



Patient rights, responsibilities and safety

OHSU is committed to being a safe, respectful and welcoming place for people of all ages, cultures, abilities, ethnicities, genders, national origins, races, colors, religions, sexual orientations and ideas. All are welcome. OHSU will not discriminate against you.

For this same reason, OHSU will not honor patient requests to refuse involvement of specific healthcare or service personnel in their care based on race, ethnicity or creed. We are committed to providing care to all of our patients and to protecting our employees from bias or bigotry.

OHSU Patient Relations

Mail code: UHS-3
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97239
503-494-7959
advocate@ohsu.edu
www.ohsu.edu/patientrights

As an OHSU patient you have a right to:

- Care that is delivered in a way that is free from abuse, discrimination or harassment based on age, race, color, ethnicity, national origin, culture, language, sex, sexual orientation, gender identity and expression, physical or mental disability, religion, socioeconomic status, marital status, military or reserve status, or any other status protected by law.
- Individualized care that takes into account your comfort and dignity.
- Assistance with communication, including free language services.
- Privacy, confidentiality of your personal health information and dignity.
- Know the names of people who are helping or caring for you.
- Have a chaperone present during your examination.
- Tell us who you would like to help you make decisions about your care.
- Ask questions and receive answers in a way that meets your needs and helps you understand.
- Be involved in developing and implementing your care plan and the plans for your care after you leave the hospital.
- Receive information about your health condition and the results of the care we provided you.
- Informed consent: the right to understand and agree to the care plan your provider recommends.
- Informed refusal: the right to refuse care and receive information about the risks and benefits of refusing the care your provider recommends.
- Prepare an Advance Directive, which will tell your health care providers or family members in advance about the care you do or do not want to receive. You also have the right to have those decisions respected.
- Make mental health treatment decisions, including to accept or refuse mental health treatment and formulating a declaration for mental health treatment and appointing a surrogate to make mental health treatment on his or her behalf to the extent permitted by law.
- Receive treatment that is not conditioned on having a POLST, Advance Directive, or similar instruction related to the administration of withholding or withdrawing of life sustaining procedures or artificially administered nutrition and hydration. *This means you can get care even if you decide not to fill out a form telling us about your future medical care wishes and end-of-life planning.*
- Designate a support person to be present with you, if you have a disability, for any discussion in which you are asked to consider electing hospice care or sign an Advance Directive or other instrument allowing the withholding or withdrawing of life sustaining procedures or artificially administered nutrition or hydration, unless you request to have the discussion outside the presence of a support person. *This means you can have a support person (family, friend, paid assistant, etc.) with you during*

talks about hospice care or when you are signing documents about your future medical care wishes and end-of-life-planning (Advance Directives and POLST forms). If you have a disability, OHSU will make sure that you have this person with you unless you tell us that you do not want them there.

- Feel safe and free from any form of abuse or neglect. You also have the right to ask for protection or help through an advocate during your visit.
- Refuse to be part of a research project.
- Access to pastoral and other spiritual services.
- Request and receive relief from pain, as agreed upon by your provider.
- Be free from restraint, unless it is necessary to keep you safe.
- Understand a decision to transfer you to another facility.
- Review and ask questions about your bill.
- Tell us about your concerns or complaints, and to receive a response, without affecting the quality or delivery of care.
- Tell us who plays a significant role in your life, and who you would like to visit you or your child in the hospital. This may include loved ones not legally related to you, such as a non-registered domestic partner, different-sex or same-sex significant other, foster parents, same-sex parents, step-parents and others.
- Identify, or have your representative identify, three support people and have one present with you at all times in the hospital and/or emergency department if you have a disability, including physical, intellectual, behavioral or cognitive impairment, deafness, hearing loss or other communication barrier, blindness, autism or dementia. A support person may be a family member, guardian, personal care assistant or other paid or unpaid attendant selected to physically or emotionally assist you or ensure effective communication with you. *This means that if you have a disability, you can tell us the names of three support people, and one of them can be at your bedside when you are in the hospital.*
- Have family, friends and physicians promptly notified upon admission to the hospital.

- Opt out of being included in the directory for emergency room and admitted patients by notifying Patient Access Services at 503-494-8927. Unless you notify us that you object, we may include certain information about you in the hospital directory in order to respond to inquiries from friends, family, clergy and others who inquire about you when you are either admitted to the hospital or being seen in our emergency room. Specifically, your name, location in the hospital and your general condition (e.g., good, fair, serious, critical) may be released to people who ask for you by name. In addition, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, with official OHSU Volunteer status, even if they don't ask for you by name.

If we are not doing what you expect, we hope you will tell us.

As an OHSU patient you, and your family and visitors, have a responsibility to:

- Be considerate and respectful of people who are helping or caring for you. They are chosen for their skill and ability, and would never be reassigned for reasons unrelated to their professional or service role.
- Refrain from using discriminatory, profane, derogatory or threatening language, imagery or behavior, and understand that these behaviors can result in limitation of visiting privileges and impact access to care at OHSU.
- Be thoughtful of other patients and visitors in order to maintain a healing environment.
- Provide accurate, honest and complete information about your medical history, including information about medicines and drugs you have used, previous illnesses, injuries or medical care, and information about your current health conditions.
- Take part in your health care decisions unless you give that responsibility to a friend or family member.
- Ask questions and tell us when you do not understand a treatment or decision we are considering.
- Tell us about unexpected changes in your condition and things about your care you think might be risks.
- Follow instructions once you and your provider have agreed on your care.

- Accept what happens if you do not follow the care plan or treatment your providers recommend.
- Let the staff know if you must leave a care area (hospital or clinic), and when you expect to return.
- Follow the hospital's policies.
- Carefully review the OHSU Notice of Privacy Practices, which explains how we may use or share your health information. The NPP also explains how you may have access to this information.
- Cancel appointments you are not able to keep.
- Share your compliments and concerns, and provide suggestions that will help us provide you the best care possible.
- Meet your financial obligations.
- Seek permission of other patients, OHSU workforce members or individual before recording or filming them.
- Do not bring any animal or pet into OHSU buildings unless it is a service animal.

Patient safety

When you are a patient at OHSU, you have a right to receive safe medical care. Being involved in your care is one important way to be certain you are safe. This means:

- **Know your medicines:** Make a list of the medicines your doctors prescribe. Add to your list over-the-counter medicines you take. Keep your list up to date as you begin or stop taking medicines. Always bring your list with you when you receive medical care.
- **Ask questions:** Ask questions until you understand your illness, treatments, necessary surgeries or procedures, the medicine you will take, and how to care for yourself at home.
- **Double check:** Help our staff provide safe care and a safe care environment. It's OK to ask if they remembered to:
 - » Confirm they are providing care to the correct patient.
 - » Wash their hands.
 - » Mark the site for your surgery or procedure.
 - » Do everything they could to protect you from falling.

We want to know if you have concerns or don't feel safe during your stay at OHSU. Please talk with your care givers or our patient advocates if you have concerns about the safety of your care. When we know about your concerns, we can help make the necessary changes.

Concerns and suggestions

- Please talk with us if you have concerns. Tell us your complaints and suggest ways we can improve. We will not force you to do something, discriminate against you, interrupt the services we are providing or punish you in some way just because you complain. If you are concerned or upset about your visit, we would like you to talk with the manager of the service before you leave. He or she often can solve the problem or clear up a misunderstanding.
- OHSU is committed to the prompt resolution of complaints and grievances. If you still have a concern after talking with the manager or wish to file a grievance, please contact OHSU Patient Relations department by phone, mail, fax or e-mail.

OHSU Patient Relations, OHSU Hospital

Mail code UHS-3

3181 S.W. Sam Jackson Park Rd.,

Portland, OR 97239-3098

503-494-7959 Fax: 503-494-3495

E-mail: advocate@ohsu.edu

Additional information is available online at:

www.ohsu.edu/advocate

If we still have not addressed your concern, the following resources are also available to assist you.

Oregon Health Authority, Health Care Regulation and Quality Improvement

Health Facility Licensing and Certification Program

800 N.E. Oregon Street, Suite 465

Portland, OR 97232

971-673-0540 Fax: 971-673-0556

E-mail: mailbox.hclc@state.or.us

DNV Healthcare USA Inc.

Attn: Hospital Complaints

4435 Aicholtz Road, Suite 900

Cincinnati, OH 45245

866-496-9647 Fax: 281-870-4818

Email: hospitalcomplaint@dnv.com

www.dnvhealthcareportal.com/patient-complaint-report

The Office of Civil Rights

U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, or (TTD) 800-537-7697
Email: OCRMail@hhs.gov
www.hhs.gov/ocr/office/file/index.html

Patient feedback survey

You may receive a Patient Feedback Survey in the mail. Please complete and return it to us so we can learn about your experience at OHSU. We would like to hear about what may have been a concern or what you were particularly pleased with during your visit to OHSU.

Notice of privacy practices

OHSU protects the privacy of its patients' personal health information. If you would like a copy of the OHSU Notice of Privacy Practices, please ask for a copy at your next visit or call 503-494-0219.

OHSU complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex.

Español (Spanish)

Si usted habla español, contamos con servicios de asistencia de idiomas, sin costo, disponibles para usted. Si necesita estos servicios, comuníquese al consultorio de su proveedor de atención médica. Ellos gustosamente coordinarán los servicios de idiomas para usted.

Ting Việt (Vietnamese)

Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn dành cho bạn. Nếu bạn cần những dịch vụ này, hãy liên lạc văn phòng của bác sĩ chăm sóc của bạn. Họ sẽ sẵn sàng thu xếp các dịch vụ ngôn ngữ cho bạn.

OHSU is an equal opportunity, affirmative action institution.

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