

PATIENT RIGHTS

Aspen Valley Hospital has adopted the following statement of patient rights. These rights include but are not limited to the following. For a detailed listing of the rights please ask the discharge planning staff.

YOU HAVE THE RIGHT TO...

- Become informed of your rights as a patient in advance of, or when discontinuing, care. You may appoint a representative to receive this information.
- Exercise these rights without regard to sex, cultural, economic, educational or religious background or the source of payment for care.
- Considerate and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Access protective and advocacy services or have these services accessed on your behalf.
- Appropriate assessment and management of pain.
- Remain free from seclusion or restraints that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- The name of the physician who has responsibility for your care and the name(s) and professional relationships of other physicians and staff who will treat you. The hospital will disclose whether it has a financial interest in any entity it refers you to.
- Participate in the plan of care and actively participate in decisions regarding your medical care. To the extent permitted by law, this includes requesting or refusing care.
- Have a family member or representative of your choice notified of your admission.
- Have your personal physician notified of your admission to the hospital.
- Reasonable responses to any request you may make for service.

- Leave the hospital even against the advice of your physician.
- Reasonable continuity of care.
- Know which hospital rules and policies apply to your conduct while a patient.
- Access information contained in your medical record, usually available 48 hours after discharge.
- Receive information about your illness, proposed treatments or procedures, and prospects for recovery in order to give informed consent or to refuse treatment. Except in emergencies, this information shall include a description of the procedure, the risks involved, alternate course of treatment or nontreatment, and the name of the person who will carry out the procedure or treatment.
- Formulate advanced directives regarding your healthcare and have staff and practitioners comply with these directives (to the extent provided by state laws).
- Full consideration of privacy concerning your medical care. You have the right to be advised as to the reason for the presence of any individual involved in your care.
- Confidential treatment of communications and records pertaining to your care. Written permission will be obtained prior to releasing your medical records.
- Receive information in a manner that you understand. Communications with you will be effective and provided in a manner that facilitates understanding. Written information provided will be appropriate to your age, understanding and language. Appropriate communications specific to the vision, speech, hearing, cognitive, and language impaired patient will be given.
- Be informed by your physician or his/her delegate of the continuing healthcare requirements following discharge from the hospital.
- Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.
- Receive, upon request, prior to any non-emergent care or treatment, estimated charges and the hospital's general billing procedures.
- Receive, upon request, an itemized bill.
- Be advised if the hospital or your personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse. Refusal to participate, or stopping participation, will not compromise your right to access care, treatment or services.

- Full support and respect of patient rights should you choose to participate in research, investigation and/or clinical trials. This includes the right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to participants will be contained in the medical record or research file, along with the consent forms.
- Opt out of fundraising and marketing communications/ uses. (Aspen Valley Hospital must obtain authorization for uses/ disclosures for marketing and/or the sale of personal health information.)
- Insurer restriction under certain circumstances.

All hospital personnel, medical staff members and contracted staff performing patient care shall observe the patients' rights.

PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient. Therefore, in addition to these rights, you, the patient, have certain responsibilities. These responsibilities are presented in the spirit of mutual trust and respect.

You have a responsibility to...

- Provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- Report risks in your care and changes to your condition to your practitioner.
- Follow the plan of care, including the instructions of nurses and other healthcare staff.
- Keep appointments or notify the doctor if unable to do so.
- Be accountable for your actions if you refuse treatment or do not follow your physician's orders.
- Assure the financial obligations of your hospital care are fulfilled as promptly as possible.
- Consider the rights of other patients and hospital personnel.

IMPORTANT MESSAGE FROM MEDICARE

Your Rights as a Hospital Patient

- You have the right to receive necessary hospital services covered by Medicare, or covered by your Medicare Health Plan if you are a Health Plan enrollee.
- You have the right to know about any decisions that your doctor, your Health Plan, or anyone else makes about your hospital stay and who will pay for it.
- Your doctor, your Health Plan, or the hospital staff should arrange for services you will need after you leave the hospital. Medicare or your Health Plan may cover some care in your home and other kinds of care, if ordered by your doctor or by your Health Plan. You have the right to be informed about these services, who will pay for them, and where you can get them. If you have any questions, talk to your doctor or your Health Plan, or talk to other hospital personnel.
- Aspen Valley Hospital has a duty to provide breach notification if unsecured personal health information is sent and a breach occurs.

Your Hospital Discharge & Medicare Appeal Rights

Date of discharge: When your doctor or Health Plan determines that you can be discharged from the hospital, you will be advised of your planned date of discharge. You may appeal if you feel you are being asked to leave the hospital too soon. If you stay in the hospital after your planned date of discharge, it is likely that your charges for the additional days will not be covered by Medicare or your Health Plan.

Your right to an immediate appeal without financial risk: When you are advised of your planned date of discharge, if you feel you are being asked to leave the hospital too soon, you have the right to appeal to your Quality Improvement Organization (also known as QIO). The QIO is authorized by Medicare to provide a second opinion about your readiness to leave. You may call Medicare toll free, 24 hours a day, at 1.800.633.4227 for more information on asking your QIO for a second opinion. If you appeal to the QIO by noon of the first day after receiving a noncoverage notice, you are not responsible for paying for the days you stay in the hospital during the QIO review, even if the QIO disagrees with you. The QIO will decide within one day after it receives the necessary information.

Other appeal rights: If you miss the deadline for filing an immediate appeal, you may still request a review by the QIO before you leave the hospital. However, you will have to pay for the costs of your additional days in the hospital if the QIO denies your appeal. You may file for this review at the address or telephone number of the QIO.

As a patient of Aspen Valley Hospital,
one of your rights is to file a grievance
about the care you received.

HOW TO FILE A GRIEVANCE WITH THE HOSPITAL:

Contact the Patient Grievance Committee
Representative as noted below.

Nettie Kremer
c/o Aspen Valley Hospital
0401 Castle Creek Road
Aspen, CO 81611
akremer@aspenhospital.org
Phone 970.544.1186
Fax 970.544.7369

HOW TO FILE A GRIEVANCE WITH THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT:

Call: 303.692.2827 or 1.800.886.7689, x2827
Fax: 303.753.6214
Email: hfdintake@cdphe.state.co.us
Mail: CDPHE, HFEMSDA-A2
Attention: Hospital Complaint Intake
4300 Cherry Creek Drive South
Denver, CO 80246-1530

HOW TO FILE A GRIEVANCE WITH THE JOINT COMMISSION:

jointcommission.org/report_a_complaint.aspx
Call: 1.800.994.6610.

For more information regarding this process please ask for
a Patient Grievance pamphlet.



ASPEN VALLEY HOSPITAL

0401 Castle Creek Road | Aspen, CO 81611
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Aspen Valley Hospital Patient Rights & Responsibilities



ASPEN VALLEY HOSPITAL