

Patient's Rights & Responsibilities

Your rights

- You have the right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity, disabilities, handicap, diagnosis, or ability to pay or source of payment.
- You have the right to receive care in a safe setting or environment free from all forms of abuse, neglect, harassment, or mistreatment.
- You have the right to be called by your proper name and to be treated with consideration, respect, and recognition of individuality in an environment that maintains privacy, dignity, and adds to a positive self-image.
- You have the right to be told the names of and functions assigned to your doctors, nurses, and all health care team members directing and/or providing your care.
- You have the right to have a family member or person of your choice and your own doctor notified promptly of your admission to the hospital. Each provider shall introduce himself or herself by name or by wearing a nametag.
- You have visitor rights during your stay including the right to have someone remain with you for emotional support during your hospital stay, unless your visitor's presence compromises your or others' rights, safety, or health. You have the right to deny visitors at any time.
- You have the right to be told by your doctor about your health status, diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes. You or your representative (as allowed by state law) have the right to give written informed consent before any non-emergency procedure begins.
- You have the right to have your pain assessed and to be involved in decisions about treating your pain.
- You have the right to be free from restraints and seclusion in any form that is not medically required or that is used as a means of coercion, discipline, convenience, retaliation, or mental or physical abuse by staff. In addition, any restrictions on your freedom must be kept to the minimum necessary to protect yourself or other people.
- You have the right to your personal privacy and confidentiality in care discussions, exams, and treatments.
- You, your family, and friends with your permission, have the right to participate in decisions about your care, your plan of care including its development and implementation, your treatment, and services provided, including the right to refuse treatment to the extent permitted by law. There is no right to demand treatments or services that are considered medically unnecessary or inappropriate. If you leave the hospital against the advice of your doctor, the hospital and doctors will not be responsible for any medical consequences that may occur.
- You have the right to be informed if the hospital has authorized other healthcare and/or educational institutions to participate in your treatment including the right to know the identity and function of these institutions. You may refuse to allow their participation in your treatment.
- You have the right to agree to, with informed written consent, or refuse to take part in experimental or other medical research studies. You may withdraw from a study at any time without impacting your access to standard care. Your legal representative, if applicable, may also provide consent or refusal in accordance with applicable laws.
- You have the right to communication that you can understand. The hospital will provide sign language and foreign language interpreters as needed as soon as possible and at no cost to you. Information given will be appropriate to your age, understanding, and language. If you have vision, speech, hearing, and/or other impairments, you will receive additional aids to ensure your care needs are met.
- You have the right to make an advance directive to be complied with by hospital staff and practitioners who provide your care and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and help you complete one.
- You have the right, except in an emergency, to receive a full explanation of any transfer to another facility, including, but not limited to, the reason for transfer, any provisions for continuing care, and the acceptance by the receiving institution.
- You have the right to be involved in your discharge plan. You can expect to be told in a timely manner

- of your discharge, or transfer to another level of care. Before your discharge, you have the right to receive information about continuing care requirements after discharge and to receive assistance from your physician or other applicable hospital staff to arrange for follow-up care that you may need after discharge.
- You have the right to make one (1) designation of an uncompensated caregiver for the provision of post-hospital aftercare at your residence.
- You have the right to examine and receive detailed information about your hospital bill regardless of the source of payment. You agree and understand that you may receive a separate invoice for physician-related charges. You have the right to request information regarding financial assistance available through the hospital.
- You can expect that all communication and records, including electronic health information, about your care are confidential, unless disclosure is permitted by law. You have the right to see or obtain a copy of your medical records upon written or oral request as quickly as the hospital's record keeping system permits. You may request to add information to your medical record by contacting the Medical Records Department. You have the right to request a list of people to whom your personal health information was disclosed by the hospital.
- You have the right to spiritual services.
- You have the right to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment by the hospital. You have the right to withdraw consent up until a reasonable time before the item is used.
- You have the right, if applicable, to a statement of your legal rights and responsibilities under the Louisiana Mental Health Law and information about available advocacy services and grievance procedures at the time that the Order of Authorization for Temporary Admission is made.
- You have the right, if applicable, to seek a review by a Mental Health Tribunal against being on an order.
- If you or a family member needs to discuss an ethical issue related to your care, a member of the Ethics Service is available at all times. To reach a member, dial:
- You have the right to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your doctor, nurse manager, or a department manager. You or a family member may also contact the Executive Lead – Patient Experience, or discuss an ethical issue with a member of Ethics Services at any time by phone or mail at:

Children's Hospital New Orleans

504.896.3073
Attn: Patient Experience
200 Henry Clay Ave.
New Orleans, LA 70118

East Jefferson General Hospital

504.892.6898
Attn: Guest Services
4200 Houma Blvd.
Metairie, LA 70006

New Orleans East Hospital

504.892.6898
Attn: Patient Relations
5620 Read Blvd.
New Orleans, LA 70127

Touro Infirmary

504.897.8680
Attn: Patient Relations
1401 Foucher St.
New Orleans, LA 70115

University Medical Center New Orleans

504.702.3000
Administration Tower 3
2000 Canal St.
New Orleans, LA 70112

West Jefferson Medical Center

504.349.1134
Guest Services 1st Floor
1101 Medical Center Blvd.
Marrero, LA 70072-3191

- If your concern is not resolved to your satisfaction, you may also contact the following organizations, as follows: Louisiana Department of Health, Health Standards, Section, P.O. Box 3767, Baton Rouge, LA 70821, or 866.280.7737 or 225.342.0138, or hss.mail@ala.gov, and/or The Joint Commission Office of Quality and Patient Safety One Renaissance Boulevard Oakbrook Terrace, IL 60181, or via fax at 630.792.5636, or use the online form found at www.jointcommission.org. To share concerns of discrimination, you may contact the Office of Civil Rights at the U.S. Department of Health and Human Services, 1301 Young St., Suite 1169, Dallas, TX 75202 or at 800.368.1019.

Your responsibilities

- You are expected to provide complete and accurate information, including your full name, address, and home telephone number, date of birth, Social Security number, insurance carrier and employer when it is required.
- You should provide the hospital or your doctor with a copy of your advance directive if you have one.
- You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
- You are expected to 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. You are responsible for outcomes if you do not follow the care, treatment, and service plan recommended by your healthcare providers.
- You are expected to actively participate in your pain management plan and to keep your doctors and nurses informed of the effectiveness of your treatment.
- You are asked to please leave valuables at home and bring only necessary items for your hospital stay.
- You are expected to treat all hospital staff, other patients, and visitors with courtesy and respect; abide by all hospital rules and safety regulations; and be mindful of noise levels, privacy, and number of visitors.
- You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.
- You have the responsibility to keep appointments, be on time, and call your health care provider if you cannot keep your appointments.
- You have the responsibility to voice your concerns about the care you receive. If you have a problem or complaint, you should talk with your nurse, doctor, nurse manager, and/or a department manager. You may also contact the Executive Lead – Patient Experience at:

Children's Hospital	504.896.3073
East Jefferson General Hospital	504.503.4837
New Orleans East Hospital	504.892.6898
Touro Infirmary	504.897.8680
University Medical Center	504.702.3000
West Jefferson Medical Center	504.349.1134

Appointed personal representative

Would you like to appoint a personal representative at this time? This person will be informed of medical information including but not limited to your diagnosis and medical testing.

A personal representative is defined as someone appointed by the patient or authorized by law to act on behalf of the patient when the patient is unable to do so, or when the patient has given permission to the personal representative to make decisions and to receive information about the patient's condition, care, and/or treatment.