

# Patient Rights and Responsibilities

## Patient Rights

### At Cullman Regional, all patients have the right:

- To receive considerate, respectful and compassionate care regardless of your age, gender, race, religion, culture, language, disabilities, socioeconomic status, sexual orientation, or gender identity or expression.
- To receive information in a manner that is understandable and have access to sign or foreign **language interpreter** services as needed.
- To be called by your **proper name** and to be told the names of health care team involved in your care.
- To receive care in a **safe environment** free from all forms of abuse, neglect or harassment.
- To have a family member or representative of your choice and your own private **physician/dentist notified promptly** of your admission to the healthcare facility, if you so choose.
- To be told by your doctor/dentist about **your diagnosis and possible prognosis, the benefits and risks of treatment, and expected outcome of treatment**, including unanticipated outcomes. You have the right to give written **informed consent** before any non-emergency procedure begins.
- To have your **pain** assessed, reassessed, and be involved in decisions about managing your pain.
- To be free from **restraints and seclusion** in any form that is not medically required.
- To expect full consideration of your **privacy and confidentiality** in care discussions, examinations and treatments. You may ask for a chaperone during any type of examination.
- To access **protective and advocacy services** in cases of abuse or neglect. The hospital will provide protective and advocacy resources.
- To participate in **decisions about your care**, treatment and services provided including **the right to refuse** treatment to the extent permitted by law, to request another physician, or to be moved to another hospital. If you leave against the advice of your doctor/dentist, Cullman Regional may not be responsible for any medical consequences that may occur.
- To **agree or refuse** to take part in medical research studies. You may withdraw from a study.
- To make an **advance directive**, appointing someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with the information and help to complete one.
- To be **involved in your plan of care from admission to discharge**. You can expect to be told in a timely manner of the need for planning your discharge or transfer to another facility or level of care. Before your discharge from the hospital or outpatient setting of care, you can expect to receive information about follow up care that you may need.
- To receive **financial information** as a result of your treatment, care and services received, including financial counseling resources.
- To expect that all **communications and records** about your care are **confidential**, unless disclosures is allowed by law. You have the right to see or get a copy of your medical records and have the information explained if needed. You may add information to your medical record by contacting the Medical Records Department. Upon request, you have the right to receive a list to whom your personal health information was disclosed.
- To participate in **ethical decisions** that arise in the course of your care.
- To **voice your concerns** about the care you receive.

## Patient Responsibilities

### Being involved in your own healthcare contributes to your safety and well being. As a patient, you are encouraged:

- You are expected to provide **complete and accurate information**, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required.
- You should provide the healthcare facility or your doctor/dentist with a copy of your **advance directive** if you have one.
- You are expected to provide **complete and accurate information about your health and medical history**, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and other matters that pertain to your health, including perceived safety risks.
- You are **expected to ask questions** when you do not understand information or instructions. If you believe you can't follow through with your treatment plan, you are responsible for telling your doctor/dentist. You are **responsible for outcomes** if you do not follow the care, treatment or service plan.
- You are expected to **actively participate in your pain management** plan and to keep your doctors/dentist and nurses informed of the effectiveness of your treatment.
- Please leave valuables at home and only bring necessary items.
- You are **expected to treat all staff**, other patients and visitors with courtesy and respect, abide by all Cullman Regional rules and safety regulations, and be mindful of noise levels, privacy and number of visitors.
- You are expected to provide complete and accurate information about your **health insurance coverage and to pay your bills in a timely manner**.
- You are expected to **keep appointments**, be on time for appointments, or to call your health care provider if you cannot keep your appointments.

## Patient Questions or Concerns

### Our goal is to provide an exceptional experience during your stay at Cullman Regional. If at any time, you have a question or concern, you may:

1. Press the call button to speak to your nurse.
2. Ask to speak to the Charge Nurse, Nurse Manager or Unit Director.
3. If your needs remain unmet, ask your nurse to or contact the House Supervisor at (256) 737-2736.
4. If your needs remain unmet, contact the Cullman Regional Patient Advocate at (256) 737-2591.
5. You may also direct correspondence to:  
**Cullman Regional Quality Department** | PO Box 1108, Cullman, AL 35056 | [www.cullmanregional.com](http://www.cullmanregional.com) | email: [service@cullmanregional.com](mailto:service@cullmanregional.com)
6. You may also direct correspondence to:  
**The Joint Commission, Office of Quality and Patient Safety** | One Renaissance Boulevard, Oakbrook Terrace, IL, 60181 | Fax: (630) 792-5636  
**Online at: [jointcommission.org](http://jointcommission.org), using the "Report a Patient Safety Event" link**

**Excellence is our goal! All patient concerns will be handled courteously and promptly. The patient or family member will be advised immediately of subsequent action taken.**

Patient and family members also have the right to access the following governmental agencies, if your issue remains unresolved:

**Alabama Department of Public Health**  
Complaint Department  
201 Monroe Street, Suite 600 RSA Tower  
Montgomery, Alabama 36104  
Phone: (800) 356-9596

**The Joint Commission**  
Office Of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook, Illinois 60181

**Center for Medicare and Medicaid Services**  
KePRO, The Quality Improvement Org.  
Rock Run Center, Suite 100  
5700 Lombardo Center Drive  
Seven Hills, OH 44131  
Phone: (844) 430-9504



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