



STATEMENT OF PATIENT RIGHTS

As a patient at Inland Hospital you (or your legal representative) have a number of rights that we are required by law to promote and protect:

You (or your representative) have the right to:

- Be informed of your patient rights before care is started or stopped
- Participate in the development and implementation of your care plan and treatment
- Receive quality, considerate, respectful care
- Receive treatment without discrimination as to age, race, color, religion, sex, national origin, disability, sexual orientation, or source of payment
- Make informed decisions regarding your health care. This includes the right to be informed of your health status and prognosis, to be able to request or refuse treatment and to be fully informed of and to consent or refuse to participate in unusual, experimental or research projects without compromising access to your care.
- Have pain treated as effectively as possible
- To be free from restraint or seclusion that is not medically necessary
- Receive assistance, such as deaf interpreter services or foreign language interpreter services, which will help you communicate with us
- Formulate an advance directive and to have hospital staff and practitioners comply with those directives
- Have family members or a representative of your choice and your doctor notified promptly of your admission to the hospital
- Exclude members of your family from participating in decisions about your healthcare
- Know the names and roles of the people treating you including the doctor in charge of your hospital care, students, and other trainees and to know the reason for any proposed changes in the professional staff responsible for your care.
- Know the reason for your transfer either within or outside the facility
- Personal privacy during medical treatments, personal hygiene activities and as requested
- Receive care in a physically and emotionally safe setting
- Be free from all forms of harassment, neglect or abuse
- Know the relationship of this facility to other facilities/persons participating in the provision of care
- Know the cost, itemized when possible, of services rendered
- Know the source of Inland Hospital's payment for your services and of any limitations that may be placed upon your care by the source of payment.
- Confidentiality of your medical records
- Right of informed consent for the donation of organs and tissues
- Access information contained in your records within a reasonable time frame

- Receive visitors whom you designate, including but not limited to, a spouse, domestic partner (including a same sex partner), another family member, or a friend. You may withdraw your consent to receive visitors at any time. Visitation may only be restricted when it interferes with your care or the care of other patients.

Inland Hospital takes your concerns seriously. Please talk about any concerns with any member of your healthcare team. If you are not satisfied or do not want to discuss your concerns with these people, contact the Vice President of Quality & Risk at 207-861-3326 or by mail at Inland Hospital, 200 Kennedy Memorial Drive, Waterville, ME 04901.

You also have the right to contact the Maine State Department of Human Services, Division of Licensing and Regulatory Services at 1-800791-4080, or TTY dial 711 state-wide. You can also reach them by mail at 41 Anthony Ave., State House Station 11, Augusta ME 04333. This agency does not address concerns about your bill.

Medicare Beneficiaries: You can also report concerns about the quality of your care to your Quality Improvement Organization: Livanta at 1-866-815-5440 or TYY at 1-866-868-2289.