

## PATIENT RIGHTS & RESPONSIBILITIES

### As a patient, you have a right to:

- ✓ Know the names of the caregivers who treat you.
- ✓ Receive quality care provided by competent personnel in a considerate, respectful, and safe environment.
- ✓ Confidentiality and personal privacy (although “privacy” does not mean the right to a private room).
- ✓ Make informed decisions about your care, including requesting and/or refusing treatment.
- ✓ Actively participate in decision making and in developing and implementing your treatment, plan of care, discharge plan, and pain management plan.
- ✓ Access and receive copies of your medical records.
- ✓ Be free from seclusion and restraints, unless medically necessary.
- ✓ Be free from discrimination, abuse, or harassment.
- ✓ Formulate an Advanced Directive and have your treating providers follow those directives.
- ✓ Appoint a personal representative or/and lay caregiver of your choice.
- ✓ Receive a complete explanation of our charges and your bill.
- ✓ Consult with another physician or request transfer to another facility.
- ✓ Receive information in a manner that you understand, including translation or interpretation services based on language differences and/or impairments.
- ✓ Receive visitors and to be informed of policies and procedures that may reasonably restrict or limit visitation.
- ✓ Receive pastoral care during your stay.
- ✓ Voice complaints without fear of reprisal and receive a timely response to your concerns. To voice a complaint related to your care, please call Patient Relations at (406)375-4511. You may also contact either of the following:

Montana Department of Public Health and Human Services  
(406)444-2037  
<http://dphhs.mt.gov/qad/QADComplaint>

U.S. Department of Health and Human Services  
(800)633-4227  
<https://www.hhs.gov/regulations/complaints-and-appeals/index.html>

### As a patient, you are responsible to:

- ✓ Provide us with a complete and accurate medical history.
- ✓ Participate in developing your plan of care and cooperate with the plan of care to the best of your ability.
- ✓ Request further information concerning anything you do not understand about your plan of care.
- ✓ Accept the consequences for any refusal of treatment or choice of noncompliance.
- ✓ Immediately report any changes in your condition to your care team.
- ✓ Advise us of any problems or dissatisfaction with your care as soon as possible.
- ✓ Notify us of changes in your Advanced Directives.
- ✓ Follow hospital rules and regulations affecting patient care and conduct.
- ✓ Be considerate of the rights and property of other patients and hospital personnel.
- ✓ Know the extent of your insurance coverage and insurance requirements and meet your financial obligations.

### NON-DISCRIMINATION

- ❖ Marcus Daly Memorial Hospital Corporation is a not-for-profit health care organization committed to providing care to all persons regardless of race, creed, color, gender, age, national origin, disability, sexual orientation, or gender identity/ expression. We accept persons covered by Medicaid or Medicare and we offer charity care and financial assistance to those in financial need.
- ❖ Individuals presenting for emergency services will not be denied services if they cannot pay for them.
- ❖ If you believe that you have been discriminated against by Marcus Daly Memorial Hospital, contact Corporate Compliance at (406)375-4623 or the Office of Civil Rights at 1-800-368-1019, TDD 1-800-537-7697, or [www.hhs.gov/ocr](http://www.hhs.gov/ocr).