

Patient Rights

The following is an explanation of your rights while in this facility. If you have questions about any of these rights, contact the Customer Service Representative by calling 384-6890.

It is the right of a patient in Valley View Hospital to:

1. Receive professional and considerate care that is respectful of your cultural, personal values and beliefs. This right exists regardless of sex, race, color, age, religion, national origin, sexual orientation, disability or payor source.
2. Know the identity, professional status, and experience of physicians, nurses, and others involved in your care. It is your right to discuss your care when it involves student nurses or medical students.
3. Participate in the development and implementation of your plan of care.
4. Receive relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
5. Receive an explanation of any proposed procedure, drug, or treatment. The explanation should include a description, in terms you can understand, of the procedure, drug, or treatment; the possible benefits and likelihood of success; the serious side effects, risks, or draw-backs which are known, including risk of death; potential costs; problems related to recovery; and the anticipated length of time for recovery. The explanation should also include discussion of alternative procedures or treatments and the potential risks and benefits of those alternatives.
6. Give your informed consent for any proposed procedure or treatment, prior to the initiation of the procedure or treatment.
7. Request or refuse any procedure, drug, or treatment and to be informed of the potential consequences of such refusal.
8. Withdraw your consent at any time and discontinue any treatment, drug, or procedure.
9. Receive assistance in obtaining an estimate of the amount which you are likely to owe the hospital, based upon your preliminary admission diagnosis.
10. Be informed, prior to the initiation of care or treatment, of the hospital's general billing procedures.
11. Be informed of any teaching program, research, or experimental or educational project relating to your care and to consent or decline to participate in those studies.
12. Receive supportive care including appropriate management of pain, and support of your psychological, emotional, and spiritual needs.
13. Request and receive assistance in obtaining spiritual counseling when desired.
14. Request consultation through your caregiver or a supervisor with the hospital Ethics Committee regarding ethical issues involved in your care.
15. Expect reasonable continuity of care and to be informed by physicians and other caregivers of available patient care options when hospital care is no longer necessary.
16. Have your privacy respected to the extent possible and to expect that all communications and records pertaining to your care will be treated as confidential by the hospital.
17. Participate in and receive explanation of any decision to restrict your communications, such as phone calls, mail or visitors.
18. Have a representative or family member of your choice as well as your own physician notified promptly of your hospital admission upon your request.
19. Be informed of any hospital policies, procedures, rules, or regulations applicable to your care.

20. Have and provide to the hospital an advance directive (such as a living will, durable medical power of attorney, or CPR directive) concerning treatment or designating a surrogate decision maker.
21. Voice complaints regarding your care and to have those complaints addressed without fear of recrimination or penalty to you.
22. See your medical record if desired.
23. Have safe care in a secure environment, free from abuse and/or harassment.
24. Examine your bill and receive an explanation of the charges, regardless of the source of payment for your care.
25. Request assistance or an interpreter in effective communication when language barriers exist.
26. Have the hospital's support in accessing protective services and obtaining information about local protective facilities and agencies.

If you are unable to exercise these rights, your guardian or legally authorized agent or representative may exercise on your behalf any of the rights listed above.

In certain circumstances, Federal or State laws or regulations may impose certain limitations on your ability, or that of your guardian or legally authorized agent or representative, to exercise any of the rights listed above.

Patient Responsibilities

It is your responsibility to:

- Provide information about past illnesses, hospitalization, medications, and other health matters and participate in your care decisions.
- Ask questions of hospital personnel if directions and procedures are not understood.
- Be considerate of other patients by respecting the need for quiet and order, and to see that your visitors are considerate as well.

Provide necessary information for insurance processing. Be respectful of the property of others and of the hospital.

Help physicians and allied medical personnel by following their instructions and medical orders to assist them in their efforts to help you return to good health.

Confine smoking and use of electronic devices to designated areas.

Read this brochure.

THIS IS A NON-SMOKING HEALTHCARE FACILITY

The Attorney General has determined that smoking is not healthy for you. Second hand smoke also has an adverse effect on your family, other people, pets and especially the unborn fetus. If you do smoke and are interested in quitting, we encourage you to contact QUITLINE at 1-800-639-QUIT (7848) or co.quitnet.com for free smoking cessation confidential counseling.

Advance Directives Policy

Valley View Hospital recognizes that individuals have the right to make health care decisions. They have the right to accept or refuse treatment and the right to formulate advance directives. We recognize our responsibility to inform patients of these rights.

As part of the admission process, all patients will be given this policy statement and written information entitled "Rights Regarding Health Care Decisions." All adult patients will be asked if they have an advance directive, and the answer will be entered in the medical record. If a patient has an advance directive, a copy of that directive will be requested for the patient's medical record. We do not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has an advance directive. During Outpatient Services (procedures, diag-

nostic tests, x-rays, etc) we will plan to treat complications, reactions, etc. If you have an advance directive that would assist us in decision making if you were in a life-threatening situation, we need a copy of the document prior to the service scheduled to be able to adhere to the directives. You can obtain a copy of your advance directive from Medical Records (HIM) prior to your scheduled outpatient service if on file at Valley View Hospital. Please present your document to the clinical staff prior to your scheduled service.

If you would like further information, have questions, or would like an Advance Directive Document, please contact our Hospital Chaplain at 384-6790.

Regarding health care decisions

Federal law now directs that at any time you are admitted to a hospital that receives Medicare or Medicaid funds, you must be told about the state's laws concerning your right to make health care decisions. This requirement applies to all adult patients no matter what the medical condition.

Health care decisions are very important and require careful thought. You may wish to consult with your doctor, your family, your friends, and your attorney.

I. You have the right to consent to (accept) or refuse any medical care or treatment unless care has been ordered by a court. In an emergency, your consent is assumed if you do not or cannot indicate a contrary decision.

II. You, your legal guardian, your legal agent, or a proxy decision-maker selected in accordance with Colorado law can make health care decisions for you. Colorado has no law automatically allowing the family member closest to you to be a "surrogate" or proxy decision maker for you.

III. Because a situation may arise in which you are not conscious or able to make specific health care decisions for yourself, you may want to make your health care wishes and decisions known in advance. You can do this by executing documents called advance medical directives; there are basically three types:

A. Living Will:

A Living Will is a document that tells your doctor to withhold or withdraw artificial life support or nourishment measures if you develop a terminal condition, as defined by Colorado law.* Your Living Will does not go into effect until you have been in a coma for seven days and two doctors agree in writing that you have a terminal condition.

Two witnesses must sign your Living Will. The following cannot sign: patients in the facility in which you are receiving care; your doctor or any other physician; his or her employees, employees of the facility or agency providing your care; people who may inherit your money or property or anyone with any interest in your estate.

You can cancel your Living Will at any time. You can do so orally, in writing or by destroying the document. If you cancel your Living Will, tell your family, your doctor and anyone who has a copy of it that it has been canceled.

* The Colorado Medical Treatment Decision Act found in the Colorado Revised Statutes, at Section 15-18-101 provides that any competent adult may execute a Declaration as to Medical or Surgical Treatment, commonly known as a Living Will. There are time periods and certain other restrictions set out in the Act.

B. Durable Medical Power of Attorney:

A durable medical power of attorney is a document authorizing another person who is at least 18 years old to make health care decisions for you if you become temporarily or permanently unable to make them yourself. The person you name becomes your agent for this specific purpose only.

A durable medical power of attorney can authorize any type of health care decisions and is not limited to those situations involving a terminal condition. The document may give broad authority or specific directions. The document must state that it will not be affected by your disability. Such a document should be notarized. There is no specific form provided by the Colorado Patient Autonomy Act.*

*at C.R.S. 15-14-503

C. CPR Directive

A CPR Directive is a document telling ambulance or other emergency medical personnel, your doctor, or any health care facility to which you may be admitted not to administer cardio-pulmonary resuscitation— that is, not to take measures to support or restore your heart or breathing functions in the event those functions become difficult or stop. A CPR directive requires a doctor's signature; forms approved by the Colorado Board of Health are available through physicians' offices.

Proxy Decision Makers

If you execute no advance directive, appoint no legal agent, have no guardian, and are unable to communicate your wishes, medical decisions may be made for you by a person called a proxy decision-maker who is selected by agreement of a group of "interested persons", usually consisting of your available family members. If the group cannot agree on a proxy decision-maker for you, any one of the interested persons may petition a court to appoint a guardian.

In Summary

No Living Will, Durable Power of Attorney, or a CPR Directive will take away your right to make your own health care decisions so long as you are able to do so. If you have drawn up one or more of these advance directives, it is your responsibility to make them available for inclusion in your medical record.



YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT

What you should know



Valley View Hospital

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