

## **PATIENT RIGHTS, NOTICE of NON-DISCRIMINATION & PATIENT RESPONSIBILITES**

### **You have the right to:**

- Equal care regardless of race, color, national origin, disability, age, sex, religion, language, gender identity or expression.
- Equal care regardless of sexual orientation, gender identity or expression, other status, physical or mental disability, socio-economic or veteran status.
- Be treated with consideration, respect, and recognition of your individuality, the need for privacy in treatment.
- Not allow someone to provide care to you unless your request is based on discrimination of race, color, national origin, disability, age, sex, religion, gender identity or expression.
- Receive care in a safe environment including freedom from physical or verbal abuse, harassment, and inappropriate physical and chemical restraints or seclusion.
- Refuse treatment to the extent permitted by law and shall be informed of the medical consequences of the refusal.
- To be fully informed and give consent for your participation in any form of research or experimentation.
- Be informed of your health status and receive information in a manner that meet your unique needs for hearing, seeing, speaking, reading, writing, or understanding to ensure effective communication about your illness, course of treatment, and prognosis for recovery in an alternative format or language you can understand.
- The hospital providing an alternative format or interpreting services at no cost.
- Choose a representative (lay caregiver) to be involved in your plan of care and treatment before and or after discharge.
- Fully participate in the planning of your care and treatment.
- Formulate advance directive and hospital staff and practitioners who provide care in the hospital shall comply with the directives.
- A person of your choice, and you doctor, notified promptly of your admission.
- Be allowed to designate who may visit you during the hospital stay in accordance with the hospital visitation policy.
- Except in emergencies, be transferred to another facility only with a full explanation of the reason for the transfer, provision for continuing care, and acceptance by the receiving institution.
- Examine and receive an explanation of your hospital bill regardless of the source of payment.
- Receive information relating to financial assistance available through the hospital.
- Know the names and job titles of the people who are providing care to you.
- Be treated with respect and dignity in a setting that maintains a positive self-image and personal privacy.
- Religious and other spiritual services that you choose.
- Have your medical and end of life care wishes followed.
- Your individual medical records, including all computerized medical information, shall be kept confidential in accordance with applicable federal, state, and local laws.
- Be informed in writing about the hospital's policies and procedures for initiation, review, and resolution of patient complaints, including contact information where complaints may be filed.

**Patient Liaison (575) 538-4026, by email [patientadvocate@grmc.org](mailto:patientadvocate@grmc.org)**

**Administration (575) 538-4098, fax (575) 538-9714**

**Gila Regional Medical Center, Attn: Administration, 1313 E. 32<sup>nd</sup> Street, Silver**

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City, NM 88061

If your concerns or questions cannot be resolved at this level, contact The Joint Commission at (800) 994-6610, [Joint Commission Connect](#) - or mail: Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard Oakbrook Terrace, IL 60181

U.S. Department of Health and Human Services, Office for Civil Rights  
[U.S. Department of Health & Human Services - Office for Civil Rights \(hhs.gov\)](#)

If you have any questions or need help filing a civil rights, conscience or religious freedom, or health information privacy complaint, you may email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call 1-800-368-1019

**PATIENT RESPONSIBILITIES**

**As a patient at Gila Regional Medical Center:**

1. You have the responsibility to provide, to the best of your knowledge, information about your health, past and present, information about your present medications, any treatment you may be under, advance directives and service providers.
2. You have the responsibility to ask questions about specific problems and request information when you do not understand your illness or treatment.
3. You have the responsibility to not use unauthorized or illicit drugs and substances while in our care.
4. It is your responsibility to be reasonable in making requests for care and assistance.
5. You have the responsibility to be considerate of other patients, staff, property and comply with hospital rules.
6. You have the responsibility to provide requested insurance and financial information, and sign required consents and releases.
7. You have the responsibility to settle hospital bills promptly.