

The Core Institute Specialty Hospital observes and respects a patient’s rights and responsibilities without regard to age, race, color, sex, gender identity, national origin, religion, culture, physical or mental disability, personal values or belief systems, socioeconomic status, or sexual orientation.

You have the right to:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, gender identity, age, mental disability, or physical disability. Any treatment determinations based on a person’s physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the hospital to disclose, when applicable, physician financial interests or ownership in the hospital.
- Receive assistance when requesting a change in primary or specialty physicians, dentists or anesthesia providers if other qualified physicians, dentists or anesthesia providers are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participation in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations, and have family member, friend, or other individual be present with you for emotional support during the course of your stay.
- Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Enjoy full and equal visitation privileges that are no more restrictive than those immediate family would enjoy, with visitors whom you designate except where Justified Clinical Restriction may be imposed, and to withdraw or deny such consent at any time.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the hospital, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Obtain information concerning fees for services rendered and the hospital’s payment policies.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the hospital’s policy regarding advance directives/living will. Expect the hospital to provide the state’s official advance directive form if requested and where applicable.
- Be free from restraints of any form that are not medical necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Be free from all forms of abuse or harassment, and be free from physical or mental abuse, corporal punishment, neglect and exploitation.
- Access to language assistance service, free of charge, by a qualified interpreter for individuals with limited English proficiency or individuals with a disability.
- Expect the hospital to establish a process for prompt resolution of patients’

grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

- Have your wishes concerning organ donation honored within the limits of the hospital’s capability and in accordance with law and regulation.

**If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient will be exercised by the person appointed under State law to act on the patient’s behalf.**

**If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with the State law may exercise the patient’s rights to the extent allowed by State law.**

You are responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the hospital.
- Identifying any patient safety concerns.
- Observing prescribed rules of the hospital during your stay and treatment.
- Providing a responsible adult to transport you home from the hospital and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what your are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the hospital and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications—including over-the-counter products and dietary supplements, and any allergies or sensitivities, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the hospital, including charges not covered by insurance.
- Payment to hospital for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

**You may contact the following entities to express any concerns, complaints or grievances you may have:**

HOSPITAL	CNO (602) 795-6020
STATE AGENCY	Arizona Department of Health Services 150 N. 18th Avenue Phoenix, AZ 85007 602-364-3030 www.azdhs.gov
MEDICARE	Office of the Medicare Beneficiary Ombudsman: <a href="http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html">www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html</a>
ACCREDITING ENTITY	The Joint Commission Office of Quality Monitoring One Renaissance Boulevard Oakbrook Terrace, Illinois 60181 800-994-6610 <a href="mailto:complaint@jointcommission.org">complaint@jointcommission.org</a>
OFFICE OF CIVIL RIGHTS	US Department of Health and Human Services Office of Civil Rights 200 Independence Avenue SW, Room 509F, HHH Building Washington D.C. 20201 (800) 368-1019; (800) 537-7697) TDD) Internet address: <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>