

 <b>Othello Community Hospital</b> Othello, Washington		<b>Policy Number</b> BP-043	<b>Total Pages</b>
<b>Effective Dates:</b> 03/18/14	<b>Revision Dates:</b>	<b>Subject</b> <b>Admission Policy</b>	
<b>Review Dates:</b>			
<b>Approvals</b> _____ _____			
		Policy/Procedure	
		<b>Originating Department:</b> <b>BOARD</b>	

### **Admission Policy:**

It is the policy of Othello Community Hospital to provide quality healthcare to all persons. Othello Community Hospital's policy and practice is to admit and treat all persons without regard to age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state or local law.

 <b>Othello Community Hospital</b> Othello, Washington		<b>Policy Number</b>  <b>BP-023</b>	<b>Total Pages</b>  <b>1</b>
<b>Effective Date:</b> 10/99	<b>Revision Dates:</b>	<b>Subject</b>  <b>PATIENT RIGHTS AND RESPONSIBILITIES</b>	
<b>Review Dates:</b>			
<b>Approvals</b>  _____ _____			
<b>Type:</b> <b>OPERATIONAL</b>		<b>Originating Department:</b> <b>BOARD</b>	

**PURPOSE:**

All patients receiving services at Othello Community Hospital shall receive a copy of Patient Rights and Responsibilities.

**POLICY/PROCEDURE:**

Othello Community Hospital believes that it has the responsibility to provide quality care with safety, dignity and respect to all patients. Othello Community Hospital recognizes that each patient is an individual with unique health care needs and that all care is focused on those individual needs. Othello Community Hospital is dedicated to providing the patient with the best care possible within the skills and resources available at this facility.

- A. The admitting department or nursing department will give every patient or their representative a cop of the Patient Rights and Responsibilities.
- B. The patient’s or their representative’s signature on the admitting consent form will verify that they received a copy.
- C. In the event, the patient cannot read the patient rights and responsibilities, every effort will be made to inform the patient of their rights.



Othello Community Hospital

## **PATIENT RIGHTS AND RESPONSIBILITIES**

As a patient at Othello Community Hospital, you have both rights and responsibilities. Both are of great importance to us and we'd like you to fully understand what they include. If you're the parent or guardian of a child under 18 years of age, you also have rights and responsibilities on behalf of their care. You have a right to be notified in writing of your rights and obligations before treatment begins. The patient's family, guardian, or Power of Attorney for Health Care may exercise the patient's rights when the patient has been judged incompetent. Othello Community Hospital has an obligation to protect and promote the rights of the patients, including the following:

### **YOU HAVE THE RIGHT TO:**

Not be discriminated against based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state or local law.

Receive care in a safe setting and/or protective services such as: Adult protective services, Child protective services, Domestic violence resources, etc.

To have information regarding organ donation, and to donate organs if desired.

Othello Community Hospital has opted not to participate in "Death With Dignity" Initiative 1000. We do, however, support our patients facing end of life issues by providing contact information with organizations who will help the patient work through the process if so desired.

Personal privacy

Care that respects your values, beliefs, culture, and spiritual practices

Free from all forms of abuse or harassment

Confidentiality of your clinical records

Access to information contained in your clinical records within a reasonable time frame

Be free from restraints of any form, for any reason, which are not medically necessary

Have the right to complain about your care without fear of retribution or denial of care

File a grievance. OCH has established a process to promptly address patient complaints. To file a complaint, please contact Human Resource Director at 509-488-2636 or you may contact the House Supervisor through the nursing staff. These hospital staff will coordinate a timely review and response to your concerns

Have the right to have family input in care decisions

Have a family member or representative of your choice and your physician notified promptly of your admission to the hospital

Know which physician is primarily responsible for your care and who will be performing treatments and procedures

Know the identity of staff providing care, and their role at Othello Community Hospital

Participate in the development and implementation of your plan of care

Be informed of your health status and make informed decisions regarding your care

To request or refuse treatment

Be aware of anticipated outcomes if treatment is refused

A second opinion

Be informed of unanticipated outcomes

Be a part of decisions about not using or withdrawing life-saving and/or life-sustaining treatment  
Formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives

Be informed (or support person, where appropriate) of visitation rights, including any clinical restriction or limitation

Be information (or support person, where appropriate) of the right, subject to your consent, to receive the visitors whom you designate, including but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or friend, or your right to withdraw or deny such consent at any time.

Visitation privileges will not be restricted, limited or otherwise deny on the basis on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state or local law.

An itemized bill for services rendered

A timely notice if Othello Community Hospital discovers insurance coverage has been denied

Be informed of charges for which you may be liable and of charges that will not be covered by Medicare

**YOU HAVE A RESPONSIBILITY TO:**

Provide accurate and complete health information to the hospital

Provide accurate financial information

Check preauthorization requirements of your insurance plan

Ask questions and take part in health care decisions

Respect the rights of others

Inform the hospital of the existence of, or changes to your advance directive



## NOTICE OF PRIVACY PRACTICES

**IMPORTANT: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT. PLEASE READ IT CAREFULLY.**

Othello Community Hospital (OCH) and associates are required by law to provide you with this Notice of Privacy Practices (Notice) so you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as *Protected Health Information* (PHI) or simply *health information*. We also promise to maintain the privacy of patients' PHI and to provide individuals with the following Notice of the legal duties and privacy practices with respect to PHI. We are required to adhere to the terms outlined in this Notice. We reserve the right to change the terms of this Notice and these new terms will affect all PHI we maintain at that time. If you have any questions about this Notice, please contact Privacy Officer at (509)488-2636.

### **UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you are admitted to OCH, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment.

Understanding what is in your record and how your health information is used helps you to: ensure it is accurate, better understand who may access your health information and make more informed decisions when authorizing disclosures to others.

### **In certain circumstances we may use and disclose PHI about you without your written consent:**

**For Treatment:** We will use health information about you to provide you with medical treatment or services. We will disclose PHI about you to doctors, nurses, technicians, students in the health care training programs, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes might slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of OCH may share health information about you in order to coordinate the services you need, such as prescriptions, lab work, x-rays. We may disclose health information about you to people outside OCH who provide your medical care like nursing homes or other doctors.

**For Payment:** We will use and disclose information to other health care providers to assist in payment of your bills. We will use it to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other related services you receive. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment.

**For Health Care Operations:** We may use and disclose PHI about you for the purpose of our business operations. This business uses and disclosures are necessary to ensure our patients receive quality care and cost effective services. For example, we may use PHI to review the quality of our treatment and services, and to evaluate the performance of our staff, contracted employees and students caring for you.

**Business Associates:** We may use or disclose your PHI to an outside company that assists us in operating our health system. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called “business associates” and they contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

**Family Members and Friends:** If you agree, do not object, or we reasonably infer there is no objection, we may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances. We may disclose PHI to a family member, relative, or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual known to OCH. However, you also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.

**Appointments:** We may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment.

**Contacting You:** We may contact you about treatment alternatives or other health benefits or services that might be of interest to you.

**Hospital Directory:** When you are an inpatient admitted to the hospital, OCH may list certain information about you, such as your name, your location in the hospital, a general description of your condition that does not communicate specific medical information, and your religious affiliation, in a hospital directory. The hospital can disclose this information, except for your religious affiliations, to people who ask for you by name. Your religious affiliation may be given to members of the clergy even if they do not ask for you by name. You may request no information contained in the directory be disclosed. To restrict use of information listed in the directory, please inform the admitting staff or your nurse. They will assist you in this request. In emergency circumstances, if you are unable to communicate your preference, you will be listed in the directory.

**Fundraising Activities:** We may use PHI, such as your name, address, phone number, the dates you received services, and the department from which you received services, your treating physician, outcome information, and health insurance state to contact you to raise money for OCH. We may share this information with a foundation associated with OCH to work on our behalf. If you do not want OCH or its affiliates to contact you for fundraising and you wish to opt out of these contacts, or if you wish to opt back in to these contacts, you must call Privacy Officer of OCH at (509) 488-2636.

**Required or Permitted by Law:** We may use or disclose your PHI when required or permitted to do so by federal, state, or local law.

**Public Health Activities:** We may use or disclose your PHI for public health activities permitted or required by law. For example, we may disclose your PHI in certain circumstances to control or prevent a communicable disease, injury or disability; to report births and deaths; and for public health oversight activities or interventions. We may disclose your PHI to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law, or to a state or federal government agency to facilitate their functions. We also may disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include; audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

**Lawsuits and Other Legal Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent, such

disclosure is expressly authorized). If certain conditions are met, we may also disclose your PHI in response to a subpoena, a discovery request, or other lawful process.

**Abuse or Neglect:** We may disclose your PHI to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental entity authorized to receive such information.

**Law Enforcement:** Under certain conditions, we also may disclose your PHI to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (1) responding to a court order or similar process, (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing persons, (3) reporting suspicious wounds, burns or other physical injuries, or (4) as relating to the victim of a crime.

**To Prevent a Serious Threat to Health or Safety:** Consistent with applicable laws, we may disclose your PHI if disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Coroners, Medical Examiners, and Funeral Directors:** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.

**Organ, Eye, and Tissue Donation:** We will disclose PHI to organizations that obtain, bank or transplant organs or tissues.

**Research:** OCH may use and share your PHI for certain kinds of research. For example, a research project may involve comparing the health and recovery of all patients who received on medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. In some instances, the law allows us to do some research using your PHI without your approval.

**Workers' Compensation:** We will disclose your PHI reasonable related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representative.

**Employer Sponsored Health and Wellness Services:** We maintain PHI about employer sponsored health and wellness services we provide our patients, including services provided at the employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care.

**Shared Medical Record/Health Information Exchanges:** We maintain PHI about our patients in shared electronic medical records that allow OCH associated to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to another hospital that participated in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you.

**Other Uses and Disclosures of PHI:** Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute the sale of PHI require your written authorization. Other user and disclosures of your PHI not described above will be made only with your written authorization. If you provide OCH with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information we have used or disclosed in reliance on the authorization.

### **Your Rights Regarding Your PHI:**

**Right to Access to Your Own Health Information:** You have the right to inspect and copy most of your PHI as long as we maintain it as required by law. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary

of this information. If you request a summary, we may charge you a nominal fee. Please contact OCH Health Information/Medical Records Department with any questions or requests.

**Right to an Electronic Copy of Electronic Medical Records:** If your PHI is maintained in an electronic format (known as electronic medical records or an electronic health record), you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Request Restrictions:** You have the right to request certain restrictions of our use or disclosure of your PHI. We are not required to agree to your request in most cases. However, if OCH agrees to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. OCH will agree to restrict disclosure of PHI about and individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual, or a person other than the health care plan, has paid OCH in full. For example, if a patient pays for a service completely out of pocket and asks OCH not to tell his/her insurance company about it, we will abide by this request. A request for restriction should be made in writing. To request a restriction, you must contact Health Information/Medical Records Department. We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to PHI created after we inform you of termination.

**Right to Request Confidential Communications:** If you believe a disclosure of all or part of your PHI may endanger you, you may request in writing we communicate with you in an alternative manner or at an alternative location. For example, you may ask all communications be sent to your work address. Your request must specify the alternative means or location for communications with you. It also must state the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger. We will accommodate a request for confidential communications that is reasonable and states the disclosure of all or part of your PHI could endanger you.

**Out-of-Pocket-Payment:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask your PHI with respect to the specific item or service, not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to be Notified of a Breach:** You have the right to be notified in the event we (or one of our Business Associates) discovers a breach of unsecured PHI involving your medical information.

**Right to Inspect and Copy:** You have the right to receive and inspect a copy of your PHI that may be used to make decisions about your health. A request to inspect your records may be made to your nurse or doctor while you are an inpatient, or to the Health Information/Medical Records Department while an outpatient. For copies of your PHI, requests must go to the Health Information/Medical Records Department. For PHI in a designated record set maintained in an electronic format, you can request an electronic copy of such information. There may be a charge for these copies.

**Right to Amend:** If you feel PHI we have about you is incorrect or incomplete, you may ask us to amend the information, as long as OCH maintains the information. Requests for amending your PHI should be made to the Health Information/Medical Records Department. The OCH personnel who maintain the information will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changed in any future disclosures of that information.

**Right to an Accounting:** With some exceptions, you have a right to receive an accounting of certain disclosures of your PHI. A nominal fee will be charged for the record search.

**Right to Request Alternate Communications:** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. You must submit your request in writing to OCH. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to a Paper Copy of this Notice:** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

**Complaints:** You may submit any complaints with respect to violations of your privacy rights to OCH Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services if you feel your rights have been violated. There will be retaliation from OCH for making a complaint.

**Changes to this Notice:** If we make a material change to this Notice, we will provide a revised Notice available in paper and electronically at [www.othellocommunityhospital.org](http://www.othellocommunityhospital.org).

**Contact Information:** Unless otherwise specified, to exercise any of the rights described in this Notice, for information, or to file a complaint, please contact OCH Privacy Officer at (509) 488-2636.

**Effective: 09/15/2013**

Revised: 09/04/2013

 <b>Othello Community Hospital</b> Othello, Washington		<b>Policy Number</b>  <b>AP-083</b>	<b>Total Pages</b>  <b>2</b>
<b>Effective Date:</b>	<b>Revision Dates:</b> 6/1/08, 08/11	<b>Subject</b>  <b>VISITING ACUTE CARE                  AND OBSTETRICAL UNIT</b>	
<b>Review Dates:</b>			
<b>Approvals</b>  _____ _____			
<b>Type:</b> <b>OPERATIONAL</b>		<b>Policy/Procedure</b>	
		<b>Originating Department:</b> <b>ADMINISTRATION</b>	

**POLICY:**

Visiting hours are flexible from 8am-8pm, but may vary from unit to unit. The Registered nurse, in collaboration with the unit Charge nurse must always exercise prudent judgment and consider individual patient/family circumstances when determining the need to extend or restrict visitations. Othello Community Hospital will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. The following guidelines may assist the Nurse in making visitation decisions including overnight visitations. As the plan is developed, it should be documented and communicated so that all shifts can implement it consistently.

1. Visiting guidelines:

- a. Visiting hours are from 8am-8pm.
- b. The number of visitors allowed at one time is based on any one of the following: nursing judgment, patient request, and/or physician order. Some considerations to include are: patient condition and/or ability to receive visitors; amount of space in room; potential noise level and impact on patient, and; private vs. two-patient room.
- c. Visitors with symptoms of illness will not be permitted to visit any patient care area.
- d. Visitors are not to be on patient’s bed without permission.
- e. Visitors are to be properly attired, including shirt and shoes.
- f. Visitors cannot linger in hallways or stand around the Nurses’ Station.
- g. Smoking is not permitted in any area of the hospital.
- h. Disruptive and/or uncooperative visitors will be asked to leave. Security (maintenance or EMT) personnel and/or local law enforcement agencies may be requested to assist as necessary.
- i. Visitors are not to bring food to the patient without permission.
- j. Exceptions to the above regulations may be granted with the approval of the Charge Nurse.

2. Overnight Visitation Guidelines: The primary determination for overnight visitation should first be at the patient request if the patient is capable of providing input into that request. Some of the common situations which warrant overnight visitation are as follow:

- a. Patient is terminal and end of life care is being provided.
- b. Unstable/critical condition.
- c. Birth of a child.

- d. Family needed to provide care e.g. interprets, communicate, provide safety needs, etc.
  - e. Night following surgery.
  - f. Ethnic or family culture dictates not to leave family member alone.
3. Overnight guidelines for private room accommodations:
    - a. In most instances, only one family member is permitted to stay overnight.
    - b. Provide one cot or sleeper chair if needed for a family member.
    - c. Allow others to stay quietly in the room at charge nurse discretion.
    - d. Encourage others to stay quietly in the waiting room. May visit frequently if warranted.
    - e. Use discretion in encouraging/discouraging the member needed to stay overnight. Offer “permission” for some to leave if appropriate.
  4. Overnight room accommodations for semiprivate rooms:
    - a. If one bed is not occupied, try to avoid admission in that room (especially for end of life care situations.)
    - b. Allow one family member to sit quietly at bedside or rest in sleeper chair if needed to stay.
    - c. If room is occupied with another patient, family member cannot stay if of opposite sex. (example: Two female patients in same room and male family member wants to spend the night)
    - d. Family members staying with pediatric patients must be at least 16 years of age or the mother of the child.
  5. Defining family/significant others:
    - a. If able, allow patient to determine who the significant persons to stay are.
    - b. If patient is unable, allow family to decide who will stay.
    - c. At times it may need to be decided by the charge nurse. The Charge Nurse should try to consider who the patient most likely would select, such as the domestic partner vs. a family member who has not seen or talked with the patient for the last 5 years, etc.
  6. Children visitation:
    - a. In most cases children will be discouraged from staying overnight, even when other adults are present.
    - b. There may be need for exception if death is believed to be eminent.
    - c. Children may not be left to stay overnight with no adults present.
    - d. If a female patient is admitted and wants a newborn to stay, there must be another responsible adult staying at all times to provide care for the child.