



Saint Alphonsus

The Saint Alphonsus Pledge:

We care about you, therefore we want the care you receive from us to be the very best

Your Rights as a Patient:

- To have a family member or representative and your care provider notified upon admission to the hospital.
- To receive kind and considerate care in a safe setting as medically necessary, regardless of race, creed, sex, national origin, gender identity, sexual orientation, disability, or sources of payment.
- To receive respect for your personal values and beliefs.
- To receive complete information about your illness and state of health.
- To participate in your plan of care, discussing and working together with your physician to make decisions regarding your treatment.
- To have access to information contained in your clinical records unless restricted by law, within a reasonable time frame. Upon your request, other designated individuals may access your record. (The cost of duplicating your medical record will not create a barrier to you receiving your medical records.)
- To request or refuse treatment to the extent permitted by law.
- To know the names and roles of persons providing your treatment.
- To be told about hospital rules and regulations that applies to your conduct.
- To be free from any form of restraint or seclusion unless needed to improve well being and when less restrictive interventions are determined to be ineffective.
- To receive care that protects your personal privacy and keeps your clinical records confidential.
- To examine your medical record and to receive answers to your questions about the information, unless restricted by law, within a reasonable time frame.
- To have an interpreter or use of alternative communication techniques or aids as needed.
- To know if the hospital has relationships with outside organizations that may affect your treatment.
- To receive, upon request, an explanation for your bill for the hospital treatment you receive.
- To share concerns about your care, treatment, services, environment, and safety with the department manager at the time of or as close as possible to the occurrence. If you are unable to resolve complaints or concerns at the department level, phone the Patient Concern Line at (208) 367-6226.
- To contact the Bureau of Facility Standards, PO Box 83702, Boise, ID 83702-0035, (208) 334-6626 to file a grievance related to quality of care, coverage decisions, or premature discharge.
- To contact The Joint Commission, call (800) 944-6610, to file a grievance related to quality of care.
- To say yes or no if asked to take part in research.
- To be told about reasonable care choices when hospital care is no longer appropriate.
- Not to be transferred to another facility or organization without an explanation of the need for transfer and treatment options.
- To have a legal representative if you are judged incompetent according to the law. This would happen: if your doctor found you to be medically not capable of understanding present or future treatment; if you are not able to communicate your wishes regarding treatment; or if you are less than 18 years of age.
- To fill out or to provide Advance Directives or POST form and to have hospital staff and practitioners comply with your stated wishes within the established guidelines.



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More information can be obtained by contacting a chaplain at (208) 367-2121.

- To become a designated organ donor if 18 years or older. More information can be obtained by calling the Donate Life program at (503) 494-7888.
- To have relief from pain.

- To be free from all forms of abuse and harassment.
- To have protected health information as specified in the notice of Privacy Practices and directed by the health Insurance Portability and Accountability Act of 1996.

Your Responsibilities as a Patient:

- To ask questions!
- To read and understand your rights as a patient.
- To give accurate and complete information regarding your health, medications and past treatment.
- To read and understand all permits and/or consents you sign.
- To talk with your healthcare provider, staff member and patient representative or the administrator's office if you feel your rights have not been properly respected.
- To follow the hospital rules and regulations.
- To follow your healthcare provider's instructions and make a concerned effort to follow recommended health care guidelines that support your health status.
- To treat others with respect.
- To bring a copy of your Advance Directives or POST form or inform your nurse regarding the content. (More information can be obtained upon request by contacting one of the chaplains, social workers, or case managers at (208) 367-2121.)
- To tell your nurse the name of your Durable Power of Attorney for Healthcare if you have selected one and how to contact him or her. (More information can be obtained upon request by contacting one of the chaplains, social workers, or case managers at (208) 367-2121.)
- To assure that all financial obligations for your healthcare are met.

If you have concerns about your care, we want to hear about them. We invite you to discuss any concerns or problems with a member of our staff:

- Ask to see the supervisor or manager of the service area or department where a problem occurred...or
- During the evening or nighttime hours, ask to speak to the clinical coordinator or call the Patient Concern Line at (208) 367-6226.