



"Best of Care, Close to Home"

805 Sunset Blvd Conrad, MT 59425

www.ponderamedical.org

Phone: 406-271-3211

Patient's Rights & Responsibilities

Patient Responsibilities

Provide, to the best of your knowledge, accurate and complete information about your past illnesses, hospitalizations, medications, present complaints, treatment regimens and other matters relating to your physical and psychosocial needs. Report unexpected changes in your condition to your physician and other caregivers. Cooperate with your care team and ask questions if directions, procedures or the contemplated course of action are not clearly understood. Follow the treatment plan developed by you and your physician. This may include following the instructions of nurses and health personnel as they carry out your plan of care and follow your physician's orders. Provide a copy of advance directives. Be considerate of staff, physicians, family and friends and other patients; follow hospital rules and assist in the control of noise and the number of family and visitors you have at one time. Be respectful of the property of others. Notify your insurance company prior to your scheduled admission and receive pre-admission certification as required; provide necessary information for insurance processing and arrange for payment of your financial obligations.

Visitation

Pondera Medical Center recognizes the importance of visitation to all individuals designated by you or your support person. You or your support person may designate anyone as a visitor. You also may restrict any visitor. Children under age 13 must be supervised at all times by a responsible adult other than the patient. Family and friends should check with your nurse prior to providing you any food or medications that may not be in agreement with your provider's plan for you. Visitors need to maintain a calm and quiet environment for other patients. Visitors that have a fever, cough or visible sign of illness should not visit.

Advanced Directives

If you have: Advance Directive, Living Will, Healthcare Agent, POLST, 5 Wishes, End of Life Registry, or a MT Advanced Directive: (<https://dojmt.gov/consumer/end-of-life-registry/>)

Please provide a copy of one of the above upon admission. If you have already provided a copy it will be on file. If you have any questions or need more information we can assist you. Pondera Medical Center honors advance directives in all circumstances possible. If a conflict arises the patient or patient representative will be contacted and all reasonable efforts will be taken to resolve the conflict.

Patient Bill of Rights

While a patient at Pondera Medical Center it is your right to:

1. Receive professional, considerate and respectful care in a safe environment
2. Receive information from your physician concerning your diagnosis, options for care and treatment, and prognosis in terms you can understand. Participate actively in decisions regarding medical care. This information includes identification of medically significant risks, benefits and treatment options.
3. Have any proposed treatment or procedure explained in terms you can understand. Including nature/purpose of the procedure or treatment, known serious side effects, risks or potential complications.
4. Refuse treatment to the extent permitted by law and to be informed of the medical consequences of such action.
5. To request donations of organs/tissues in the event of death.
6. Participate in ethical questions that arise in the course of your care including conflict resolutions, withholding resuscitative services and foregoing or withdrawal of life sustaining treatment.
7. Be informed of the identity and professional status of those involved in your care.
8. Formulate advance directives and appoint a representative to make health care decisions in the event you are incapable or unable to communicate wishes regarding care.
9. Be informed of any rules or regulations that relate to your care.
10. Receive personal and informational privacy concerning your care, including security, privacy during examination and treatment and confidentiality of information.
11. Confidential treatment of all communications, films and records pertaining to the care and the stay in the hospital. The right to access your medical record information within a reasonable time frame except when restricted by law.
12. Expect that, when it is recommended that you be transferred to another facility you will receive complete information and explanation regarding the transfer.
13. Know the cost of your care and the rights to request financial assistance.
14. The right to be informed of any research, investigational or educational projects relating to your care and the right to refuse to participate.
15. Information regarding community resource healthcare needs before you are discharged.
16. To be free from all forms of harassment, physical abuse and mental abuse. To be free from restraints or seclusion, or any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff.
17. Receive considerate and respectful care that safeguards cultural, psychological and spiritual values.
18. Access to Pastor/Priest for spiritual care.
19. Use the telephone, receive mail and have visitors.
20. Expect that you will receive information regarding community resources before discharge.
21. Review or obtain copies of your medical record upon reasonable notice, written request & payment of any copying charges.
22. Expect that a reasonable effort is made to assist you regardless of physical or language barriers.
23. Appropriate assessment and management of pain. Have your pain prevented or controlled adequately. Understand what medication will be given or what alternative pain treatment may be available. Ask for changes in treatment if pain persists. Remind those who care for you that pain management is part of your diagnostic, medical and surgical care.
24. Verbalize concerns about your care without fear of recrimination or penalty, to have your concerns reviewed and have them resolved if possible.

If You Have a Complaint or Concern

Please let us know if you have a need or concern that is not being addressed to your satisfaction. We are committed to meeting your needs and resolving concerns, complaints or grievances in the following manner:

- ◆ If you, your representative or a family member have a complaint, please let your caregiver know immediately.
- ◆ If your concern is not addressed promptly & to your satisfaction, please contact the Chief Nursing Officer: at 271-3211 ext. 315.