

- Take part in your health care decisions unless you give that responsibility to a friend or family member.
- Ask questions and tell us when you do not understand a treatment or decision we are considering.
- Tell us about unexpected changes in your condition and things about your care you think might be risks.
- Follow instructions once you and your provider have agreed on your care.
- Accept what happens if you do not follow the care or treatment plan your providers recommend.
- Let the staff know if you must leave a care area (hospital or clinic), and when you expect to return.
- Follow the hospital's policies.
- Cancel appointments you are not able to keep.
- Share your compliments and concerns and provide suggestions that will help us provide you the best care possible.
- Meet your financial obligations.

#### **Your safety – how you can help**

When you are our patient, you have a right to receive safe medical care. Being involved in your care is an important way to be certain you are safe. This means:

- **Know your medicines:** Make a list of the medicines your doctors prescribe. Add to your list over-the-counter medicines you take. Keep your list up to date as you begin or stop taking medicines. Always bring your list with you when you receive medical care.
- **Ask questions** until you understand your illness, treatments, necessary surgeries or procedures, the medicine you'll take and how to care for yourself at home.
- **Double-check:** Help us provide a safe environment. It's okay to ask if we've remembered to:

- ▶ Wash our hands.
- ▶ Confirm we're providing care to the correct patient.
- ▶ Mark the site for your surgery or procedure.
- ▶ Done everything we can to protect you from falling.

We want to know if you have concerns or don't feel safe during your stay. Please talk with your care givers if you have concerns. We will not force you to do something, discriminate against you, interrupt the services we are providing or punish you in any way just because you complain.

If you are concerned or upset about your visit, we would like you to talk with the manager of the service before you leave. He or she can often solve the problem or clear up a misunderstanding. We are committed to the prompt resolution of complaints and grievances.

If you still have a concern after talking with the manager or wish to file a grievance, here is more direction:

#### **How to file a complaint**

If you have any concerns or complaints regarding possible violation of your rights including discrimination of any kind, please contact us by phone, by email or by mail using the following:

**At West Valley Hospital** including West Valley Emergency Department:

- Call us at 503-917-2124 any weekday between 8 a.m. and 4 p.m. After hours, on holidays and weekends, please leave a message; you will be contacted the next business day.
- You may e-mail us at WVHPatientadvocate@salemhealth.org
- You may send us a letter to: West Valley Hospital, Administration, PO Box 378, Dallas, OR 97338.

**At Salem Health**, including Urgent Care, Emergency Department and all Salem Health Medical Group clinics, contact the Salem Health Patient Advocate:

- Call us at 503-561-5765 any weekday between 8 a.m. and 4:30 p.m. After hours, on holidays and weekends, call 503-561-5200 and ask to speak with the House Supervisor.
- E-mail us at patientadvocate@salemhealth.org
- Send a letter to Salem Health, Patient Advocate, PO Box 14001, Salem, OR 97309-5014.

Patients may also contact the following organizations to file a complaint:

#### **Oregon Health Authority, Health Care Regulation & Quality Improvement:**

800 NE Oregon St, Suite 465  
Portland, OR 97232  
971-673-0540, (TTY 971-673-0372)  
mailbox.hclrc@state.or.us  
www.healthoregon.org/hcrqi

#### **The Office for Civil Rights**

U.S. Department of Health and Human Services  
Centralized Case Management Operations  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington DC 20201  
800-368-1019, (TDD 800-537-7697)  
OCRMail@hhs.gov  
www.hhs.gov/ocr/office/file/index.html

#### **The Joint Commission, Office of Quality Monitoring:**

complaint@jointcommission.org

#### **Patient feedback survey**

You may receive a patient feedback survey in the mail. Please complete and return it to us so we can learn about your experience. We want to learn about your concerns or what you were pleased with during your visit.

Salem Health is an equal opportunity organization.

## Patient rights, responsibilities and safety



Salem Health Hospitals and Clinics is committed to caring for you as if you were part of our family. We look forward to supporting your physical, cultural, spiritual and emotional needs.

We are committed to being a safe and welcoming place for people of all ages, cultures, abilities, ethnicities, genders, national origins, races, religions, sexual orientations and ideas.

Our commitment means we will not honor patient requests to refuse involvement of specific health care or service personnel based on prejudice. We are committed to caring for our patients and protecting everyone, including our employees and providers, from bias or bigotry.



# As our patient, you have a right to:

## **Privacy and confidentiality**

- Privacy and confidentiality of your personal health information.
- Refuse to be part of a research project.
- Tell us about your concerns or complaints, and to receive a response, without affecting the quality or delivery of care.
- Expect privacy of your health information.
- Understand how your health information is shared for purposes of treatment, payment or health care operations. You can read more about this in the Notice of Privacy Practices.
- See or get a copy of your medical record.
- Ask to change wrong information or add information to your medical record if you think it is missing.
- To have information in your medical record explained to you.

## **Respect and safety**

- Feel safe and free from any form of abuse or neglect.
- Care that is free from abuse, discrimination or harassment based on age, race, color, ethnicity, national origin, culture, language, sex, sexual orientation, gender identity and expression, physical or mental disability, religion, socioeconomic status, marital status, military or reserve status, or any other status protected by law.
- Individualized care that considers your comfort and dignity.
- Have a chaperone present during your examination.
- Prepare an advance directive, which will tell your health care providers or family members in advance about the care you do

or do not want to receive. You also have the right to have those decisions respected.

- Receive treatment that doesn't require having a POLST, advance directive, or similar instruction related to the administration or withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration. This means you can get care even if you decide not to fill out a form telling us about your future medical care wishes and end-of-life planning.
- Be free from restraint, unless it is necessary to keep you safe.

## **Understand your care**

- Assistance with communication, including free interpretation services.
- Know the names of people who are helping or caring for you.
- Tell us who you would like to help you make decisions about your care.
- Be involved in developing and implementing your care plan and the plans for your care after you leave the hospital.
- Informed consent: the right to understand and agree to the care plan your provider recommends.
- Understand a decision to transfer you to another facility.
- Designate a support person to be present with you when you are admitted or in the emergency room if you have a disability, for any discussion in which you are asked to consider hospice care or sign an advance directive or other instrument allowing the withholding or withdrawing of life sustaining procedures or artificially administered nutrition or hydration, unless you request to have the discussion outside the presence of a support person. This means you can have a support person (family, friend, paid assistant, etc.) with you during

talks about hospice care or when you are signing documents about your future medical care wishes and end-of life-planning (advance directives and POLST forms). If you have a disability, we will make sure you have your support person with you unless you tell us that you do not want them there.

- Access to spiritual care services.
- Request and receive relief from pain, as agreed upon by your provider.

## **Get personal, professional support**

- Have family, friends and physicians promptly notified when you are admitted to the hospital.
- Tell us who plays a significant role in your life, and who you would like to visit you or your child in the hospital. This may include loved ones not legally related to you, such as a non-registered domestic partner, different-sex or same-sex significant other, foster parents, same-sex parents, step-parents and others.
- Identify, or have your legal representative identify, three or more support people and have one present with you at all times while you are an inpatient in the hospital or emergency department if you have a disability, including physical, intellectual, behavioral or cognitive impairment, deafness, hearing loss or other communication barrier, blindness, autism or dementia. A support person may be a family member, guardian, personal care assistant or other paid or unpaid attendant selected to physically or emotionally assist you or ensure effective communication with you. This means that if you have a disability, you can tell us the names of three or more support people, and one of them can be at your bedside when you are an inpatient in the hospital or in the emergency department. You have the right to request a 'support care conference' if you

believe you have been denied your request for your support person's physical presence.

## **You may disagree or complain**

- Request a second opinion from another provider, which may be at your own expense depending on your insurance coverage.
- Ask questions and receive answers in a way you can understand.
- Receive information about your health condition and the results of the care we provided you.
- Informed refusal: the right to refuse care and receive information about the risks and benefits of refusing the care your provider recommends.

**If we are not doing what you expect, we hope you will tell us.**

## **Fair billing rights**

- Receive an explanation of your bill, no matter who will be paying it.
- Receive information about financial help for your bill.
- Review and ask questions about your bill.

**As a Salem Health patient, you, your family and visitors have a responsibility to:**

- Be considerate and respectful of people who are helping or caring for you. They are chosen for their skill and abilities.
- Refrain from using discriminatory, profane, derogatory or threatening language, imagery or behavior.
- Be thoughtful of other patients and visitors to maintain a healing environment.
- Provide accurate, honest and complete information about your medical history, including information about medicines and drugs you have used, previous illnesses, injuries or medical care, and information about your current health conditions.