

As a patient at Garfield County Hospital, you have the following responsibilities:

To **provide** the hospital with information about past illnesses, hospitalizations, medications, and other matters relating to your health, to the best of your ability

To **cooperate** with all hospital personnel involved in your care and treatment and to actively participate, as much as possible, in decisions regarding your care.

To **follow** your physician's advice and instructions and not take any drugs which have not been prescribed by your attending physician and administered by hospital personnel.

To **assume** full responsibility to pay for all services rendered by the hospital, either through Your third party payer (your insurance company), or through your own financial resources.



It is our goal that your stay here at Garfield County Hospital will be comfortable and that you will receive quality healthcare services.

We have services available to assist you with planning for your medical, nutritional, psychosocial and discharge planning needs.

If you are concerned about your ability to pay for your healthcare, Social Services staff are available to assist you in finding possible resources to help with your healthcare costs.

Members of our Interdisciplinary Team welcome the opportunity to get to know you and are available for consultation. If you would like to schedule a consultation, please contact the main office or ask for assistance from your care provider.

Garfield County Memorial Hospital

Garfield County Long Term Care

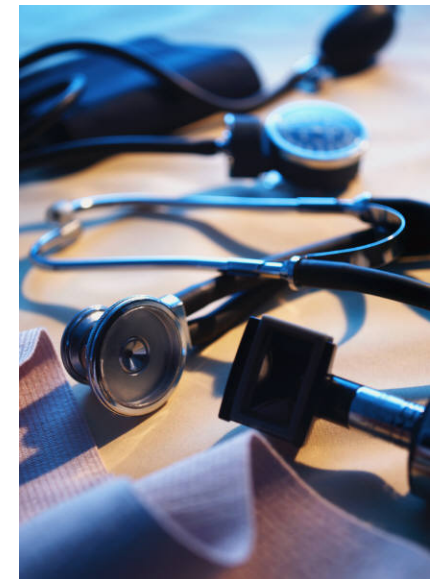
Pomeroy Medical Clinic



66 North 6th St.
Pomeroy, WA 99347
509-843-1591



Patient Rights & Responsibilities



Community Resources & Policies

As a patient at Garfield County Hospital, you have

You have the right to considerate and respectful care.



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You have the right to know, by name, the physician responsible for coordinating your care.

You have the right to receive, from your physician, information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not limited to, the specific procedure and/or treatment, the medically-significant alternatives, you have the right to such information. You also have the right to know the name of the person responsible for the procedures and/or treatment.

You have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of this action.

You have the right to every consideration of your privacy concerning your own medical care. Case discussion, consultation, examination and

You have the right to obtain, from your physician, complete and current information concerning your diagnosis, treatment and prognosis in terms you can be reasonably expected to understand. When it is not medically advisable to give you such information, the information will be made available to an appropriate person on your behalf.

treatment are confidential and should be conducted discreetly. Those not directly involved in your care must have your permission to be present.

You have the right to expect that all communications and records pertaining to your care will be treated as confidential.

You have the right to expect that, within its capacity, a hospital must make reasonable response to your request for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible you may be transferred to another facility only after you have received complete information and explanation concerning the need for and alternatives to such a transfer. The institution to which you are being transferred must first have accepted you for transfer.

You have the right to obtain information as to any relationship of this hospital to other healthcare and educational institutions insofar as your care is concerned. You have the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating you.

You have the right to be advised if the hospital proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.



Within our capacity we will make a reasonable response to your request for services.

You have the right to expect reasonable continuity of care. You have the right to know, in advance, what appointment times and physicians are available and where. You have the right to expect that the hospital will provide a mechanism whereby you are informed by your physician, or a delegate of the physician, of your continuing health care requirements following discharge.

You have the right to examine and receive an explanation of your bill, regardless of source of payment.

You have the right to know what hospital rules and regulations apply to your conduct as a patient.

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