and/or your legal representative have the right to be told by your provider about any healthcare services that you will need after you leave the clinic. You have the right to discharge planning and assistance to help you get the service you will need. You may request discharge planning and assistance by contacting the health care center nurse.

Patient Responsibilities

Provision of Information

HPMC OMS health professionals work as a team and may request that you consult with additional professionals. You are responsible for working with your provider and HPMC OMS staff by providing, as best you can, any personal and medical history information that they might need. This includes current problems, past problems, medications or home remedies such as herbal, and any condition or situation that may have an impact on your health and the choice of treatment. You are also responsible to inform your caregivers when you believe your safety is at risk during your care or you experience an unexpected change in your condition.

Instructions and Treatment Plan

You are responsible for participating with your provider in planning for your treatment and recovery. If you do not understand your illness or the treatment your

provider has prescribed, you or your legal representative are responsible for asking the provider or another member of your healthcare team until you do understand. It is your responsibility to understand that certain health problems may require modifications to your medical clearance for work, including application of work restrictions. You are responsible for understanding how to continue your care after you leave the clinic and to maintain good self-care activities to prevent health care problems. You are responsible for knowing when and where to get further treatment, and what services you might need at home and/or work to continue with your treatment or care plan.

Refusal of Treatment

You are responsible for the results if you refuse the treatment the provider has prescribed for you or if you chose not to follow the provider instructions.

Respect and Consideration

As a patient in this clinic, you are responsible for assisting the staff in providing a quiet, courteous atmosphere not only for yourself but for others. You and/or your legal representative are responsible for monitoring your visitors, following the smoking prohibitions (this is a smoke-free facility), and using the telephone, electronic devices and lights in a manner that does not disturb others. You are responsible for treating the HPMC OMS staff with consideration, for using the facilities and equipment appropriately and for treating all persons with respect.

Financial Responsibilities

You are financially responsible for any tests, procedures, and examinations obtained independent of HPMC OMS to provide information about your ability to work.