



Patient Information


IN THIS SECTION:

- **Patient Rights**
- **Patient Responsibilities**
- **Patient Satisfaction**
- **Patient Representative/Advocate**
- **Safety**
- **Infection Control and Prevention**
- **Pain Assessment**
- **HIPAA**
- **Concerns and Grievances**
- **Discharge Planning and Resources Available**
- **Patient Billing Information**

PATIENT RIGHTS:

1. You have the right to access health care regardless of race, religion, creed, sex, national origin, diagnosis, disability, or source of payment.
2. You have the right to have considerate care provided with respect, dignity, and privacy and with respect to your personal values, cultures, and beliefs. 
3. You have the right to be informed about and participate in decisions regarding your own health care, including an explanation of expected and unexpected outcomes of treatment and procedures. You may appoint a representative to make informed decisions about your care.
4. You have the right to privacy and confidentiality regarding your medical care, including the following:
 - To refuse to talk with or see anyone not officially connected with the hospital or those not directly involved in your care
 - To wear appropriate personal clothing as long as it doesn't interfere with treatment
 - To be examined in a surrounding designed to assure privacy and to have a person of your own gender present during certain parts of a physical exam
 - To expect that any discussion involving your case will be conducted discreetly
 - To have your medical records read only by individuals directly involved in your treatment or the monitoring of the quality of care received
 - To expect all communications and records to be treated as confidential
 - To request a transfer to another room if another patient or visitor is disturbing you
 - To be placed in protective privacy or to access protective services when necessary for personal safety
5. You have the right to expect the hospital to take reasonable steps to maintain a safe environment, including the physical environment, as well as any equipment used in connection with your treatment. 

Your safety is of the utmost importance to us during your stay here. All of our employees are committed to ensuring that you have a safe and comfortable environment to recuperate. Please be sure to use your call button for assistance, if needed, for getting in or out of bed, walking, showering, bathing, cleaning spills, etc.

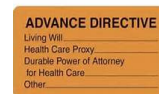
6. You have the right to know the identity and professional status of anyone involved in your care.
7. You have the right to receive verbal or written communication from people outside the hospital. You may have access to an interpreter when there is a communication barrier. You have the right to effective communication. 
8. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution or withdrawing life-supporting procedures.

9. You have the right to the appropriate assessment and management of pain.
10. You have the right to consult a specialist by your own request and expense.
11. You have the right to be free from all forms of abuse, neglect, or harassment as a patient at this facility.
12. You have the right to access information contained in your medical record within a reasonable time.
13. You have the right to be free from restraints of any form that are not medically necessary and are used as a means of coercion, discipline, convenience, or retaliation by staff.
14. You have the right to refuse treatment to the extent permitted by law.
15. You should be informed of any continuing health care requirements following discharge from the hospital, and you should not be transferred to another facility unless you have received a complete examination of the need for the transfer.
16. You have the right to receive an itemized billing of all hospital charges for services rendered.



17. You have the right to be informed of the hospital's rules and regulations.

18. You have the right to obtain information regarding Advance Directives.

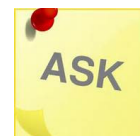


19. You have the right to a grievance process. You may contact the Patient Representative at (229)254-6670 for comments or concerns regarding your patient rights or if you are not satisfied with any hospital services. The Administrator-On-Call may be contacted by notifying your Nurse. Grievances may be lodged with the State Agency via telephone at 404-657-5726, or at the office of:

Regulatory Services, Healthcare
Section 2
Peachtree St. NE 33rd Floor
Atlanta, GA 30303

PATIENT RESPONSIBILITIES:

1. You are responsible for providing to your healthcare providers, complete and accurate information about present complaints, past illnesses, medications, and other personal health matters. You are also responsible for reporting changes in your conditions and perceived risks and safety concerns related to your care.
2. You are responsible for asking questions when you do not understand what you have been told about your care.



3. You are responsible for following instructions and recommendations of your physician related to care, service, and treatment. It is your responsibility to express concerns you might have about your ability to follow and comply with the proposed plan or course of treatment. Every effort will be made to adapt the plan of care to your specific needs and limitations. When such adaptations are not recommended, you are responsible for understanding the consequences of the treatment alternatives and not following the proposed course.
4. You, and/or your family as appropriate, are responsible for the outcomes if you do not follow the recommended care, services, or treatment plan.
5. You and your family are responsible for following the hospital's rules and regulations concerning patient care, conduct, and safety.



6. As a patient at our facility, you are entitled to have visitors during your stay. These visitors may be limited in number, length of visit, age of visitor, etc. All visitors should follow the guidelines set forth in the Patient Visitor Policy.
7. You are responsible for showing respect and consideration for other patients and their families as well as the hospital's personnel and property. This includes, but is not limited to, helping control noise and disturbances, following the no smoking policy, and respecting other's property.
8. You, and/or your family, as appropriate, are responsible for promptly meeting any financial obligations agreed to with the hospital.
9. You are responsible for your personal belongings. You should send any valuables home with family or request that they be placed in Memorial Hospital and Manor's locker. If a request to lock personal valuables is made, you will be required to sign a verification of the valuables with two witnesses and receive a copy of the list. Upon discharge or your request, your items will be returned to you, and your list verified again. This facility is not responsible for personal valuables kept in patient rooms.



10. If you, the patient, are found by your physician to be incapable of understanding these responsibilities, have been judged incompetent in accordance with law, or exhibit a communication barrier, your family or surrogate decision maker will assume the above responsibilities for you.

PATIENT CONCERNS, ISSUES, GRIEVANCES, OR COMPLAINTS:



1. You have the right at any time during your stay with us, to file a complaint or notify us of issues, concerns, complaints, grievances, or problems.
2. A Patient Advocate, or known as the Patient Representative, is maintained by this facility to help resolve your concerns, and handle any issues that you may have.
3. If at any time during your stay, you would like to speak to the Patient Representative, you may contact her directly at 229-254-6670, 229-243-3374, via fax at 229-243-3304, or via email at Patients@mh-m.org.
4. If your concern or issue occurs outside of normal business hours, you may notify your Charge Nurse that you would like to speak to the Administrator on Call. The Charge Nurse can contact the Administrator on Call to address the situation.
5. If you would like to send your concern of issue to us in writing, you can do so via email to Patients@mh-m.org, via fax to 229-243-3304, or via mail to:



Memorial Hospital and Manor
Attention: Patient Representative
1500 East Shotwell Street
Bainbridge, Georgia 39819



PATIENT ADVOCATE:

Your Patient Advocate is an employee of our facility that looks out for your best interests while also handling any concerns or issues you may have during your stay. The Patient Advocate is known as the Patient Representative, and may be reached via:

Cellular Telephone: 229-254-6670
Landline Telephone: 229-243-3374
Internal Extension: extension 343
Fax Transmittal: 229-243-3304
Email: Patients@mh-m.org
Mail: Memorial Hospital and Manor
Attention: Patient Representative
1500 East Shotwell Street
Bainbridge, Georgia 39819



PATIENT SATISFACTION:

1. Our facility is committed to providing an atmosphere of courtesy, quality, and respect for all patients, and for ensuring that we provide the best care possible for Every Patient, Every Time.
2. During your stay, you may be visited by the Nurse Manager from the unit where you are staying. He/she will talk with you about your stay, and gather feedback from you on those things that we could do to improve our services.
3. After your stay, you may also receive a telephone call from the Patient Representative to gather feedback from you about your stay. We use the feedback given to help us improve our services and our commitment to you.
4. Several weeks after your stay with us, you may also receive a call from HealthStream. HealthStream conducts patient satisfaction surveys on our behalf, and may contact you to participate in a brief survey about your stay with Memorial Hospital and Manor.
5. We value your input, feedback, and suggestions.



INFECTION PREVENTION:

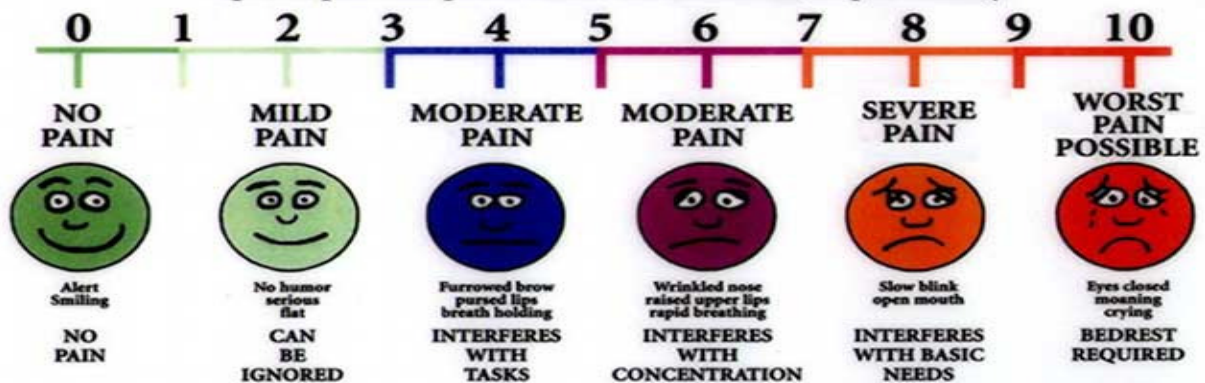
Keeping you free from being exposed to infectious diseases is another area that is very important to us during your stay. All of our employees are committed to ensuring we protect you by washing our hands frequently, wearing gloves, wearing masks, wearing protective clothing, changing exposed dressings or bandages, and other things that may help prevent infection or contamination. Please understand that it is our desire to keep you safe, comfortable, and protected from infectious diseases while you are here.

PAIN ASSESSMENT:

We understand that some of our patients may be experiencing pain while they are under our care. Your Nursing staff should ask you frequently about your comfort and pain level so that we can make you as comfortable as possible during your stay. We do know that we cannot promise that you will be pain-free while under our care, but we will make every effort we can to ensure that you are as comfortable as possible. We ask that you understand that some pain may still be experienced, and is to be expected. When your nurse visits with you, she may ask you to rate your pain on a scale like below:

UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.



DISCHARGE PLANNING SERVICES:

Once your Hospitalist or Provider begins to discuss your discharge plans with you, there may be equipment or resources that you will need to help in your continued recovery at home. We have someone in-house that can assist you with needs that you may have for when you are discharged. If you would like to discuss any assistance available, please contact our Discharge Planning Department at ext. 372, or inform the Patient Representative.

ADMISSION STATUS:

While you are a patient in our facility, you may be classified as an in-patient or an observation patient. These determinations are left to your admitting Physician, your diagnosis, your medical needs, your treatment, and your length of stay. Admission status is related to how your insurance may pay for your stay with us. If you have questions about your admission status, please ask your Nurse.

FINANCIAL INFORMATION:

Registration:

During the admission process, you were asked to sign forms and to answer questions about your health, insurance coverage, personal information, etc.

Insurance Coverage:

A copy of your current insurance cards, and your Medicare or Medicaid card, if applicable, is needed to verify your benefits and to process your claim. As a courtesy to you, Memorial Hospital will submit your bill to your insurance company. You should remember that your insurance policy is a contract between you and your insurance company and you have the final responsibility for payment of your hospital bill. If your insurance carrier does not pay your account within a reasonable period of time, usually 60 days, you will be notified to make full and prompt payment. Any questions or disagreements concerning payments must be settled between you and the insurance company.



If you have certain tests or treatments in the hospital, you may receive bills from physicians that you did not see in person. These bills are for professional services rendered by these doctors in diagnosing and interpreting test results while you were a patient. Your hospital bill will not reflect charges from your personal physician, surgeon, anesthesiologist, radiologist, or pathologist. You will receive a separate bill from each of these physicians for their services.

No Insurance Coverage:

A representative of Memorial Hospital's Patient Accounts Department will discuss financial arrangements with you if you do not have insurance coverage. This representative will also be able to assist you in applying for governmental assistance programs, such as Medicaid. A Patient Accounts Representative may be reached at Extension 143 to answer any questions concerning your account.

Dismissal:

The Hospitalist, or your Provider, will decide when you are well enough to leave the hospital, and will write a dismissal order. The Patient Accounts Department will be notified of your dismissal. You, or your representative, may make financial arrangements. A Patient Accounts Representative can visit with you to assist with financial arrangements.

Questions:

If you have questions about your bill, please contact our Patient Accounts Department at 229-243-6143. A Patient Accounts Associate should be able to assist you with any questions or concerns that you have in regards to your hospital bill.