



## **PATIENTS RIGHTS IN THE EMERGENCY ROOM**

### **THE FOLLOWING DOCUMENT DISCUSS YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT IN THE EMERGENCY ROOM.**

1. Limestone Medical Center provides emergency care through contract physicians. The physicians who provide the care are neither employees nor agents of the hospital. The physicians are independent practitioners. They work through an entity separate from this hospital, known as Southwest Medical Associates.
2. All medical care is your choice. Every competent adult patient has the legal right to decide whether to accept or reject any medical care-even emergency or life saving care.
3. The physician has a legal obligation to give you whatever information you need to make your decisions about medical care.
4. The patient has the right to reasonable informed participation in decisions involving his/her healthcare. To the degree possible, this should be based on a clear concise explanation of patients' condition, all medical consent forms, of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, related to treatment. The patient should not be subjected to any procedure without his/her voluntary, competent, and understanding consent to his/her legally authorized represent representative.
5. The patient or designated representative has the right to participate in the consideration of ethical issues that arise in the care being or to be given.
6. The patient, at his/her own request and expense, has the right to consult with a specialist.
7. The patient has the right of privacy and confidentiality of information.
8. The patient has the right not to be discriminated against on the basis of race, color, national origin, gender, sexual orientation, or disability.

### **Age Specific Care**

- A patient has the right to care that is appropriate for his/her age.
- A parent or legal guardian has the right to remain in attendance with their minor child unless their presence may hinder the performance of necessary medical procedure or treatment, or as forbidden by hospital policy.
- Any adult that is incapacitated and unable to give appropriate medical information may have a family member or legal guardian present during the exam. (Pt. with Alzheimer, mentally challenged or any emotional or mental disability.)

### **Personal Safety**

The patient has the right to receive care in a safe hospital environment.

### **Personal Valuables**

It is understood and agreed that the hospital emergency room will not be liable for the loss or damage of money, jewelry, documents, coats or the articles of unusual value and small size.

### **Patient Responsibility**

You, the patient, have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illness, hospitalization, medications, and other matters relating to your health. You, the patient, are responsible for reporting whether the patient comprehends a contemplated course of action and what is expected of you as a patient.

### **Refusal of Treatment**

You, the patient, are responsible for your actions if you refuse treatment or do not follow the physician's instructions.

### **LMC Rules and Regulations**

You, as the patient, are responsible for following rules and regulations affecting patient care, conduct, and safety. You, the patient are responsible for being considerate of the rights of other patients and medical personnel. You, the patient, are responsible for being respectful of the property of other persons and of the medical center.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by South Limestone Hospital District will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the South Limestone Hospital District.

To request an amendment, your request must be made in writing and submitted to Cheryl Hardin, Medical Records Manager. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support your request. In addition, we may deny your request if you ask us to amend information that;

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the South Limestone Hospital District;
- Is not part of the information which you would be permitted to inspect or copy; or
- Is accurate and complete.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Cheryl Hardin, Medical Records Manager. Your request must state a time period, which may not be longer than six and may not include dates before April 11, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list your request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about care you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to Cheryl Hardin, Medical Records Manager. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For Example, you can ask that we only contact you at work or by mail.

## **South Limestone Hospital District NOTICE OF PRIVACY PRACTICES**

Effective Date: April 11, 2006

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.

If you have any questions about this notice, please contact:

Cheryl Hardin or Debbie Beaver

254.729.3281

#### WHO WILL FOLLOW THIS NOTICE.

This notice describes **South Limestone Hospital District's** practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units of **South Limestone Hospital District**.
- Any member of a volunteer group we allow to help you while you are in the care of **South Limestone Hospital District**.
- All employees, staff and other **South Limestone Hospital District** personnel.
- **Limestone Medical Center, Family Medicine Center, Limestone Medical Center EMS**. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment, or **South Limestone Hospital District** operations purposes described in this notice.

#### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from **South Limestone Hospital District**. We need this record to provide you with quality of care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by **South Limestone Hospital District**, whether made by **South Limestone Hospital District** or another provider that you were referred to. Other physicians you may see in the course of your treatment may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also described your rights and certain obligations we have regarding the use and disclosure of medical information.

#### **Law requires us to:**

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

#### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

#### **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at South Limestone Hospital District; and
- In emergency circumstances to report a crime; the location of the crime or victim; or the identity, description or location of the person who committed the crime.

#### **Coroners, Medical Examiners, and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of South Limestone Hospital District to funeral directors as necessary to carry out their duties.

#### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

#### **Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

#### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

#### **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.