

# Rights and responsibilities of patients, guardians and health care representatives

Samaritan Health Services recognizes and respects the diversity and individuality of each person admitted to, or treated within, our facilities. All members of our workforce (employees, volunteers, medical staff, residents, students, contracted personnel and vendors) are expected to provide considerate and respectful care, meeting the cultural, spiritual, emotional, lifestyle and personal dignity needs of each individual patient and their families.

## As a patient I, or my legally authorized representative, have the right to:

- Receive safe treatment, care and services within the capability and mission of Samaritan Health Services, and in compliance with the law.
- Receive services without discrimination due to my race, creed, color, national origin, ancestry, religion, sex, sexual orientation, gender identity, marital status, age, newborn status, handicap or source of payment.
- Have my family and physician notified promptly of my admission and have my family participate in my care decisions.
- Have all communication and records pertaining to my health care kept confidential and only viewed by individuals directly responsible for treatment, processes involving payment or hospital operations, or as required by law.
- Know the name and professional status of the people who are caring for me.
- If I have a disability, the right to designate at least three Support Person(s) and to have one Support Person present at all times in the emergency department and during my stay, to facilitate my care.
- Designate a representative to participate in the development and implementation of my plan of care, discharge plan and pain management plan.
- Receive from my physician, in terms I can understand, current information about my diagnosis, treatment and prognosis.
- Receive from my physician, except in emergencies, information that allows me to give informed consent before beginning any procedure or treatment.
- Receive care for symptoms that will respond to treatment, even if they are not related to my primary health care condition.
- Receive considerate and respectful care in a safe and private environment, free of neglect, harassment and abuse.
- Complete an advance directive outlining my wishes regarding my health care should I become unable to express my wishes. This may include my wishes regarding organ and tissue donation.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of my actions.
- Request treatment by, or consult with, a specialist at my expense.
- Request a restriction of access to or disclosure of my medical record.
- Request an accounting of disclosures of my medical records.
- Receive assistance with discharge plan.
- Request to receive communications of protected health information by alternative means and/or at alternative locations.
- Be informed of the need for, alternative to and acceptance by another facility when transfer to that facility is planned.
- Receive evaluation and management of pain.
- Participate in the planning of my medical treatment and to decline to participate in experimental research.
- Be free from restraints and seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Receive evaluation and provision of protective services.
- Designate who is permitted to visit me during my hospitalization, including, but not limited to, a spouse, domestic partner (including same-sex domestic partner), another family member or friend. Visitors will not be restricted, limited or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
- Withdraw visitor consent or deny visitors.
- Receive care and treatment that respects my values, beliefs and life philosophy.
- Receive emotional and spiritual support for my family and me.
- Have access to my medical record within a reasonable timeframe. This may include requesting an amendment or addition to my record.
- Examine and receive an explanation of my bill regardless of the source of payment and receive information regarding financial assistance.
- Receive information regarding the relationship of Samaritan Health Services to other health care or educational institutions involved in my care.
- File a grievance and be informed of the process to review and address the grievance without fear of retaliation or retribution from my provider or the organization.
- Effective communication, including access to communication aids and devices, free of charge, if limited English proficiency or hearing, speech or visual impairment.
- Receive competent language translation, free of charge.

## As a patient I, or my legally authorized representative, have the responsibility to:

- Participate to the fullest extent possible in my care and treatment.
- Provide complete information about my health care condition and medical history, report my care and health risks as I perceive them and ask questions when I do not understand what I've been told about my care.
- Notify my care provider or physician about changes in my condition.
- Notify my care provider or physician of symptoms or health care problems, even if they are not related to my primary health care condition.
- Report my pain and participate in the development of a pain management plan with my care provider or physician.
- Inform my care provider or physician if I do not understand instructions or if I will be unable to follow them.
- Accept the consequences of my actions if I choose not to participate in the recommended treatment plan.
- Observe safety regulations.
- Be considerate of patients, families and staff; help control noise and disturbances; and follow the tobacco free policy of the organization.
- Not threaten or harm other patients, families or staff.
- Not destroy the property of patients, families, staff and facilities.
- Fulfill the financial obligations of my health care as promptly as possible.

## If you have a concern or would like additional information

We encourage you to resolve complaints immediately at the time of service. If we fail to meet your expectations, we invite you to share your concerns or complaints by talking to or directly mailing to any of the following:

1. Any member of the health care team including your doctor
2. A department manager, clinic manager or nursing supervisor
3. A hospital administrator:  
**Samaritan Albany General Hospital**  
Attn: Administration  
1046 Sixth Ave. SW  
Albany, OR 97321 • 541-812-4000  
  
**Good Samaritan Regional Medical Center**  
Attn: Administration  
3600 NW Samaritan Drive  
Corvallis, OR 97330 • 541-768-5111  
  
**Samaritan Lebanon Community Hospital**  
Attn: Administration  
PO Box 739  
Lebanon, OR 97355 • 541-258-2101  
  
**Samaritan North Lincoln Hospital**  
Attn: Administration  
3043 NE 28th St.  
Lincoln City, OR 97367 • 541-994-3661  
  
**Samaritan Pacific Communities Hospital**  
Attn: Director of Quality Management  
930 SW Abbey St.  
Newport, OR 97365 • 541-265-2244
4. KEPRO  
Beneficiary and Family Centered Care – Quality Improvement Organization  
Call 888-305-6759 or TTY 855-843-4776  
5700 Lombardo Center Dr. Suite 100  
Seven Hills, OH 44131
5. Oregon Health Authority  
Health Care Regulation and Quality Improvement Program  
800 NE Oregon Street, Suite 465  
Portland, OR 97232 • 971-673-0540
6. Privacy, confidentiality and HIPAA concerns  
Samaritan Health Services  
Attn: Privacy Officer  
3600 NW Samaritan Drive  
Corvallis, OR 97330 • 541-451-7928  
  
U.S. Department of Health and Human Services  
Office for Civil Rights  
[hhs.gov/civil-rights/filing-a-complaint](https://www.hhs.gov/civil-rights/filing-a-complaint)

Health care accreditation agency  
DNV (Det Norske Veritas)  
866-496-9647 • [hospitalcomplaint@dnv.com](mailto:hospitalcomplaint@dnv.com)

ACHC (Accreditation Committee for Health Care)  
855-907-2242 • [achc.org](http://achc.org)



**Samaritan  
Health Services**

[samhealth.org](http://samhealth.org)