

Norman Regional Health System

Norman Regional Hospital
Norman Regional Moore
Norman Regional Nine

3300 HealthPlex Parkway, Norman, OK, 73072
700 S. Telephone Rd., Moore, OK, 73160
2000 Ann Braden Blvd., Norman, OK, 73071

405.307.1000
405.307.1000
405.515.1000

General Information Concerning Your Rights & Responsibilities

We acknowledge your fundamental right to considerate care that safeguards your personal dignity and to information that helps us meet your care needs and preferences.

As a patient you have a right to:

Communication

Receive information in a manner you understand, tailored to your age, language, and ability to understand.

Receive language interpretation services as needed.

Communication that addresses any vision, speech, hearing or cognitive impairments and provides information in a manner that meets your needs.

Receive a copy of Norman Regional Health System's Notice of Privacy Practices and the patient rights included in that document.

Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and healthcare providers who will see you.

Access information contained in your medical record within a reasonable time frame-usually within 48 hours of request.

Know which Health System rules and policies apply to your conduct while a patient.

Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.

Have a family member, friend or other individual to be present for emotional support during the course of your stay; unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated. The individual may or may not be your surrogate decision-maker or legally authorized representative.

Have a family member or representative of your choice notified promptly of your admission to the Health System.

Have your personal physician notified promptly of your admission to the Health System.

Be advised of the Health System grievance process, should you wish to communicate a concern regarding the quality of the care you receive or if you feel determined discharge date is premature. Notification of the grievance process includes: whom to contact to file a grievance, and that you will be provided with a written notice of the grievance determination that contains the name of the hospital contact person, the steps taken on your behalf to investigate the grievance, the results of the grievance and the grievance completion date.

Please contact the Patient Liaison for your care related issues or to report a grievance. The Patient Liaison can be contacted at 405- 307-1060. You may also report a grievance to the Oklahoma State Department of Health at:
Medical Facilities Services - Complaints
123 Robert S. Kerr Avenue Ste. 1702
Oklahoma City, Oklahoma 73102
Phone: 405-271-6576 or 800-234-7258
medicalfacilities@health.ok.gov

Informed Consent

We encourage a partnership between you as the patient and your healthcare team.

As a partner in your care, you have a right to:

Become informed of your rights as a patient in advance of, or when discontinuing, the provision of care. You may appoint a representative to receive this information should you so desire.

Receive information from your physician about your illness, course of treatment, outcomes of care (including unanticipated outcomes), and your prospects for recovery in terms that you can understand.

Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.

Exercise these rights without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression or the source of payment for care.

Be advised if Health System/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.

Safety

Norman Regional Health System is committed to ensuring that your care is provided in the safest manner possible by incorporating patient safety into our culture, making it a top priority for all employees, medical staff, volunteers, students and contracted personnel.

You have a right to:

Expect that the Health System staff will check your armband before you receive any medication, treatment, test or procedure.

Considerate and respectful care, provided in a safe environment, free from all forms of abuse or harassment.

Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.

Know that all environmental safety issues are addressed in an appropriate and timely manner. Any patient safety issues can be addressed to the Health System by contacting the Patient Safety Hotline (405-307-7899).

Norman Regional Health System is committed to reducing health care errors in our organization. If you have concerns about safety at our facilities, you are encouraged to call us to share your concerns by calling the Patient Safety Hotline at (405)307-7899 or by speaking with our Patient Liaison at (405)307-1060.

If concerns are regarding patient privacy, call the Privacy Officer at 405-307-1405 or contact the Compliance Hotline at 1-877-267-1929.

If concerns in question cannot be resolved at this level, you are encouraged to contact the Joint Commission at:

One Renaissance Blvd
Oakbrook Terrace IL 60181
Fax #: 630-792-5636
Email: complaint@jointcommission.org
or

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Oklahoma State Department of Health
Medical Facilities Service-Complaints
123 Robert S. Kerr Avenue Ste. 1702
Oklahoma City, Oklahoma 73102
Phone: 405-271-6576
Email: medicalfacilities@health.ok.gov

Pain Management

Norman Regional Health System has an ongoing Pain Management Initiative and Education program in place that focuses on effective pain management for patients.

As a patient you have the right to have your pain and "reports of pain" to be:

Effectively managed while a patient at Norman Regional Health System.

Taken seriously and promptly treated.

Treated with dignity and respect by doctors, nurses, pharmacists and other health care professionals.

Reassessed regularly with pain medication adjusted if your pain has not been eased.

Informed of possible treatments, benefits, risks and costs of managing your pain.

Treatment Options

Your healthcare team will describe your proposed treatment to you.

As a partner in the treatment plan, you have a right to:

Participate in the development and implementation of your plan of care and actively participate in decisions regarding that care. To the extent permitted by law, this includes the right to request and/or refuse treatment.

Request consultation with the Health System's Ethics Committee concerning ethical implications of your care.

Reasonable continuity of care Should you need a service not provided by Norman Regional Health System you have the right to be assisted in transferring to another healthcare facility that can provide the needed service.

Leave the Health System even against the advice of your physician.

Be informed by your physician or a delegate of your physician of the continuing healthcare requirements following your discharge from the hospital.

End-Of-Life Decisions

In order to make appropriate decisions, patients nearing the end of life and their families need to know and understand their choices. As a start in making those decisions an informational brochure is available. You have the right as a patient to ask questions about treatment choices. Norman Regional Health System's medical staff, chaplains, case managers, nurses and other healthcare professionals are close by to help explain the choices available in making end-of-life decisions.

As a patient you have a right to:

Complete Advance Directives regarding your healthcare (including Living Will, Health Care Proxy, Durable Power of Attorney for Health Care, and/or Do Not Resuscitate Consent documents) and have Health System staff and practitioners who provide care in the Health System comply with these directives to the extent provided by state laws and regulations.

Complete Do Not Resuscitate Directive regarding your healthcare, and have Health System staff and practitioners who provide care in the Health System comply with these directives to the extent provided by state laws and regulations.

These documents allow you to give directions about your future medical care or to legally designate another person or persons to make medical decisions for you if you are temporarily or permanently incapable of doing so.

Confidentiality

The staff of Norman Regional Health System strives to respect your privacy and confidentiality at all times and under all circumstances. Access to your information confers an obligation on us to protect your privacy and personal interests.

As a patient you have the right to:

Full consideration of privacy concerning your medical care program and your personal health or individual health information. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual involved in your healthcare.

Confidential treatment of all communications and records pertaining to your care and stay in the hospital. Your written permission will be obtained before your medical records can be made available to anyone not directly concerned with your care.

Financial

As a patient you have a right to:

Examine and receive an explanation of your bill regardless of source of payment.

Your Responsibilities as a Patient at Norman Regional Health System

The care you receive depends partially on you. Therefore, in addition to these rights, you and at times your family and/or support person have certain responsibilities as well. These responsibilities are presented to you in the spirit of mutual trust and respect. **Together as partners in your health, it is our Code of Mutual Trust.**

You as a patient at Norman Regional Health System have the following responsibilities to:

Provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.

Report perceived risks in your care and unexpected changes in condition to the responsible practitioner.

Ask questions when you do not understand explanations about your care or what you are expected to do.

Follow the treatment plan established by your physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.

Keep appointments and to notify the hospital or physician when you are unable to do so.

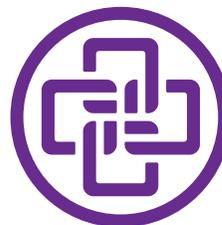
Know that you are responsible for your actions should you refuse treatment or not follow your physician's orders.

Assure that the financial obligations of your hospital care are fulfilled as promptly as possible.

Follow Health System policies and procedures.

Be considerate of the rights of other patients and Health System personnel.

Be respectful of your personal property and that of other persons in the hospital.



**NORMAN
REGIONAL**
Health System