

Your Rights and Responsibilities as a Wayne County Hospital Patient

RIGHTS

1. Participate in the development and implementation of my plan of care.
2. Make informed decisions regarding my care, be informed of my health status, be involved in care planning and treatment, and be able to request or refuse treatment. This right must not be construed as a mechanism to demand provision of treatment or service deemed medically unnecessary or inappropriate
3. Formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives
4. Have a family or designated representative and your own primary care physician notified promptly of your admission to the hospital.
5. Have the right, subject to my consent or refusal, to receive the visitors I designate including but not limited to, a spouse, or any domestic partner, another family member or friend.
6. Personal privacy
7. Receive care in a safe setting
8. Be free from all forms of abuse or harassment
9. Confidentiality of your clinical records.
10. Access information contained in your clinical records within a reasonable timeframe. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records, and must actively seek to meet those requests as quickly as its record keeping system permits
11. Be free from restraints of any form that are not medically necessary, or are used as a means of coercion, discipline, convenience or retaliation by staff
12. Be fully informed of, and have the right to consent or refuse to participate in any unusual, experimental, or research project without compromising your access to service
13. Know the professional status of any person providing your care or services
14. Know the reasons for any proposed change in the professional staff responsible for your care.
15. Know the reasons for your transfer either within or outside the hospital
16. Know the relationships of the hospital to other persons or organizations participating in your care.
17. Access the cost, itemized when possible, of services rendered within a reasonable time period
18. Be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care.
19. Be informed of the right to have pain treated as effectively as possible
20. Informed consent of donation of organs and tissues, including the patient's family in this right.
21. Impartial access to treatment regardless of race, religion, sex, sexual orientation, ethnicity, age or handicap
22. Exercise your rights while receiving care or treatment in the hospital without coercion, discrimination, or retaliation
23. Have a surrogate (legal guardian, or person with the Healthcare Power of Attorney or Healthcare surrogate designation) exercise your rights when you are incapable of doing so, without coercion, discrimination, or retaliation.
24. Lodge a grievance when you feel your rights have been violated. The contact person for grievances at Wayne County Hospital is the CEO or his/her designee at 606-348-9343

RESPONSIBILITIES

You, as a patient of Wayne County Hospital and participant in your care, agree to:

1. Provide complete, accurate information in matters of your health as far as possible.
2. Request additional information or clarification about your health status or treatment when you do not fully understand information and instructions.
3. Make known to your physician, caregiver, and the hospital, any advance directives or religious/cultural beliefs to be honored if/when you are unable to speak for yourself.
4. Follow the treatment plan as ordered by the physician responsible for your care. The consequences of noncompliance or refusal of recommended treatment and instruction rest with you.
5. Be responsible for assuring financial obligations for care received are fulfilled as promptly as possible.
6. Be responsible for following rules and regulations affecting patient care, confidentiality, conduct, and safety.
7. Report any perceived safety issue to any staff member.
8. Treat hospital personnel, other patients and their visitors with respect and courtesy.
9. Respect the rights of other individuals by refraining from using loud and offensive behavior.
10. Refrain from smoking, bringing alcohol, and/or illegal drugs into Wayne County Hospital or the Wayne County Hospital Rural Health Clinic.
11. Refrain from bringing weapons and/or sharp objects that could result in injury to self or others into Wayne County Hospital or the Wayne County Hospital Rural Health Clinic.
12. Respect the property of Wayne County Hospital or the Wayne County Hospital Rural Health Clinic, staff, other patients and visitors..

What everyone needs to know about HIV/AIDS

Kentucky law requires that we inform you about AIDS. AIDS stands for Acquired Immunodeficiency Syndrome. It is a disease caused by a virus (human immunodeficiency virus or HIV) that can destroy the body's ability to fight illness.

People can protect themselves if they take reasonable precautions. AIDS is spread in three main ways:

- Having sex with someone who has HIV

- Sharing drugs needles and syringes with uses or heroin, cocaine, and other drugs
- Babies can be born with the virus if the mother has been infected.

It is true that some people have acquired AIDS through infected blood transfusions or transplanted organs in the past. Today all donated blood and organs are tested for the AIDS virus. There is no proof that the virus is spread throughout casual contact. There is no reason to avoid an infected person in ordinary social contact. Early diagnosis of HIV infection is important. Call your local health department or Kentucky AIDS Hotline

Tobacco Cessation

Smoking has been identified as the number one cause of preventable disease. Smoking accounts for one out every five deaths in the United States. If you are currently smoking or using tobacco please discuss this with your physician and find the best way for you to quit. You many also call the Commonwealth of Kentucky's Quit Line at 1-800-QUIT NOW.

Wayne County Hospital Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Our Pledge Regarding Your Health Information: We are committed to the protection of patient health information in accordance with applicable law and accreditation standards regarding patient privacy. The health information about you is personal. A record of the care and services you receive is needed to provide you with quality care and to comply with legal requirements.

The law requires us to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of this Notice that are currently in effect.

* Protected Health Information (PHI) is any individually identifiable health information, whether oral, written, electronic, magnetic or recorded in any form that is created or received by the Wayne County Hospital as a health care provider. PHI is individually identifiable under HIPAA if it includes the name, address, zip code, geographical codes, date of birth, other elements of dates, telephone or fax numbers, email address, social security number, insurance information, medical record number, member or account number, certificate/license numbers, voice or finger prints, photos or any other unique identifying numbers, characteristics or codes of you, your relatives, employers, or household members.

When releasing your PHI, Wayne County Hospital will follow a "Minimum Necessary" standard, whereby we will make reasonable efforts to limit the use and disclosure of your PHI in order to accomplish the intended purpose or job.

Uses and disclosures of health information not covered by this Notice or the laws that apply to the Wayne County Hospital will be made only with your authorization.

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, residents, nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you. Different departments of the Wayne County Hospital may share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We may disclose health information about you to people outside the Wayne County Hospital who provide your medical care.
- **For Payment:** We will use and disclose your PHI 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 provide your name, address and insurance information to other health care providers related to your care. 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 billing information, contact the Patient Financial Services department.
- **For Health Care Operations:** We may use and disclose PHI about you for the purpose of our business operations. These business uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services. We may use or disclose your PHI to an outside company that assists us in operating our hospital or clinic. For example, when your doctor dictates a summary of the visit with you, an outside company types up the document for our medical records. These outside companies are called "business associates", who have contracted with us to keep any PHI received from us confidential in the same way we do.
- **Family Members and Friends:** 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 are 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.
- **Appointments:** We may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment.
- **Hospital Directory:** When you are admitted to the hospital, or are admitted as an outpatient for surgery, Wayne County Hospital may list certain information about you, such as your name, your location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation, in a hospital directory. The hospital can disclose this information, except for your religious affiliation, 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 that 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 and the dates you received services, to contact you to raise money for Wayne County Hospital. We may share this information with a foundation associated with the Wayne County Hospital to work on its behalf. If you do not want the Wayne County Hospital Affiliates to contact you for our fundraising, you must notify us in writing. Please contact the Privacy Officer or designee to help you with this request.
- **Future Communications:** We may use your name, address, and phone number to contact you to provide you general PHI, information about new programs or other services we offer or newsletters.
- **Incidental Uses and Disclosures:** We may occasionally inadvertently use or disclose your medical information. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses or other Wayne County Hospital personnel, there may be times that conversations are in fact overheard. Please be assured, however, that we have appropriate safeguards in place to avoid these types of situations, and others, as much as possible
- **Public Health and Government Functions:** The law sometimes requires us to share information for specific purposes. We will 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.
 - 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.
 - To a state or federal government agency to facilitate their functions
- **Required or Permitted by Law:** We will disclose your PHI when required to do so by federal, state, or local law. We are permitted, and required in some cases, to release your PHI in certain circumstances to:
 - Report suspected elder or child abuse to law enforcement or other governmental agencies responsible to investigate or prosecute abuse.
 - Respond to a valid court order or valid subpoena.
 - The Cabinet for Health and Family Services, a protection or advocacy agency, law enforcement authorities investigating abuse, neglect, physical injury, death, and suspicious wounds, burns, or gunshot wounds.
 - Your court appointed guardian or agent you have appointed under a health care power of attorney.
 - A prisoner's health care provider.
 - A medical examiner, coroner, and funeral director regarding a death.
 - Law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons.
 - Under certain conditions, to military command authorities or the Department of Veterans Affairs, for patients who are in the military or veterans.
 - The Secret Service or National Security Agency to protect, for example, the country or the President.
 - To business associates or third parties that we have contracted with to perform agreed upon services.
 - Governmental agencies and other affected parties, to report a breach of health information privacy or in the case of a compliance review to determine whether we are complying with privacy laws.
- **Organ, Eye and Tissue Donation:** We will disclose PHI to organizations that obtain, bank or transplant organs or tissues.
- **Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects are subject to a special approval process and information released is only done so with your consent or with appropriate authority as permitted by law. We may share medical information about you with people preparing to conduct a research project. For example, we may share information to help them look for patients with specific medical needs. We will not allow the preparatory researchers to remove your information from the hospital. Whether or not your health information is used in a research project, your care and treatment will not be affected.
- **Workers' Compensation:** We will disclose your health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or the Department of Workforce Development or its representative.
- **Disclosures of Records Containing Drug or Alcohol Abuse Information:** Due to federal law, we will not release your medical information if it contains information about drug or alcohol abuse without your written permission except in very limited situations.
- **Psychotherapy Notes.** If applicable, we must obtain your written authorization before we may use or disclose your psychotherapy notes, except for: use by the originator of the psychotherapy notes for treatment, or other limited circumstances.
- **Marketing.** We must obtain your written authorization before we may use or disclose your health information for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you. You may opt out of receiving such communications by notifying us that you wish to the opt-out.
- **Authorization Required.** Wayne County Hospital does not engage in selling your health information; however, if we do, we must obtain your written authorization before we may sell your health information.
- **Breach Notification.** We are required to notify you in the event of a breach of your unsecured protected health information, and will do so.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Request Restrictions: You have the right to request certain restrictions of our use or disclosure of PHI for treatment, payment or health care operations. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care or the payment for your care. We are not required to agree to your request in most cases. If the Wayne County Hospital agrees to the restriction, it will comply with your request unless the information is needed to provide you emergency treatment. If requesting a restriction for a health care item or service for which you paid out-of-pocket in full, we will honor your request, unless the disclosure is necessary for your treatment or is required by law. A request for restriction should be made in writing.

Right to Inspect and Copy: You have the right to inspect and receive a copy of PHI about you that may be used to make decisions about your health. For copies of your PHI, requests must go to the Health Information/ Medical Records Department.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as the Wayne County Hospital maintains the information. Requests for amending your PHI should be made to the Health Information Management/Medical Records Department. The Wayne County Hospital Health Information Management Department that maintains 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 changes in any future disclosures of that information.

Right to a List of Disclosures: You have the right to request a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, health care operations, disclosures authorized by you or made to you, and certain other activities. To request this list of disclosures, you must submit your request in writing to the designated Health Information Management/Medical Records Department.

Right to Request Alternate Means of Communication: You have the right to request that we communicate with you about your health information in a certain way or at a certain location. We will accommodate all reasonable requests. You must make any such request in writing submitted to the Privacy Officer or designee.

Right to Revoke Authorization: If you authorize the Wayne County Hospital to use or disclose your PHI, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your permission. To revoke an authorization you must contact the designated Health Information Management/Medical Record Department.

Right to Complain: If you believe your privacy rights have been violated, you may file a complaint with the privacy officer at Wayne County Hospital or with the Secretary of the Department of Health and Human Services ocrcomplaint@hhs.gov. To file a complaint with Wayne County Hospital, you must put your complaint in writing and address it to the designated Privacy Officer or delegate. This person will assist you in filing your complaint and the necessary paper work. Filing a complaint will not affect your care and treatment:

Attn: Privacy Officer, 166 Hospital Street Monticello KY 42633

Important Notice: We reserve the right to revise or change this Notice and to make the new notice provisions effective for all PHI that Wayne County Hospital maintains. Each time you register for health care services at a site covered by this Notice, the most current copy of this notice will be available for you. You have a right to obtain a paper copy of this Notice upon request.

Questions:

If you have any questions about this Notice, please contact the Privacy Officer at Wayne County Hospital 606-340-3207

Effective Date: April 14th, 2003

Revised: 3/1/12

Revised:: 7/9/18

Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement:

Discrimination is Against the Law

Wayne County Hospital, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Wayne County Hospital, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Wayne County Hospital, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Angela Burton, Compliance Officer.

If you believe that Wayne County Hospital, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Angela Burton, Compliance Officer , 166 Hospital Street, Monticello, KY 42633; Phone- 606-348-9343; Fax-606-340-3206 or Email-aburton@waynehospital.org . You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Angela Burton, Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-606-348-9343 (TTY: 1-606-340-3259).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-606-348-9343（TTY：1-606-340-3259）。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-606-348-9343（TTY：1-606-340-3259）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-606-348-9343（TTY：1-606-340-3259）。

(TTY : 1-606-340-3259) وال بكم الصم ه اتف رقم) 1-606-348-9343 برقم اتصل به المجان لك توافر ال لغوية ال مساعدة خدمات ف إن ال لغة، اذك رت تحدث كنت إذ ا :ملاحظة 3259) 。

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-606-348-9343 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom:（TTY：1-606-340-3259）。

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-606-348-9343（（TTY：1-606-340-3259）。まで、お電話にてご連絡ください。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-606-348-9343（TTY：1-606-340-3259）。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-606-348-9343 (TTY : 1-606-340-3259) 。 번으로 전화해 주십시오.

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helfft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-606-348-9343 (TTY : 1-606-340-3259) 。

ध्यान ॐदनुहोसः तपाइले नेपाल ॐ बोलुहुन्छ भने तपाइको ॐनिम्त भाषा सहायता सेवाहरु ॐनःशुल्क रूपमा उपलब्ध छ । फोन ॐगनुहोस ॐ 1606-348-9343 (ॐटॐटवाइः (TTY : 1-606-340-3259) 。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-606-348-9343 (телетайп: (TTY : 1-606-340-3259) 。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-606-348-9343 (TTY : 1-606-340-3259) 。

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-606-348-9343 (TTY : 1-606-340-3259) 。

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-606-348-9343).

An Important Message From Medicare About Your Rights

As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO

Telephone Number of QIO

Your Medicare Discharge Rights

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.

-
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
- - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
 - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
-
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call _____ .

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative	Date/Time
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Form CMS-R-193 (approved 07/10)Steps To Appeal Your Discharge

- **Step 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
 - Here is the contact information for the QIO:

Name of QIO (in bold)

Telephone Number of QIO
 - You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
 - Ask the hospital if you need help contacting the QIO.
 - The name of this hospital is :

Hospital Name

Provider ID Number
- **Step 2:** You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **Step 3:** The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **Step 4:** The QIO will review your medical records and other important information about your case.
- **Step 5:** The QIO will notify you of its decision within 1 day after it receives all necessary information.
 - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
 - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

If You Miss The Deadline To Appeal, You Have Other Appeal Rights:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
 - If you have Original Medicare: Call the QIO listed above.
 - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.