

Patient Rights and Responsibilities

As a patient, family member, or legally responsible party of a patient at *Northern Light Health, we want you to be aware of the rights and responsibilities you have under federal and Maine state law. We are committed to honoring your rights. By taking an active role in your healthcare, you can help Northern Light Health meet your needs.

Your Rights

Northern Light Health complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, ethnicity, sex, gender, gender identity or expression, language, national origin, disability, political affiliation, race, religion, sexual orientation, socioeconomic status, genetic information, or veteran status.

As a Northern Light Health patient, you have the right to safe, respectful, and dignified care. While you are here, you will receive hospital services and care that are medically appropriate and in accordance with the Northern Light Health stated mission, the capabilities of the Northern Light Health system, and with all applicable laws and regulations.

Communication

You have the right to:

- Have a family member or another person that you choose as a support person to be with you. Please note: Staff may need to limit visitors to better care for you or other patients.
- Receive information in a way that you can understand. This includes free interpretation and translation services, in the language you prefer to discuss or read about your healthcare. This also includes help if you have vision, speech, or hearing impairments.
- Designate a person, if needed, to act on your behalf to assert and protect your patient rights.
- Provide the name of the caregiver who will assist in your discharge.

Informed Decisions

You have the right to:

- Receive information about your current health, care, outcomes, recovery, ongoing healthcare needs, and future health status in terms that you and your family understand.
- Be informed about care options including the risks and benefits, other care options, what could happen without care, and the outcome(s) of any medical care provided, including any outcomes that were not expected (informed consent).
- Be actively involved in all aspects of your care and to take part in decisions about your care, including end of life care.
- Make choices about your care based on your spiritual and personal values.
- Request care.
- Refuse any recommended care, therapy, medication, or procedure. Please note: There may be times that care must be provided in accordance with state or federal law.
- Expect Northern Light Health to obtain your permission before taking photos, recording, or filming you, if the purpose is for something other than patient identification, care, diagnosis, therapy, or for law enforcement.
- Decide to take part or not take part in research or clinical trials for your condition, or donor programs that may be suggested by your doctor.

Visitation

You have the right to:

- Decide if you want visitors while you are at Northern Light Health. Please note: Staff may need to limit visitors to better care for you or other patients.
- Visitation rights include the right to receive visitors including, but not limited to, a spouse, a domestic partner, another family member, or a friend.
- Designate preferred visitors or inform us of individuals that you do not want to see during your stay.
- Designate a support person who may determine who can visit you if you can no longer make that decision.
- Decide if you do not want staff to acknowledge whether you are a patient at Northern Light Health.

Care Planning

You have the right to:

- Receive a medical exam to determine treatment and follow up care.
- Participate in the care that you receive at Northern Light Health. This includes your caregiver.
- Receive instructions at discharge on follow-up care and participate in decisions about your plan of care after you leave Northern Light Health.
- Receive a prompt and safe transfer to the care of another hospital when Northern Light Health is not able to meet your request or need for service and the receiving hospital has agreed to accept and has a bed for you.
- To know why a transfer to another facility might be required, and to learn about other options for care.
- To protective and advocacy services.
- Request an ethics review.

Care Delivery

You have the right to:

- Expect emergency care to be implemented without unnecessary delay.
- Receive care in a safe setting free from harassment, neglect, exploitation, and verbal, mental, physical, or sexual abuse.

- Receive kind, respectful, safe, quality care delivered by skilled and competent staff.
- Be told the names and roles of the healthcare providers and staff that are caring for you.
- Request a consultation from other healthcare providers.
- Receive care in an environment that preserves dignity and contributes to a positive self-image.
- Receive assessment and management of your pain, including the right to request or reject any or all options to relieve or treat your pain.
- Receive care that is without restraints or seclusion unless necessary to provide medical, surgical, or behavioral healthcare.
- Receive efficient and quality care with high professional standards that are closely monitored, maintained, and reviewed.

Privacy and Confidentiality

You have the right to:

- Limit who knows about your presence at Northern Light Health.
- Be interviewed, examined, and discuss your care in places designated to protect your privacy.
- Be advised why certain people are present and ask others to leave during sensitive talks or procedures.
- Expect all communications and records related to care, including who is paying for your care, to be treated as private and confidential, in accordance with federal and state law.
- Receive written notice which explains how your personal health information will be used and shared with others. Staff will explain this to you as well.
- Review and request copies of your medical record unless restricted for medical or legal reasons. Northern Light Health has policies which help guide this process.

Billing

You have the right to:

- Review, obtain, request, and receive a detailed explanation of your hospital charges and bills.
- Receive information and counseling on ways to pay for the hospital bill. Northern Light Health has financial counselors specially trained in this area.
- Request information about any business or financial arrangements that may impact your care.

Advance Directives

You have the right to:

- Create advance directives, living wills, and POLST forms. You have the right to have Northern Light Health staff comply with your directives.
- Ask about and discuss the ethics of your care, including the resolution of any conflicts that might arise such as deciding against, withholding, or withdrawing life-sustaining care.

Complaints, Grievances and Questions

You, your family, or legally responsible party have the right to:

- Tell Northern Light Health staff about your concerns or complaints regarding your care without limiting your future care or negatively impacting the way you are treated.
- Ask for a review of quality of care concerns, coverage decisions, and concerns about your discharge plan.

As a patient, family member, or legally responsible party, you have the right to:

- Expect a timely and understandable response to your question, complaint or grievance from Northern Light Health. Complaints, grievances, or questions may be submitted in writing, by phone, or in person. Northern Light Health has a duty to answer your outreach in a manner that you can understand. To contact Northern Light Health, please call Patient Experience and Relations using the numbers below:
AR Gould Hospital 207-768-4394
Blue Hill Hospital 207-664-5348
CA Dean Hospital 207-564-4242
Eastern Maine Medical Center 207-973-8110
Inland Hospital 207-861-3000
Maine Coast Hospital 207-664-5348
Mayo Hospital 207-564-4242
Mercy Hospital 207-879-3286
Sebasticook Valley Hospital 207-487-4088
- Contact the Maine Department of Health and Human Services (DHHS) to assist you with questions or concerns about your hospital care. You may reach DHHS at:
Division of Licensing and Regulatory Services 109 Capitol St., 11 State House Station, Augusta, ME 04333-0011, 207.287.3707, online form located at www.maine.gov/dhhs/dlc/safety-reporting/file-a-complaint
- For AR Gould, EMMC, Maine Coast, Mercy, and SVH, you may also contact The Joint Commission, Northern Light Health's accreditation organization at jointcommission.org, using the "Report a Patient Safety Event" by fax to 630.792.5636, or by mail to **The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Blvd, Oakbrook Terrace, Illinois 60181.**

- You may 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: ocrportal.hhs.gov/ocr or by mail or phone at: **U.S. Department of Health and Human Services 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201 800.368.1019, 800.537.7697 (TDD)**
Complaint forms are available at: hhs.gov/ocr
- Medicare patients may contact:
BFFC-QIO Program, Area 1, 5700 Lombardo Center Dr., Suite 100, Seven Hills, OH 44131 • 888.319.8452

Ask questions about any rights you do not understand. If you have questions about your rights, please discuss them with your care providers or Patient Experience and Relations. You will receive a personal response.

Your Responsibilities

As a patient, family member, or legally responsible party, you have the right to know what we expect of you.

Provide Information

As a patient, family member, or legally responsible party, we ask that you:

- Tell us about the patient's current health problems, past illnesses, hospitalizations, medications, and other matters relating to their health.
- Report any condition that puts the patient at risk, such as allergies, hearing problems, use of recreational or illegal substances.
- Report changes in the patient's condition to your care team.
- Provide a copy of your Advance Directive, Living Will, POLST form, Durable Power of Attorney for Healthcare.

Respect and Consideration

As a patient, family member, or legally responsible party, we ask that you:

- Recognize and respect the rights of other patients, families, and Northern Light workforce members. Threats, violence, discrimination, or harassment of other patients or workforce members will not be tolerated.
- Cooperate with Northern Light Health's Tobacco/Smoke Free Policy. Do not bring illegal substances, drug paraphernalia or weapons into the hospital. If you have concerns about this, please speak with your healthcare team.
- Understand that illegal activity on Northern Light Health property will be reported to the local police department.

Safety

As a patient, family member, or legally responsible party, we ask that you:

- Be an active, involved, and informed member of the healthcare team.
- Ask questions if you are concerned about the patient's health or safety or if there is information you do not understand.
- Remind all caregivers to wash their hands or use hand sanitizer before taking care of the patient.
- Be informed about the patient's medications and why they are being taken.
- Ask all staff to identify themselves.

Refusing Care

As a patient or legally responsible party, you have the right to refuse care. If you refuse care or do not follow care instructions, you are responsible for your decisions.

Billing - As a patient or legally responsible party, you are responsible for paying for the healthcare provided as soon as possible. You are responsible for contacting the hospital if you are unable to pay for the services provided.

Cooperation - As a patient, family member, or legally responsible party, you are expected to listen to the recommendations of your providers and work with your healthcare team to develop a care plan that you will be able to follow while at Northern Light Health and after you leave.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-986-6341 (ATS: 771).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-986-6341 (TTY: 711).