

Our Commitment:

Asante is committed to treating you with **respect** and **dignity** in a **safe** and **comfortable** environment. We will treat you with kindness and compassion. We will involve you or your representative in decision-making and honor your wishes. We will listen to your health goals and will strive to meet or exceed them. We will treat you as we treat others, and as we wish to be treated ourselves. And we will uphold your rights as a patient.

This notice describes your rights and responsibilities as a patient of our hospital. We are thankful that you have entrusted us with your care.

Patient Rights

- **Be free from discrimination.** You have the right to receive the same level of care and access to services regardless of your age, race, sex, ethnicity, religion, gender, gender identity or expression, sexual orientation, veteran status, disability, or socioeconomic status.
- **Language and communication help.** You and your legal representative have the right to be communicated with in a language and a format that you and your representative understand. This includes the right to have a free interpreter, request documents be translated to your native language, or to request written information in braille.
- **Provide us with your advance directives.** Advance directives, medical powers of attorney and similar documents tell our hospital and your representative about the types of care you do or do not wish to receive if you are unable to do so yourself. When you have completed an advance directive or similar document, you have the right to have the decisions you've made respected. Our hospitals will not discriminate against you based on whether you have completed such documents. Our hospitals will also never refuse to treat you because you have not completed an advance directive. If you have completed or updated an advance directive or similar document, please provide a copy to hospital registration staff or email an electronic copy to ROI@asante.org. If you do not have an advance directive or similar document, you can still tell us who we should turn to for decision making about your care should you become unable to make your own decisions or communicate your wishes with us.
- **Actively participate in the development and implementation of your care plan.** In our hospital, you will be treated as an integral part of our care team. We will treat you with dignity and respect - honoring your values and respecting your wishes in a culturally sensitive manner. However, being an essential member of our care team does not mean you have the right to demand certain services that may not be deemed medically necessary. Among other things, you and your representative have the right to:
 - Receive information about your health status, including your diagnosis, prognosis and care plan;
 - Participate in the development and implementation of your inpatient or outpatient care plan;
 - Make an informed decision to accept or refuse care or treatment;
 - Except in a medical emergency, be made aware of the possible medical risks of accepting or refusing care or treatment. This includes the right to provide your written informed consent for specific medical or surgical care, consistent with Asante policy and the law;
 - Ask questions about recommended care or treatment and to offer suggestions;
 - Allow others, such as family or friends, to participate in the care and discharge planning processes; and
 - Participate in the process of planning your care after discharge.
- **Have people notified promptly about your admission** to the hospital, including your representative, family and other providers involved in your care, such as your primary care physician.
- **Receive care in a safe setting.** Providing a safe and healing environment for every patient is one of our hospital's top priorities. Our hospital will follow all state and federal laws, standards of practice and Asante policies related to environmental safety, infection control and security. Our hospital takes additional steps to further protect vulnerable populations (for example, the elderly, persons with mental illness, persons with physical or developmental disabilities, and minors) from physical, mental or emotional harm.

- **Be free from all forms of abuse, neglect or harassment.** You have the right to be free from physical or mental abuse, neglect and corporal punishment. This includes abuse, neglect or harassment by your family or visitors, other patients, and our hospital and staff.
- **Be free from restraint or seclusion.** You have the right to be free from restraint or seclusion, of any form, that is not medically necessary in order to keep you safe. Restraint or seclusion will not be imposed by staff as a means of coercion, discipline, convenience, or retaliation.
- **Engage an advocate.** If you are concerned that we are not protecting you from abuse, neglect, or improper use of restraints or seclusion, you have the right to ask for help. You can ask to speak to a manager or the house supervisor, contact our Patient Relations team, or contact one of the entities or advocacy agencies below:

Asante Ashland Community Hospital

Phone: (541) 472-7168

Email: patientrelations@asante.org**Asante Rogue Regional Hospital**

Phone: (541) 789-4126

Email: patientrelations@asante.org**Asante Three Rivers Medical Center**

Phone: (541) 472-7168

Email: patientrelations@asante.org**Oregon Department of Human Services**

Attn: Aging and Disability Services

500 Summer St. NE, E15

Salem, OR 97301

Phone: 1-855-503-7233

Online: www.oregon.gov/odhs/aging-disability-services/pages/default.aspx**Disability Rights Oregon**511 SW 10th Avenue, Suite 200

Portland, OR 97205

Phone: 1-800-452-1694

Online: www.droregon.org/request-help

- **Have your pain adequately managed** to the extent possible and as agreed upon by your provider.
- **Choose or decline visitors.** You have the right to receive the visitors whom you designate, including but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, and a friend. You also have the right to withdraw or deny consent to visit at any time. Asante ensures that all visitors enjoy full and equal visitation privileges consistent with the patient's preference. Asante will not restrict, limit, or deny visitation on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Patient rights to visitation may be limited for clinically necessary reasons, including reasonable restriction or limitation that may be needed. If clinically necessary restrictions or limitations are required, you will be informed of the reason for the clinical restriction or limitation.
- **Choose where you are referred for additional diagnostic testing, treatment or services.** Under Oregon law, if your provider refers you to another healthcare facility for additional diagnostic testing, treatment or other services, you have the right to choose the facility where you receive such services. If you have a preference on where you receive these services, you can inform your healthcare provider so they can refer you to the facility of your choosing. Your provider will not deny, limit or withdraw your referral for choosing your preferred facility. It is your responsibility to contact your insurer to determine your coverage and cost sharing for the facility you choose. For more information on your right to choose where you are referred for further services, please visit the Oregon Health Authority's website at www.Oregon.gov/OHA.
- **Privacy and confidentiality of your health information.** You have the right to a reasonable expectation of privacy during your hospital stay. Likewise, our hospital must ensure information about you remains confidential and secure consistent with federal and state laws. Among other things, you have the right to:
 - Be informed of your privacy rights and our hospital's responsibilities to use, share and safeguard your health information. These rights and responsibilities are explained further in our Notice of Privacy Practices. To request a copy of the Notice of Privacy Practices, please ask someone at the nearest hospital registration desk, or visit asante.org.
 - Know the names of the people who are treating you, and to be informed about others who may be present during your care and why.

- Know that our staff will only use or share your health information when necessary for a legitimate purpose. For example, staff may use or share your information in order to treat you, obtain payment for care, or to support hospital operations.
- Be examined and treated in a manner that respects your right to personal privacy. This can include providing you with a gown, staff knocking or announcing their entrance to your room before entering, and staff closing your door when exiting your room. You also have the right to request a chaperone to accompany you and your provider during certain sensitive exams.
- Be examined and treated in an area that is reasonably private. Our hospital strives to balance our need to provide you with excellent and timely care while respecting your privacy. In emergencies, or when our hospital is full, we may offer to examine you in a less private location, such as a bed in the hallway of our emergency department. If you are uncomfortable being seen or treated in a specific location, ask someone on your care team to see how we can help.
- **Access your health information.** You have the right to access, inspect or obtain a copy of your medical records. Our hospital will not unreasonably interfere with your right to access your health information. To request access to your health information, contact our Health Information Services department at (541) 789-4206 or visit asante.org/patients-visitors/medical-records/. With limited exceptions, the Health Information Services department will ensure that you receive timely access to your health information in the form and format you request it.
- **Designate a support person.** If you have a disability, you have the right to designate at least three (3) support persons and have at least one (1) support person present with you at all times in the Emergency Department, and during your stay at the hospital, if necessary to ensure effective communication and facilitate your care. If you have a disability, you have the right to have one (1) support person designated by you present for any discussion when you are asked to elect hospice care, to sign an advanced directive or other instrument allowing the withholding or withdrawing of life sustaining procedure or artificially administered nutrition or hydration, unless you request to have the discussion in the absence of the support person.
- **Beneficiary notice of non-coverage and right to appeal premature discharge.** If you are a Medicare beneficiary, you have the right to be informed of non-coverage and the right to appeal premature discharge. Additional information will be provided to you in the Medicare Outpatient Observation Notice (MOON) and/or Important Message from Medicare (IMM).
- **Raise a concern or complaint about your care** and receive a response. Raising a concern or complaint will have no impact on the care you receive from us. More information about how to report a concern or complaint to us or to various quality or oversight agencies can be found below.

Patient Responsibilities

As an Asante patient, you and your family or other visitors have a responsibility to:

- **Be respectful of our nurses, clinicians, support staff and other healthcare professionals.** Our teams are committed to providing you with excellent care in a respectful and dignified manner. We ask that you treat us as you would like to be treated.
- **Refrain from discriminatory, racist, profane or threatening language** toward our staff, visitors or other patients. We are committed to providing a welcoming, healing environment for everyone. As such, language of this nature is not acceptable in our facilities.
- **Refrain from threatening, abusive, harassing or violent behavior** toward our staff, visitors or other patients. Such behavior will not be tolerated, and may lead to the limitation of visitation privileges or in some cases referral to law enforcement.
- **Understand that Asante assigns staff members to your care team due to their training and expertise** as health care professionals. Asante will not remove someone from your care team for discriminatory reasons.

- **Provide us with a copy of your advance directive** if you have one, or the contact information for a family member or trusted friend whom you wish us to rely upon to make care decisions on your behalf should you become unable to do so.
- **Provide complete and accurate information about your health and medical history**, including present condition, past illnesses, hospital stays, medicines, drugs, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
- **Actively participate in your care, including any pain management plan.**
- **Follow the instructions of your care team** once you and your provider have agreed on your plan of care.
- **Keep your doctor and other members of your care team informed of the effectiveness of your treatment** or any sudden or unexpected changes in your condition.
- **Ask questions** when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your doctor.
- **Speak up if you have a concern about your safety or the care you are receiving.**
- **Be your own advocate during your stay.** For example, we encourage you to ask us to confirm that we:
 - Are providing care to the right patient.
 - Are performing the right procedure on the right body part.
 - Have performed hand hygiene.
 - Have a plan to help keep you safe from falls.
- **Leave valuables at home** and only bring necessary items for your hospital stay.
- **Meet any financial obligations** for your hospital stay and be aware of how to apply for financial assistance if you believe you may need help paying your bills.
- **Follow hospital policies and procedures** including without limitation Asante policies that limit patients and visitors from taking photos or recordings, and policies that set limits on service animals consistent with federal law.

Raising Concerns and Reporting Grievances

While we strive to meet or exceed everyone's expectations, sometimes we don't. If you have a complaint or concern, we hope that you'll start by asking to speak with a house supervisor or manager before you leave our facility. That leader can often help solve the issue or address your concern during your stay.

If you believe leadership was unable to address your concern, or if you have already left our facility, you can still file a complaint or grievance with our hospital's Patient Relations team. We want to hear from you and learn any opportunities for improvement that may make for better or safer care for you and others in the future. Our Patient Relations team will investigate your concern and generally provide you with a written response within 30 days, though sometimes we may need to notify you of our need for an extension.

Reporting a concern or grievance to Asante Patient Relations:

Asante Ashland Community Hospital Phone: (541) 472-7168 Email: patientrelations@asante.org	Asante Rogue Regional Hospital Phone: (541) 789-4126 Email: patientrelations@asante.org	Asante Three Rivers Medical Center Phone: (541) 472-7168 Email: patientrelations@asante.org
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If you feel Asante has not adequately responded to your concern through these internal processes, you can turn to one of the following for support:

DNV Healthcare USA Attn: Hospital Complaints 4435 Aicholtz Road, Suite 900 Cincinnati, OH 45245 Phone: (866) 523-6842 Email: hospitalcomplaint@dnv.com Online: www.dnvhealthcareportal.com/patient-complaint-report	American College of Radiology* Attn: Accreditation Program Patient Complaints 1892 Preston White Drive Reston, VA 20191 Phone: (855) 673-2372 E-mail: mamm-accred@acr.org Online: acr.org/resources <i>*For serious complaints related to imaging services provided by Asante only.</i>
Oregon Health Authority, Health Care Regulation and Quality Improvement Attn: Health Licensing and Certification Program 800 NE Oregon Street, Suite 465 Portland, OR 97232 Phone: (971) 673-0540 Email: mailbox.hclcr@state.or.us	US Department of Health & Human Services ATTN: Office of Civil Rights, Centralized Case Management Office 200 Independence Avenue SW, Room 509F, HHH Building Washington, DC 20201 Phone: 1-800-368-1019 TTD: 1-800-537-7697 Email: OCRMail@hhs.gov Online: www.hhs.gov/ocr/office/file/index.html
KEPRO Medicare Beneficiary Help Line* Phone: 1-888-305-6759 TTD: 1-855-843-4776 <i>*For concerns from Medicare beneficiaries regarding quality of care, coverage, or premature discharge.</i>	