



YOUR PATIENT RIGHTS AND RESPONSIBILITIES

Welcome to TriHealth and thank you for choosing us to be your healthcare provider. By talking to your caregivers and participating in planning your care, you will help make sure the care you receive respects your wishes and values. These rights and responsibilities apply to the infant, child, adolescent, and adult patients and their parents, legal representatives, or guardians.

AS A PATIENT, YOU HAVE THE RIGHT TO:

1. Be told about your rights and responsibilities before you get treatment and care.
2. Ask the Patient Relations staff to help you understand your rights and responsibilities.
3. Be treated with respect and dignity.
4. Be free from any form of discrimination based on race, ethnicity, culture, language, socioeconomic status, religion, gender identity or expression, age, national origin, sexual orientation, disability or method of payment.
5. Have a family member or representative and/or your primary care physician notified promptly regarding your admission to the TriHealth entity.
6. Have the visitors you name, including your spouse, domestic partner (or same sex domestic partner), a family member or friend. You can agree to or limit your visitors at any time.
7. The presence of a support individual of your choice, unless that person's presence infringes on other's rights, safety or it interferes with medical care.
8. Know the name and role of your caregivers and their roles in your care and treatment, including doctors and students.
9. Be given every consideration of privacy and protection of dignity during delivery of care, treatment, and services.
10. Expect personal and data privacy involving written and oral communications, visits, meetings with family and groups, and personal care.²
11. Get information in words you can understand. This includes help (at no charge) with language interpretation or help for hearing impairment.
12. Expect that all information and communication about your care is kept confidential.
13. Set a goal about managing your pain with your doctors and nurses.
14. Get information from your doctor about your illness, treatment, outlook, and potential alternatives to the proposed treatment.
15. Get information about a surgery or procedure your doctor is planning before you agree to it including what will happen if you say no to it.
16. Agree to or refuse treatment that involves research or experimental treatments. Your refusal or discontinuation of these treatments will not affect your access to other care.
17. Ask and pay for a second opinion from another doctor.
18. Make decisions with your doctor about using the machines that keep a person alive.
19. Make an advance directive about treatment (a living will or health care power of attorney) and name someone to make decisions for you when you are unable.
20. Ask about giving your organs and tissue if you want to donate them.
21. Ask for help from the Ethics Committee about hard treatment choices.

² This does not require TriHealth to provide a private room for each patient. Communication of medical information will be made in accordance with TriHealth Privacy/HIPAA policies.



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22. Have visitors, mail and telephone calls unless it is needed for your care to limit them. The team will include you in the decision and explain it so you can understand.
23. Have your cultural or religious needs supported when the TriHealth entity can do it.
24. Be moved to another TriHealth entity or place for care when medically needed.
25. Expect care that is based on evidence, research and medical standards.
26. Expect continuity of care and get help in planning after-TriHealth entity care.
27. Ask to see or amend your health information.
28. Agree or refuse to be in films, recordings or pictures not needed for your care.
29. Expect reasonable safety while you are in TriHealth entities and locations.
30. Be free from restraint or seclusion that is not medically needed.
31. Access protective services such as guardianship, child or adult protective services.
32. Know about how to complain or file a grievance about your care or service to Team Members present and/or the Patient Relations department.
33. Know that the TriHealth entity defines how it will obtain and record your permission to perform an autopsy.
34. Know how to complain to the Ohio Department of Health, The Joint Commission, CMS or HFAP (MHMH only).
35. Get information about relationships between TriHealth and services you are referred to.
36. Receive an explanation of your bill and receive information about financial aid.
37. Be informed of your Medicare benefit rights if you receive Medicare insurance.
38. Be able to obtain a copy of or request changes to your health information in a reasonable time frame.
39. Speak to Patient Relations staff about any abuse, neglect, mistreatment or missing personal property that occurs while you are in the TriHealth entity.

AS A PATIENT YOUR RESPONSIBILITIES ARE TO:

1. Be considerate of the rights of other patients and TriHealth personnel; follow applicable TriHealth policies about visitors, telephone use, no-smoking and respecting the TriHealth entity and personal property.
2. Provide to the best of your knowledge accurate and complete information about your symptoms, past illnesses, hospitalizations, medications and other matters relating to your health or plan of care. This includes reporting any unexpected changes in your condition.
3. Ask your doctor or nurse what you can expect regarding pain management and to help your doctor and nurse with your pain management.
4. Cooperate with your doctors, nurses and other care givers in your diagnosis and treatment.
5. Ask questions when you do not understand the explanation about your care or services.
6. Be responsible for your actions if you refuse treatment or do not follow doctor instructions.
7. Tell your doctor or nurse if you think you will not be able to follow doctor's orders.
8. Give the TriHealth entity a copy of your advance directives (Living Will, Healthcare Power of Attorney), or DNR Comfort Care or DNR Comfort Care Arrest information, if you have one.
9. Give the TriHealth entity the information it needs for your insurance and/or payment of your bill.

You can listen to these rights and responsibilities by calling 513 862 4620. A copy of the complete corporate policy or a copy of this handout is available in Braille and in Spanish through the Patient Relations Departments at the Bethesda North TriHealth entity and at the Good Samaritan TriHealth entity.

Please tell your caregiver your suggestions, concerns, or complaints about patient care and patient safety. This will help us give you excellent service. You are a member of the health care team and we are committed to meet your specific requests and needs. The Patient Relations Department works with management in responding to your complaints or concerns about patient care and patient safety in the TriHealth entity or any of the TriHealth facilities.

If you wish to report a complaint, you may contact the Patient Relations Department at the numbers below:

Bethesda North Region 513 865 1115	Good Samaritan Region 513 862 2582
Bethesda North Hospital Bethesda Butler Hospital Bethesda Medical Center at Arrow Springs All other Bethesda North Hospital on- or off-campus locations McCullough-Hyde Memorial Hospital (MHMH)	Good Samaritan Hospital Good Samaritan Hospital - Evendale TriHealth Surgery Center - Anderson Good Samaritan Medical Center - Western Ridge Cincinnati Hand Surgery Center All other Good Samaritan on- or off-campus locations

You may also contact the Ohio Department of Health, The Joint Commission or the Center for Medicare and Medicaid Services (CMS) or Healthcare Facility Accreditation Program (HFAP-ACHC) using the information below:

Organization/Agency	Phone Number	Address	Website
Ohio Department of Health	1-800-342-0553, TDD 1-614-752-6490	246 North High St. Columbus, Ohio 43215	https://odh.ohio.gov
The Joint Commission	1-800-994-6610	NA	www.jointcommission.org
The Center for Medicare and Medicaid Services (CMS)	1-800-633-4227 TTY 1-877-486-2048	NA	www.medicare.gov
Healthcare Facility Accreditation Program (HFAP) For MHMH only	1-855-937-2242	NA	www.achc.org/complaint-policy-process.html

For Medicare beneficiaries, the website for the Office of the Medicare Beneficiary Ombudsman:
<https://medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>