

Patients' Responsibilities

The patient and his parents or legal guardian have the responsibility:

Present Medical Condition To provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to the patient's health.

Unexpected Changes To report unexpected changes in the patient's condition to the responsible physician.

Comprehension For making it known if they do not clearly understand the treatment plan or procedure and what is expected of them.

Treatment Plan For following the recommended treatment plan. This may include following instructions of nurses and licensed providers as they carry out the coordinated plan of care and implement the responsible physician's orders, and as they enforce the applicable medical center regulations/rules.

Appointments For keeping appointments and, when the patient is unable to do so for any reason, for notifying the responsible physician or the medical center.

Treatment Refusal For their actions if the patient refuses treatment or does not follow the physician's instructions.

Regulations and Rules To abide by the medical center's rules affecting the patient's care and conduct.

Considerate For being considerate of the rights of other patients and hospital personnel, for assisting in the control of noise, for the number of visitors a patient has at any one time and not smoking in the medical center or on the medical center's campus or grounds.

Property of Others For being respectful of the property of other persons and of the medical center.

Weapons and Firearms For their actions; they may not carry or possess any weapon(s) or firearm(s) at the medical center or on property owned, controlled or possessed by the corporation.

Violation For adherence to these patients' responsibilities and, for violation of any of them, the patient, in the sole discretion of the appropriate Chief of Staff, may be discharged from the medical center.

If you have concerns about your care, please talk to the department manager. If your concern has not been resolved, contact the following:

Shriners Hospitals for Children® Medical Center – Lexington

110 Conn Terrace
Lexington, KY 40508-3206
Phone: 859.266.2101 Fax: 859.268.5759
e-mail: LEXPatientRelations@shrinenet.org

Additional Resources for Concerns:

Shriners Hospitals for Children®
www.shrinershq.org/Hospitals/Main
Corporate Compliance Hotline: 866.290.7637

Kentucky State Agency

Cabinet for Health and Family Services
Office of the Ombudsman
275 East Main Street 1E-B
Frankfort, KY 40621
502.564.5497 1.800.372.2973

**Kentucky Quality Improvement Organization (QIO)
KEPRO for Medicare/Medicaid**

5201 West Kennedy Blvd, Suite 900
Tampa, FL 33609
888.317.0751, Fax: 844.878.7921, TTY: 855.843.4776
www.keproqio.com

The Joint Commission (TJC)

Office of Quality and Patient Safety
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
800.994.6610 Fax: 630.792.5636
e-mail: complaint@jointcommission.org



**Shriners Hospitals
for Children® Medical Center**
Lexington

Lexington
Pediatric Specialty Care
Orthopaedics

Patients' Rights and Responsibilities

A Guide for Patients
and Their Families



Patients' Rights

The patient and his/her parents or legal guardian have the right to:

Care: To considerate, competent and respectful care of the patient without discrimination based upon race, color, creed, sex, national origin, disability, sect, or ability of a patient or family to pay.

Information: To obtain from the patient's physician complete current information concerning the patient's status, diagnosis, treatment and prognosis, including alternative treatments and possible complications, in terms they can be reasonably expected to understand (utilizing interpreters or assistive communication aids, as needed). They have the right to know by name the physician and healthcare providers responsible for coordinating the patient's care, and the right of access to the patient's medical records.

Informed Consent: To receive from the patient's physician complete and current information necessary for an informed consent prior to the start of any procedure or treatment, except in emergencies where lifesaving measures are required.

Treatment Refusal: To refuse treatment for the patient to the extent permitted by law and to be informed of the medical consequences of such action.

Physician Notice: Your medical care will be provided by physicians assisted by resident physicians, physician assistants, nurses and other qualified staff. Patients requiring care not provided by our facility will be transferred or referred to an appropriate facility for treatment.

Participation: To participate in the development and implementation of the patient's plan of care and treatment.

Privacy: To every consideration for privacy concerning the patient's medical care program.

Confidentiality: To expect that all communications and records pertaining to the patient's care shall be treated as confidential.

Medical Services: To expect, within the reasonable limits of its capacity, SHC to make reasonable response to the request of the patient for services, such as evaluation, service or referral as indicated by urgency of the case.

Advance Directives: To receive, in advance, the policy on Advance Directives, to have the opportunity to formulate Advance Directives and have SHC provide care consistent with these Directives.

Culture of Patient Safety: To expect and benefit from the organizational commitment of SHC and staff to quality care and patient safety.

Medical Affiliation: To obtain information as to any relationship of this Medical Center to other healthcare and educational institutions insofar as the patient's care is concerned.

Human Research: To be advised if the Medical Center proposes to engage in or perform human research affecting the patient's care or treatment; and to refuse to participate in such research projects.

Continuity of Care: To expect reasonable continuity of care for the patient.

Conduct Regulations: To know what regulations and rules apply to the patient's conduct and the conduct of parents, guardians and visitors.

Abuse and Harassment Prohibited: To be free from any and all forms of abuse and harassment.

Pain Management: To expect that the patient's pain will be assessed and managed appropriately.

Resolution of Concerns: To have access to a complaint and grievance process in which concerns about the patient's care can be raised either verbally or in writing in their primary language and to expect that these concerns will be investigated and addressed as appropriate and without compromising patient care.

Local Law: To such rights as are afforded the patient under the Kentucky law.

Billing Information: To know, upon request, prior to treatment if the provider/facility accepts Medicare, a reasonable estimate of charges and to examine and receive explanation regarding the itemized bill.

Images: To give or withhold consent to the capture, production, transmission or use of images of the patient in recordings, videos, films or pictures for purposes other than the patient's care or treatment.

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for Children® Medical Center**

Lexington

