# **Patient Rights and Responsibilities**

### You may request a booklet of these rights.

We know that meeting your health care needs requires trust between you and the people taking care of you. As a patient of Sanford Health, our goal is to protect your rights. You also have responsibilities. Knowing them will help you to make the best choices about your care. Your rights and responsibilities can be read to you in a language you best understand. If you are not able to make choices for yourself, your legal representative may do so on your behalf.

#### You have the right to be treated with courtesy

You have the right to have treatment. You will be treated with respect

and worth regardless of your:

- Physical and/or mental status
- Age Race Biological sex
- Country of origin Sexual orientation
- Gender identity or expression • Religion Beliefs Type of sickness
- Language • If you are able to pay for your care

# You have the right to know the names and duties of all the people involved in your care.

- Tell you their name.
- Tell you their role in your care.
- · Give you their work phone number and address when asked.

## You have the responsibility to treat others with courtesy

It is important to treat others with the same respect and value that you would want for yourself and your family. This includes other patients, their visitors, staff and providers who are giving you care. In the health care environment, you can do this by:

Your personal privacy is an important part of your care. We will respect your privacy during:

No loud voices.

Your exams.

- No foul language/swearing.
- Limit the number of guests visiting you at one time.
- Keep a quiet environment when guests are visiting. • Use your T.V., radio, and phones as you need, but quietly.
- Be considerate of your roommate.

• No weapons of any kind.

- No physical or verbal threats or abuse.
- You have the right to privacy

While you are a Sanford patient, you have the right to:

- Your talks with your provider and staff.
- Have a person of your same sex in the room with you during certain parts of an exam or care.
- Close the curtain around your bed.
- Close your door for privacy.
- Respect and privacy during bathing and/or other cares. • Ask for no guests to visit you.
- Ask for your status to be confidential.
- Privacy of your:
- o Mail
- o Phone calls
- Have staff knock on the door and ask to come into your room.

### Your right to privacy may be limited for safety reasons.

### You have the responsibility to respect the privacy of others

We ask that you be considerate of other patients. Give them privacy and a quiet environment.

### You have the right to confidentiality

Your information is confidential. We will respect your privacy when talking about your health/medical care.

## Your health care record and financial information will be read:

- Only by the health care team involved in your care.
- For health care daily work.
- For billing and insurance reasons.

As health care providers, we are legally required to report information to state and federal agencies. This information may include, but is not limited to:

- Harm after a crime • Suspected abuse and neglect
- Public health concerns
- Duty to warn if someone is in imminent danger from another person.

The law also permits us to release your health care information in certain situations, Otherwise, you must give your permission before your information will be released.

You also have the right to receive copies of your medical records within a reasonable

### You have the responsibility to respect the confidentiality of others We ask that you respect the privacy of other patients and families. Do not:

- Look into other patient rooms.
- Ask staff for information about other patients. • Ask staff why a person/patient is here at Sanford.
- You have the right to information about your treatment

# Your diagnosis and proposed treatment will be explained to you in terms and language that

you can understand. You may have family members or friends included in this discussion.

- You can expect your provider to explain: Your diagnosis.
- Other choices for care or treatment.
- The risks and benefits for each of these choices. • Likely outcomes.
- As a Sanford patient, you can expect:

- Information about pain and pain relief measures. • Staff commitment to partner with you to manage your pain.
- Staff who will listen and respond to your reports of pain.

# You have the responsibility to ask for clear explanations

If you do not understand your medical problem and/or your treatment plan is not clear to you, you must tell your health care team. You are responsible for asking questions if you do not understand.

# You should ask:

- Why is this treatment suggested? • What other choices do I have?
- What might be the results of this treatment?
- Is this treatment new and/or experimental?
- How long will this treatment take? • What will this treatment cost?
- What are the risks of this treatment?
- What are the side effects of this treatment?
- What are the credentials of the person providing this treatment?

When you and your provider agree on the best treatment for you, it is important that you

- You have the right to make decisions about your care
- Partial treatment may not help you. • If you cannot follow the treatment plan, you need to tell a staff member.

# We value the partnership between you and your caregivers. We want you to have an active

role in your own health care.

o The risks and benefits of the treatment and other options you may choose.

We respect your right to: · Choose your provider.

- o This may be at your own cost. Some care models such as Psychiatry, Hospitalists, and Laborists do not allow switching providers unless extreme issues arise.
- Communicate with your provider.
- Give informed consent after you receive a clear explanation of: o Your disease.
- Not be transferred to another facility. The exception to this is:
- o If you were given a complete explanation for the transfer need. o If you were given other options than the transfer.
- A prompt response to your questions and requests.
- Give your consent or decline to be a part of research studies. • Refuse a diagnostic procedure or treatment.
- Be told of what may happen if you refuse the procedure or treatment.
- Consult with a different specialist.
- Help to develop and carry out your plan of care. • Have your spiritual and/or cultural needs met. If these needs may impact your
- care, you will need to tell your doctor and/or the staff taking care of you. • Know of any professional relationship that may exist between: o Other institutions o Your provider
- o Sanford Health
  - Other providers

- State law may require the consent of a relative or legal guardian if you are: • Under the age of 18 • Unconscious • Too ill to give informed consent
- You may be treated without consent if:
- There is a medical emergency.
- Immediate action must be taken for your well-being.
- There is a court-ordered mandate.

### You have the responsibility to make informed decisions

You are responsible for the decisions you make about your care. We encourage you to gather as much information about your illness as you can. This will help you to make an informed decision. You may be asked to sign a written consent for tests and/or procedures.

- Make sure you understand each document that you are asked to sign. • If you change your mind or refuse treatment:
  - o Tell the staff right away.
  - o Talk to your provider about your concerns and/or reasons.

### You have a right to develop an Advance Directive

Advance Directives are written instructions for a patient's health care in the event they are unable to make or communicate decisions. As part of an Advance Directive, a patient may choose someone to make health care decisions for them.

- An Advance Directive may also be known as or include a:
- Living Will. Health Care Directive. Power of Attorney for Health Care.
- You have the right to: • Information about Advance Directives.
- Prepare an Advance Directive.
- Have staff follow your wishes as stated in your Advance Directive:
  - o To the degree permitted by state law. o To the extent medically appropriate.
  - o Subject to limitations on the basis of conscience or other reason permitted o I.C.A. § 144A.8, I.C.A. § 144B.9, N.D.C.C. § 2306.5-09, N.D.C.C.
  - § 23-06.5-12, M.S.A. § 145B.06, M.S.A. § 145C.11, M.S.A. § 145C.15, S.D.C.L. § 3412D-12, S.D.C.L. § 34-12D-19 may be referenced for further details.

Sanford's policy is to follow a patient's Advance Directive once we have knowledge of its contents and the extent to which it is consistent with the law and reasonable standards of medical practice. If a provider cannot honor an Advance Directive, the option of transferring the patient's care to another provider who will comply with the patient's wishes must

You are not required to have an Advance Directive. Sanford will not condition care or discriminate against you based on whether or not you have an Advance Directive.

If you have an Advance Directive, you have a responsibility to:

- Give your provider a current copy of your Advance Directive.
- Talk with the person you have selected as your decision maker about your
- Remove or replace an advanced care directive if it is no longer current. Failing to do so may lead to Sanford giving care in a manner that is no longer in line with your wishes.

You have the right to personal property You have the right to have your personal items with you. You may keep your personal items

- with you at all times unless: • There is not enough space for you to keep them.
- Due to medical reasons, you cannot have them.
- For your safety, personal property is not allowed on some units. • Use or presence of your personal items disrupts Sanford's ability to give you care.
- You have the responsibility to secure your valuables

It is your responsibility to make sure that your valuables are secured at all times unless secured by staff per specialty unit policy or protocol. Things that are considered valuable are (but are not limited to):

 iPads • Cell phones • Hearing aids • Dentures or partial dentures • Tablets Jewelry • Computers Eyeglasses

Do not leave your valuables where they may be mistakenly disposed of. Examples of this include (but are not limited to):

Your hospital bed

Sanford Health does not accept financial responsibility if you choose to keep your personal items with you.

• Bedside table • Meal tray

You have the right to safe care Our goal is to have a safe and comfortable environment for you while you are a patient at

Sanford Health

- We respect your right to: • Have care and services that are within professional standards of practice.
- Medical and personal health care based on your own individual needs. • Be cared for in a safe environment.
- Be free from being restrained or secluded (separation from others) unless needed for safety reasons. • Freedom from maltreatment (abuse or neglect).
- Not be given medication you do not need. • Have the least amount of restrictions to reach the goals of your treatment plan.
- Be cared for by staff members who know about you and your plan of care. • Be told what you need to do if there is an emergency.
- Expect reasonable continuity of care when you no longer need to be in the hospital and need care after discharge.
- You have the responsibility to:
- Give correct and complete information about your: o Health history o Medications o Treatments • Tell your provider or person caring for you, about any changes in your health status.
- Tell your provider or the person caring for you about pain you are having. • Keep your appointments for your follow-up care. o If you need to cancel or reschedule, give plenty of notice.
- Follow the treatment plans given to you. • Follow Sanford policies that may affect patient care and conduct, such as:
- o Restrictions in the use of tobacco, cigarettes, vaping/e-cigarettes. o Dietary limits.
- o Visiting policies. • Tell us of any safety concerns you may have.
- You have the right to know about your bill
- You have the right to: • Be told of the services that are included in your daily room charge. This information will be available before you are admitted and/or during your stay.
- o Information for services that are an added charge will also be available. • Sanford will help you get information about:
  - o The expected payments for your care from:
- Medicaid - Medicare - A third-party payer
- o What you may be expected to pay. • Have your total bill explained to you no matter how your bill is being paid.
  - o You may call Patient Financial Services at (877) 629-2999. o You can request an itemized bill from them.
- As a Sanford patient, you have a responsibility to: Know your insurance coverage policy.
- Know your financial responsibility. • Pay your bill.

• Call Patient Financial Services: (877) 629-2999

• Look on our website: www.sanfordhealth.org

• Give Sanford Health the correct insurance information. o Sanford will bill your health insurance company.

to a patient that meets the eligibility rules. To find out more information, you can:

o You are responsible for paying what is not covered by your insurance. Sanford Health has a Community Care Program. This program gives discounted or free care

· Have a family member or other representative, and your provider told promptly of your

- You also have the right to:
- admission to Sanford, if you so desire. • Have visitors whom you choose for emotional support during your stay. This can include, but is not limited to your:
  - Husband or wife o Domestic partner (including a same-sex domestic partner)
- Sanford may need to limit visitation. To protect the health, safety, or privacy of you or others, • Withdraw or deny visitation consent at any time.

· Have opportunities for outdoor physical activity unless not allowed by specialty units, or if

• Expect reasonable access at reasonable times to protection or advocacy (support) services. • Refuse services. • Have telephone and mail communication.

o Family member

- Exercise all civil rights, including the right to habeas corpus (hey-bee-uh s kawr-puh s). This is defined as a protection from illegal confinement (being held against your will).
- your health does not allow. • Participate in the religious worship of your choice. • Be told of the policies and practices that relate to:
  - o Responsibilities o Patient care o Treatment

Notice of Nondiscrimination

Sanford Health complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Sanford Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

- Provides free aids and services to people with disabilities to communicate effectively with
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- · Provides free language services to people whose primary language is not English, such as: o Oualified interpreters
- o Information written in other languages.

  If you need these services, contact Sanford Health's 504 Coordinator by calling (605) 312-6579; or by email at 504coordinator@sanfordhealth.org

another way based on race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

If you believe that Sanford Health has failed to provide these services or discriminated in

Sanford Health 504 Coordinator 1305 W. 18th St. Sioux Falls, SD 57105 (605) 312-6579 Fax: (605) 312-6546 504coordinator@sanfordhealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance Sanford Health's 504 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

- Room 509F, HHH Building
- Washington, D.C. 20201 (800) 368-1019 (TDD: (800) 537-7697)
- Sanford will not discriminate or retaliate against you (treat you badly) for using your rights. All rights expressed in this document are for all patients regardless of:
- Age Race • Physical and/or mental status • Biological sex
- Country of origin Sexual Orientation Religion

# Language

• Beliefs

Patient Relations

Sanford Health of

Concerns about your care: Sanford will not retaliate or discriminate against anyone who has a complaint about their care. If you have any questions or complaints about your rights as a patient at Sanford Health, you may contact your nurse or any local Sanford facility. You may also call or write to Patient Relations at the following locations:

Northern Minnesota 300 N. Seventh St. Bismarck, ND 58501 1300 Anne St. NW Bemidji, MN 56601 (701) 323-2873 (218) 333-5996 Patient Relations Patient Relations

(701) 234-5876 (605) 333-6546 For Joint Commission Accredited locations, at any time, you or your representative may contact:

Office of Quality and Patient Safety One Renaissance Blvd Oakbrook Terrace, IL 60181 www.jointcommission.org At any time, you or your representative may contact the following:

Complaint Coordinator Office

600 E. Capitol Ave. Pierre, SD 57501 Telephone: (605) 367-4603 or (607) 367-4640 Fax: (866) 539-3886 Email: DOHOLCcomplaint@state.sd.us

Minnesota Department of Health

Office of Health Facility Complaints

Telephone: (651) 201-4200 Toll-free: (800) 369-7994 Email: health.ohfc-complaints@state.mn.us Iowa Department of Inspections and Appeals Health Facilities Division Lucas State Office Building 321 E. 12th St.

Telephone: (877) 686-0027 Fax: (515) 281-7106 Email: HFD\_Complaint@DIA.Iowa.gov North Dakota Department of Health 600 E. Boulevard Ave.

Des Moines, IA 50319-0083

Bismarck, ND 58505-0200

Telephone: (800) 472-2622

Minnesota Board of Behavioral Health and Therapy 335 Randolph Avenue Suite 290 St. Paul, MN 55102 Telephone: (651) 201-2756 Fax: (651) 797-1374

Email: bbht.board@state.mn.us If Medicare is paying your health care bills and you believe you are being discharged prematurely, you have concerns about your care, or you would like a review of coverage decisions, you may

Minnesota Quality Improvement Organization Livanta LLC **BFCC-QIO** 10820 Guilford Road, Suite 202 Annapolis Junction, MD 20701-1105 Telephone: (888) 524-9900 TTY: (888) 985-8775

Iowa Quality Improvement Organization Livanta LLC

Annapolis Junction, MD 20701-1105

10820 Guilford Road, Suite 202

Telephone: (888) 755-5580

TTY: (888) 985-9295

South Dakota Quality Improvement Organization KEPRO 5700 Lombardo Center Dr., Suite 100 Seven Hills, OH 44131 Toll-free: (888) 317-0891 TTY: (855) 843-4776

Quality Improvement Organization

Seven Hills, OH 44131

TTY: (855) 843-4776

Toll-free: (888) 317-0891

5700 Lombardo Center Dr., Suite 100

North Dakota

To view online, scan the QR code.



U.S. Department of Health and Human Services 200 Independence Avenue, SW

Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.

• Gender identity or expression Type of sickness

• If you are able to pay for your care

Patient Relations

Sanford Bismarck

Sanford Fargo Sanford Sioux Falls 801 Broadway 1305 W. 18th St Fargo, ND 58122 Sioux Falls, SD 57105

Minnesota Department of Human Services of Health Care Facilities Licensure & Certification South Dakota Department of Health Licensing Division PO Box 64242 St. Paul, MN 55164-0990

> Fax: (651) 431-7673 Office of Ombudsman for Mental Health and Developmental Disabilities 121 7th Place East Suite 420 Metro Square Building St. Paul, MN 55101-2117 Telephone: (651) 757-1800 or (800) 657-3506 (TTY/TDD: 711) Fax: (651) 797-1950

Telephone: (651) 431-6500

Email: ombudsman.mhdd@state.mn.us Behavioral Health Division North Dakota Department of Human Services 600 East Boulevard Ave Dept 325 Bismarck ND 58505-0250 Telephone: (701) 328-8920 or (800) 755-2719 (ND only) Email: dhsbhd@nd.gov