



## Rights and Responsibilities

### Patient Rights:

You are entitled to these rights regardless of gender, race, color, age, sexual orientation, national origin, handicap, religion, cultural, economic, or educational background or the source of payment for your health care. All your rights as a health care consumer also apply to the person who may have legal responsibility to make decisions regarding your health care.

The following statement of Patient Rights has been adopted by the medical staff. As a patient you have the right to:

- Considerate and respectful care in a setting providing personal privacy.
- Be treated in a dignified and respectful manner.
- The hospital's reasonable response to requests and needs for treatment or service, within hospital's capacity, its stated mission, and applicable law and regulation.
- Effective communication, including interpretation and translation services, as necessary.
- Care that is considerate and supportive of your personal values and beliefs.
- A clean, safe, secure and pleasant environment that preserves your dignity and contributes to a positive self-image.
- Consideration of psychosocial, spiritual, and cultural issues that influence your opinions of illness.
- Respect to cultural and personal values, beliefs and preferences.
- Access to community religious and spiritual leaders.
- Optimization of comfort and dignity of the dying patient, including treatment of primary and secondary symptoms that respond to treatment as desired by you or your surrogate decision maker, and effective pain management.
- Acknowledgement of you and your family's psychosocial and spiritual concerns regarding dying and you and your family's expression of grief.
- Have knowledge of the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and health care providers who will see you as a patient.
- Have a family member or your designated representative and your own physician notified promptly upon your admission to the hospital; if you so desire.
- Receive information from the physician about your illness, course of treatment and your prospects for recovery in terms you or your representative can understand.
- Receive as much information about any proposed treatment or procedure as you or your designated representative may need in order to give informed consent or to refuse the course of treatment, and to

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make treatment decisions that reflect your wishes. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the benefits involved in each and to know the name of the person who will carry out the procedure or treatment.

- Participate actively in decisions regarding your medical care. To collaborate with your physician and other health care providers in the decision-making process involving your health care. To the extent permitted by law, this includes the right to refuse care, treatment and services.
- Accept medical care or to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
- Personal privacy and confidentiality of information, within the limits of the law.
- Full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. You have the right to be advised as to the reason for the presence of any individual.
- Confidential treatment of all communications and records pertaining to your care and your stay in the hospital. Your written permission will be obtained before your medical records can be made available to anyone not directly concerned with your care.
- Access, request amendment to, and obtain information on disclosures of your health information, in accordance with law and regulation.
- Have your level of pain assessed and interventions provided if necessary.
- Leave the hospital even against the advice of your physician.
- Reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing your care.
- Be advised if the hospital or your personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You or your designated representative have the right to refuse to participate in such research projects, and to be informed of any human experimentation or other research or educational projects affecting your care or treatment.
- Be informed by your physician or a delegate of your physician of the continuing healthcare requirements following your discharge from the hospital.
- You or your designated representative know which hospital rules and policies apply to your conduct while you are a patient.
- Receive, at the time of admission, information about the hospital's patient rights policy and the mechanism for the initiation, review and when possible, resolution of patient complaints concerning the quality of care received.
- Notice of non-coverage to be provided, if indicated, upon determination of eligible benefits coverage.
- Full participation by you or your representative in consideration of ethical issues that arise during your

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care. Ethical issues in health care will be resolved by hospital.

- Easy and timely access to the information contained in your medical record, within the limits of the law.
- The right of your guardian, or your next of kin, or legally authorized responsible person to exercise, to the extent permitted by law, the rights delineated on your behalf if you have been adjudicated incompetent or found by your physician to be medically incapable of understanding the proposed treatment or procedure, or you are unable to communicate your wishes regarding treatment, or you are a minor, in accordance with the law.
- Have practitioners and staff provide care that is consistent with the patient's advanced directives if a valid copy is supplied to the hospital.
- Voice grievances with respect to treatment or care that is furnished (or fails to be furnished) without fear of discrimination or reprisal for voicing grievances.
- Receive care in a safe setting, free from all forms of abuse or harassment.
- Receive a notice of beneficiary discharge rights and to appeal premature discharge.
- Receive information in a manner and form that can be understood.
- Have or obtain an advance directive that authorizes an agent or surrogate to make decisions on your behalf to the extent permitted by law. Advance directives are written instructions recognized under state law relating to the provision of health care when individuals are unable to communicate their wishes regarding medical treatment. This includes the following documents: medical power of attorney for health care, a written or verbal statement (a living will), or some other form of instruction recognized under state law specifically addressing the provisions of health care.
- Have the advance directive in the patient's medical record and shall be reviewed periodically with the patient or surrogate decision maker if the patient has executed an advance directive.
- Provision of care not conditioned on the existence of an advance directive.
- Visitation not restricted, limited, or otherwise denied based on: race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- Be informed of any clinically necessary or reasonable restrictions or limitations that the hospital may need to place on visitation rights and the reasons for the clinical restrictions or limitations.
  - Patient or support person be informed of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.
  - Patient or support person be informed of the right, subject to his or her consent, to receive the visitors designated, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, a friend, and his or her right to withdraw or deny such consent at any time.
  - Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national

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origin, religion, sex, gender identity, sexual orientation, or disability.

- Expect visitors to enjoy full and equal visitation privileges consistent with patient preferences.
- A family member, friend, or other designated individual, who may or may not be your surrogate decision-maker or legally authorized representative, is allowed to be present with you for emotional support during your course of stay unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated.
- Have the right to request and receive an itemized and detailed explanation of your total bill for services rendered in the hospital; regardless of the source of payment.
- Pneumococcal vaccines are available for administration to adults age 65 and older who are admitted to the hospital for at least 24 hours. If you would like to receive a pneumococcal vaccine, please inform your nurse or physician, and your physician will determine if the vaccine is in your best interest during your hospital stay.

### **Patient Responsibilities:**

Along with your rights as a patient come responsibilities to ensure the high-quality health care that you deserve. As a patient at our Hospital, you have the responsibility to:

- Provide, to the best of your knowledge, accurate and complete information concerning your present complaints, past illnesses and hospitalizations, and other matters relating to your health.
- Make it known whether you clearly comprehend your course of medical treatment and what is expected of you. You are encouraged to ask questions necessary for a clear understanding of any course of action and what to expect. If your nursing staff is unable to answer questions to your satisfaction, your personal physician will be notified to explain any questions that you may have.
- Report unexpected changes in your condition to your physician or nurse.
- Follow both the treatment plan recommended by your physician and the hospital's rules and regulations affecting your care and conduct, including the instructions of nurses and other health professionals as they carry out your physician's orders.
- Accept responsibility for your actions should you refuse treatment, or should you choose not to follow your physician's orders.
- Show consideration of the rights of other patients and hospital personnel and for your behavior in the control of noise, smoking and number of visitors.
- Show respect for your personal property, as well as the property of others and that of the organization.
- Assure that the financial obligations for your health care are fulfilled as promptly as possible.
- Follow the established policies and procedures of the Hospital.



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### Concerns

You, your family, your significant other or your guardian have the right to tell us when something is wrong. This is called presenting a complaint. If you present a complaint, your care will not be affected in any way. If you have a problem that you cannot solve with your doctor, nurse or other caregiver, please call the Patient Advocate's Office or the President's Office.

If you send a complaint by fax, e-mail or written letter, the Patient Advocate will acknowledge your communication within two business days.

The Patient Advocate will contact you, review your complaint, and make every effort to resolve your concerns at that time. The Patient Advocate will work with other members of the Hospital to review and resolve your complaint in a timely manner. Usually this is completed within seven days but if it is not resolved, the Patient Advocate will contact you directly to discuss current status of your complaint. A letter will be sent to you that will include the name of the hospital contact, steps taken for the review, results of the review, and the completion date.

#### President's Office

(870)-722-3800

#### Patient Advocate's Office

(870)-722-3800

In addition, you have the right to discuss your concerns with any of the following agencies:

#### Arkansas Department of Health

4815 West Markham  
Little Rock, Arkansas 72205  
Phone: 501-661-2201

DNV Healthcare USA Inc.

Website: <https://www.dnvhealthcareportal.com/patient-complaint-report>

Email: [hospitalcomplaint@dnv.com](mailto:hospitalcomplaint@dnv.com)

Phone 866-496-9647

Fax 281-870-4818

Mail: DNV Healthcare USA Inc.

Attn: Hospital Complaints  
4435 Aicholtz Road, Suite 900  
Cincinnati, OH 45245

## Notice of Privacy Rights and Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We create records of the health care and services you receive from us and we are committed to protecting that medical information. We are required by law to protect the privacy of any medical information that identifies you; provide you with this notice describing our legal duties and privacy practices with respect to your medical information; and to follow the terms of the most current Southwest Arkansas Regional Medical Center privacy notice.

### **Who Will Follow This Notice**

This notice describes the privacy practices of Southwest Arkansas Regional Medical center and affiliated health care providers, including their employees, students and volunteers. Covered Entities and individuals are collectively referred to as “we” or “us” in this notice. We work in a coordinated fashion with other providers who participate in other Southwest Arkansas Regional Medical Center entities.

### **How We Use and Disclose Your Medical Information Without Your Written Permission**

We use and disclose your medical information to conduct many activities that are common in patient care facilities. In certain situations, which are described below in Section 3, we are required to obtain your written permission to use or disclose your medical information. The following are different situations in which we may use or disclose your medical information without your written permission.

**Treatment:** We use and disclose your medical information to provide, coordinate or manage your medical treatment and related services. For example, a physician will use your test results to diagnose and treat your injury or illness. We may share medical information with providers outside Southwest Arkansas Regional Medical Center such as a referring physician who is treating you.

**Payment:** We use and disclose your medical information so that we can obtain payment for health care services that we provide to you. For example, we may provide information about your treatment to your insurer or other company or program that arranges or pays for your health care, in order to obtain their prior approval and authorization for the treatment.

**Health Care Operations:** We use and disclose your medical information to support our efforts to improve the quality or cost of care and for our own management and planning. For example, we may use your medical information to measure the performance of our staff in how they care for you. We may also share your medical information with our business associates with whom we have contracted to provide services, such as a billing company or medical transcription service.

**Other Health Care Providers:** We may also share medical information with your doctor and other health care providers who are not part of Southwest Arkansas Regional Medical Center when they need it to provide Treatment to you, to obtain Payment for the care they give to you, to perform certain Health Care Operations, such as reviewing the quality and skill of health care professionals, or to review their actions in following the law.

**Use or Disclosure for Directory Purposes for Patients of Southwest Arkansas Regional Medical Center:** We may include your name, location in the hospital, general health condition and religious affiliation in a patient directory without receiving your permission unless you tell us you do not want your information in the directory. Information in the directory may be shared with anyone who asks for you by name or with members of the clergy; however, religious affiliation will only be shared with members of the clergy.

**Disclosure to Family, Friends and Other Caregivers:** We may share your medical information with a family member, a close personal friend, or another person who you identify if we (1) first provide you with the chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement to share your medical information with these individuals. The medical information we share will be limited to the information necessary for that person's involvement with your care or payment for your health care. We may also use or share your medical information with an organization, such as the American Red Cross, assisting in a disaster relief effort, to notify (or assist in notifying) your family about your location and general condition. In the event you are deceased, and unless we know that you would object, we may share your medical information with a family member or a close personal friend that was involved with your care or payment for your health care. The medical information we share will be limited to the information necessary for that person's involvement with your care or payment for your health care.

**Public Health Activities:** We are required or are permitted by law to report medical information to certain government agencies and others. For example, we may disclose your medical information for the following:

- To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
- To report abuse and neglect to government authorities or social agencies that are legally permitted to receive the reports;
- To report information about products and services to the U.S. Food and Drug Administration;
- To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;
- To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and
- To prevent or lessen a serious and imminent threat to a person for the public's health or safety, or to certain government agencies with special functions such as the State Department

**Health Oversight Activities:** We may disclose your medical information to local, state or federal authorities that are responsible for the oversight of health care related matters, such as agencies administering Medicare and Medicaid.

**Judicial and Administrative Proceedings:** We may disclose your medical information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process, to the extent the disclosure is authorized by a court, tribunal, or, in certain circumstances, to a subpoena, discovery request or other lawful process.

**Law Enforcement Purposes:** We may disclose your medical information to the police or other law enforcement officials as required or permitted by law as part of law enforcement activities and investigations

**Decedents:** We may disclose your medical information to a coroner or medical examiner as authorized by law, and we may disclose medical information to funeral directors so they may carry out their obligations

**Organ and Tissue Procurement:** We may disclose your medical information with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

**Military and Veterans:** If you are in the U.S. or foreign armed services, or a veteran, we may disclose your medical information as required by the proper military authority so that they may carry out their lawful duties.

**National Security:** We may disclose your medical information to the appropriate federal officials for the protection of the President, to other authorized persons, to conduct special investigations or for intelligence, counterintelligence and other national security purposes.

**Inmates:** If you are an inmate in a correctional facility or in the custody of a law enforcement official, we may disclose your medical information to the correctional facility or law enforcement officer so that they may carry out their lawful duties.

**Research:** We may use or share your medical information if the group that oversees our research, the Institutional Review Board/ Privacy Board, approves a waiver of permission (authorization) for disclosure or for a researcher to begin the research process.

**Workers' Compensation:** We may disclose your medical information as permitted by or required by state law relating to workers' compensation or other similar programs.

**As Required by Law:** We may use and disclose your medical information when required to do so by federal, state or local law.

**Uses and Disclosures Requiring Your Written Permission (Authorization)**

We are required to obtain your written permission to use or disclose your medical information for

the following reasons. You may revoke an authorization at any time, in writing, except to the extent that we have acted in reliance on it.

**Use or Disclosure with Your Permission (Authorization):** For any purpose other than the ones described in Section 2, we may only use or share your medical information when you grant us your written permission (Authorization).

**Marketing and Sale of Your Medical Information:** We must also obtain your Authorization prior to using or disclosing your medical information to send you any marketing materials. However, we may communicate with you about products or services related to your Treatment, case management or care coordination, or alternative treatments, therapies, health care providers, or care settings without your permission. In addition, we are prohibited from selling your medical information without your written authorization to do so.

**Uses and Disclosures of Your Highly Confidential Information:** Federal and state law may require special privacy protections for any portion of your medical information that is considered "highly confidential information", including, to the extent applicable, records regarding: (1) psychotherapy notes; (2) mental health and developmental disabilities services; (3) alcohol and drug treatment; (4) HIV/AIDS testing; (5) sexually transmitted disease(s); (6) genetic testing; (7) child abuse and neglect; (8) abuse of an adult with a disability; (9) sexual assault; or (10) invitro fertilization (IVF). Before sharing your Highly Confidential Information for a purpose other than as permitted by law, we must obtain your written permission.

#### **How Long We Keep Your Medical Information**

Southwest Arkansas Regional Medical Center maintains medical records for the period of time required by law. Copies of applicable record retention policies are available upon request.

#### **Your Rights Regarding Your Medical Information**

With respect to the medical information maintained by Southwest Arkansas Regional Medical Center, you have the right:

- To see and get a copy of your medical information that is used to make decisions about your care and treatment, including your medical and billing records. Under certain circumstances, we may deny your request. If we do so, we will send you a written notice describing the basis of our denial. Requests must be made in writing. We may charge a reasonable fee for copying, mailing or other expenses associated with processing a request. If your medical information is maintained electronically, you may request a copy of the information in an electronic format.
- To request a change or amendment to your medical information. Requests for an amendment must be made in writing and provide a reason to support the requested amendment. We may deny your request under certain circumstances. If we deny your request, we will send you a written notice of denial. This notice will describe the reason for our denial and your right to submit a written statement disagreeing with the denial.

- To receive an accounting of disclosures of your medical information. Requests for an accounting must be made in writing. An accounting will only include disclosures made during the time period indicated on the request, but may not exceed a period of six years.
- To request that we restrict or limit our use or disclosure of your medical information. We are generally not required to agree to your request, however we will consider them. We must, however, agree to your request to restrict the disclosure of your medical information to a health plan if the medical information pertains solely to a health care item or service for which you or a person other than a health plan has paid for in full at time of service. Please note that in certain cases, other law may not permit us to agree to a requested restriction.
- To receive confidential communications at a phone number or address other than your home. We will accommodate your request if your request is reasonable and you specify an alternative means or location.
- To receive notice if we discover a breach of your unsecured medical information and notification is required by law.
- To receive a paper copy of this notice, upon request, even if you have agreed to receive it electronically.
- To revoke an authorization at any time, in writing, except to the extent that we have acted in reliance on the authorization.

#### **Effective Date and Changes to this Notice**

This notice takes effect September 20, 2024. We reserve the right to change this notice and our privacy practices, policies and procedures and to make the new notice, practices, policies and procedures effective for all medical information we already have as well as any we create or receive in the future. If we make any changes to the notice, we will publish the revised notice on the Southwest Arkansas Regional Medical Center website at [www.swarmc.org](http://www.swarmc.org) and post it in common areas in our patient care facilities.

#### **Questions and Complaints**

Please contact the Office of Corporate Compliance & Privacy to request a copy of this notice, to obtain help understanding this notice or to obtain more information. You may also contact a Privacy Officer if you are concerned that your privacy rights have been violated or if you disagree with a decision that was made about access to your medical information. A Privacy Officer can be reached by phone at 870-722-3800 Ext. 7805, or in writing at Privacy Officer, Southwest Arkansas Regional Medical Center, 2001 S. Main St. Hope, AR 71801.

Written complaints may also be filed with the Office for Civil Rights, U.S. Department of Health and Human Services. Filing a complaint will not affect the treatment or services you receive from us.