

# Patient Rights, Responsibilities and Safety





## Everyone plays an important role in providing safe patient care including the physician, nurses, technicians and you.

It is our goal at Holland Hospital to provide you with safe and effective health care. To reach this goal, we need your assistance in your health care process. Outlined in this brochure are your rights and responsibilities as a Holland Hospital patient.

We pledge to offer you a high-quality, safe health care experience and to respect your rights, dignity and preferences as an individual. In turn we ask that you serve as an active member of your health care delivery team by fulfilling your responsibilities as an informed patient.

### We Need You To:

- Make sure your physician knows what medications you are currently taking. This includes prescription and over-the-counter medications and dietary supplements such as vitamins or herbs.
- Make sure your care team knows about any allergies you may have to medications.
- Offer to show your armband when health care professionals enter the room.
- Participate in your treatment by asking staff to explain what they are doing and why.
- Speak up if you have questions or concerns.
- Follow directions from your physician and health care professionals, particularly when you are discharged from the hospital or the emergency department.
- Involve a family member or friend in your care, particularly if you are unable to fully participate in your own care.

## Your Responsibilities

- Participate in your own care.
- Provide complete and accurate information about your insurance coverage and your ability to meet any self-pay balance.
- Provide your complete medical history (including information about your health, hospitalizations, past illnesses and medication use) to your caregivers.
- Wear your identification (ID) band which is provided to you upon admission.
- Communicate that you understand your diagnosis, treatment plan and care options.
- Communicate that you understand what is expected of you during the course of your treatment.
- Communicate that you are able and willing to cooperate with your health care team, as described in your treatment plan.
- Communicate with your health care provider(s) if your health changes in any way or if unexpected complications arise.
- Ask questions if you do not understand the information provided to you.
- Be considerate and respectful of the rights and privacy of other patients, visitors and staff members.
- Honor our privacy policy, which specifies that in order to preserve the privacy of our patients, visitors, and staff, patient/visitor videotaping and audiotaping are prohibited in hospital facilities.
- Communicate with hospital staff and physicians in a civil manner at all times. Rude, discourteous, insulting, or threatening language or behavior will not be tolerated and may result in you or your family members being asked to leave the premises. Acts of violence toward hospital staff will be prosecuted.

## For Your Safety

- Your care team will check your armband each time they give you medications, including IV medications.
- Staff will ask you to identify yourself, or have your advocate identify you, when going for tests and procedures.
- If you are scheduled for surgery, we will ask you to confirm the location of your surgery, and we will mark the surgical site.
- Staff will take appropriate precautions to prevent the spread of infections in the hospital.
- When blood is drawn, you will be asked to confirm that the tube is labeled correctly with your name.
- Holland Hospital is prepared at all times to address acute changes in a patient's clinical condition. If you or your family are concerned about a change in your condition, you can request an assessment by the Rapid Response Team at any time. Our Rapid Response Team consists of experienced staff with specialized training for assessing and responding to unanticipated changes during your hospital stay. Your nurse will contact and work with the team to address your needs.



## You Have The Right ...

- To receive necessary and appropriate care in an environment characterized by respect for your dignity, individuality, personal values and beliefs.
- To privacy.
- To unrestricted access to communication (e.g., phone, visitors). Should your communication need to be restricted, you will be included in the decision-making process.
- To strict medical record confidentiality. Aside from your health care providers, no individuals will be provided access to your medical record without your express permission, unless it is required for your care, payment for services, health care operations or is otherwise required by law.
- To be informed about your diagnosis, associated treatment options and outcomes of care, including unanticipated outcomes.
- To be fully informed of your treatment options and to choose or refuse treatment throughout your hospital stay. You have the right to consent or decline to participate in medical research.
- To know the names and roles of physicians, nurses and other people who are treating you.
- To formulate an Advance Directive such as a Durable Power of Attorney for Health Care or a Living Will. This document designates an advocate or surrogate to make health care decisions for you if you become unable to communicate those decisions yourself. You may contact Spiritual Care Services for assistance with this document.
- To a full explanation of your medical bill. You may also receive information regarding financial assistance with your bill.
- To receive complete discharge instructions including information related to your continuing health care needs.
- To see or receive a copy of your medical record after discharge.
- To receive information regarding transfer to another medical facility, if recommended, as well as your various care alternatives. You have the right to request a transfer to another facility.

- To have pain or discomfort assessed and managed based on your individual needs. You have the right to be educated with regard to your pain.
- To request the presence, input, and participation of visitors of your choosing. Visitation will not be prohibited on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.
- To be informed if any clinical restriction or limitation of your rights to visitation is necessary, and to withdraw or deny consent for visitors at any time.







## Your Concerns Are Important To Us

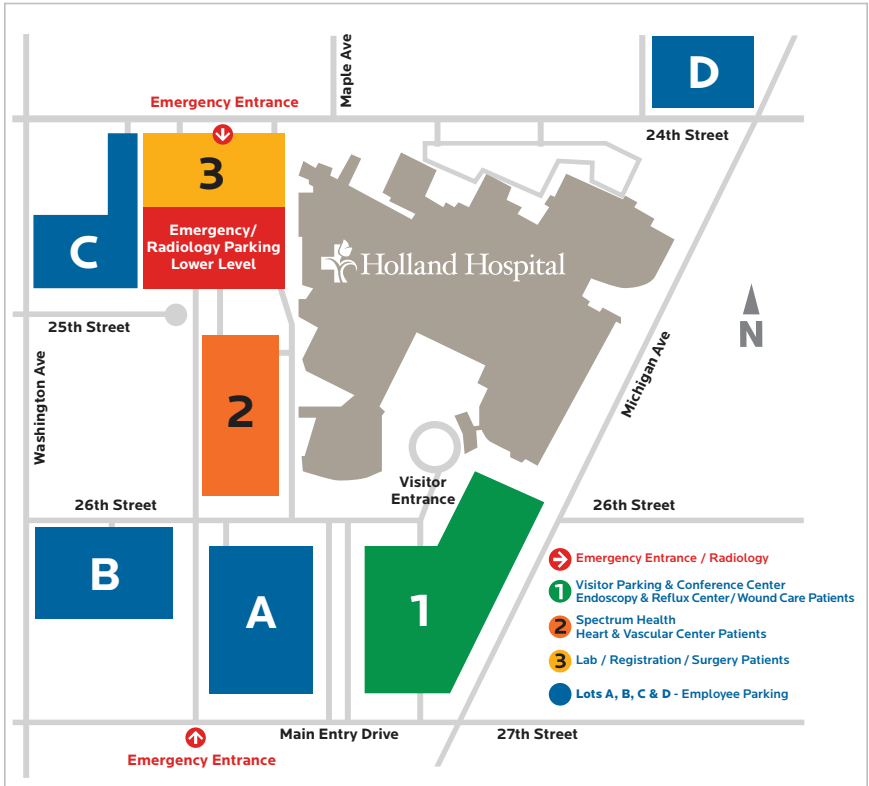
- We encourage you to communicate any of your concerns at any time during your stay. Staff, managers and the Patient Relations Team want to resolve your concerns or complaints promptly.
- You may also express your concerns by filing a written or verbal complaint/grievance with our Patient Relations Department at (616) 394-3742.
- Complaints are taken seriously and the Patient Relations Coordinator will always address your concerns and work with Holland Hospital personnel to help resolve your concern.

You may also at any time file a complaint or grievance with:

Michigan Department of Licensing  
Regulatory Affairs  
Bureau of Community and Health Systems  
Complaint Investigation Unit  
P.O. Box 30664  
Lansing, MI 48909-8170  
Fax: (517) 241-0093  
Toll-free Complaint Hotline: (800) 882-6006  
[michigan.gov/bhs](http://michigan.gov/bhs)

DNV Healthcare USA Inc.  
Attn: Hospital Complaints  
4435 Aicholtz Road, Suite 900  
Cincinnati, OH 45245  
Website: <https://www.dnvhealthcareportal.com/patient-complaint-report>  
Email: [hospitalcomplaint@dnv.com](mailto:hospitalcomplaint@dnv.com)  
Phone: (866) 496-9647  
Fax: (281) 870-4818

# Holland Hospital Parking



602 Michigan Ave | Holland MI 49423 | (616) 392-5141 | hollandhospital.org

