

Privacy and Confidentiality, including the right to:

1. Know that your personal and medical information will be treated as confidential. You also have the right to request restrictions on the use or disclosure of your protected health information. See the GSHCS Notice of Privacy Practices for a complete description of how medical information about you may be used and disclosed, and how you can access this information.
2. Know that for safety reasons, video or auditory monitoring may be done in some care areas or common areas.
3. Opt out of being included in the directory for emergency room and admitted patients by contacting Registration at extension 3720. Unless you notify us that you object, we may respond to inquiries from friends, family, and clergy to confirm your location and religious affiliation.

PATIENT RESPONSIBILITIES:

The collaborative nature of health care requires that patients and their representatives participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities.

1. Please provide honest and accurate information, to the best of your knowledge, regarding your medical history; medications, allergies, previous hospitalizations, family history, past and present injuries or illnesses, and other matters related to your health status.
2. Take part in your health care decisions. Ask questions and make it known if you don't understand treatment and care, or what is expected of you. Report unexpected changes in your condition to your nurse. Notify your caregivers if you anticipate problems in following prescribed treatment.
3. Be considerate and respectful of other patients, visitors, and staff. Refrain from using discriminatory, profane, derogatory, or threatening language, imagery, and behavior. Follow GSHCS rules and regulations affecting patient care and conduct. Help control noise and disturbances, and follow our Non-Smoking/Tobacco-Free Campus policy.
4. Ensure we have a copy of your Advance Directive, if you have one.
5. When possible, leave at home (or send home) your personal valuable items. Keep hearing aids, dentures, etc. in designated containers to avoid damage or loss.

YOUR OPINION COUNTS

As part of our commitment to providing our community with an excellent experience while in our care, GSHCS voluntarily participates in a patient experience survey in accordance with the Centers for Medicare and Medicaid Services (CMS). This third-party survey allows us to benchmark our delivery of care and your experience against other participating health care systems nationally. You may receive a survey via email or in the mail with a postage-page return envelope. Please take a few minutes to respond to the survey and share your opinions about your care. Your feedback helps us ensure that we're delivering on the best possible care and is an important part of our efforts to improve the care and services we provide.

If you would like to see how GSHCS compares to other hospitals please visit:

www.medicare.gov/hospitalcompare/search.html

COMPLIMENTS

We always love to hear how our staff made your experience great. You can tell us who went above and beyond in one of several ways:

Visit <https://www.gshealth.org/compliments> to utilize our confidential online form.

Email patientrelations@gshealth.org

Call our Customer Experience Line at 541-667-3427

Send a note or card in the mail to GSHCS, to the attention of the Quality Department, at 610 NW 11th Street, Hermiston, OR 97838

Note: If you wish to share your message of thanks or encouragement publicly, you can visit <https://www.gshealth.org/give-thanks> to utilize our form.



610 NW 11th Street
Hermiston, OR 97838
541.667.3400
www.gshealth.org



Patient Rights and Responsibilities

WELCOME

As a patient at Good Shepherd Health Care System (GSHCS) we strive to always provide you with excellent care. If at any time you have questions about the care that you are receiving it is your right to ask questions, in fact we encourage you to be involved in your healthcare.

You have rights and a role regarding your treatment and care. Knowing them can help you make better healthcare decisions.



PATIENT RIGHTS:

GSHCS patients (or patient representatives, as appropriate) have the right to:

Nondiscrimination and Accessibility, including the right to:

1. Access and receive treatment without regard to age, race, color, ethnicity, national origin, religion, culture, language, physical or mental disability, socioeconomic status, marital status, sex, sexual orientation and gender identity or expression, or any other status protected by law.
2. Express cultural, emotional, spiritual, and personal values, beliefs, and preferences that do not harm others or interfere with your care. You also have the right to be addressed by your preferred or chosen name and pronouns.
3. Effective communication and language services in a manner that meets your needs, at no charge to you. This may include an interpreter, hearing assistance, alternative formats, or other special equipment.
4. Designate support persons, if you have a disability, to facilitate your care. Hospitals in the state of Oregon must allow a patient to choose at least three support persons and allow at least one support person to be with you at all times in the emergency department and during your stay at the hospital. Additional information can be found in the GSHCS policy regarding Disabled Patients Right to Designate Support Persons.

Safety, including the right to:

1. Receive care, treatment, and services in a location that is appropriate, safe, and secure for you and your property within the capability and mission of GSHCS, and in compliance with the law.
2. Be free of abuse, neglect, harassment, or exploitation from staff, students, volunteers, other patients, visitors, or family.
3. Request a chaperone during your examination.
4. Receive protective services when needed, such as guardianship and advocacy services, conservatorship, and child or adult protective services.

Dignity and Respect, including the right to:

1. Personal privacy in care delivery, such as accommodations that respect your desire for modesty.

2. Receive visitors of your choosing, with the understanding that visitation may be limited in areas to maintain safe and effective care, and for infection prevention practices, as outlined in the GSHCS Policy regarding Visiting Guidelines/Therapeutic Environment. You also have the right to restrict visitors.
3. Be free from restraint and seclusion, unless it is necessary for safety reasons.
4. Express concerns to your caregivers or to management, without the fear of retribution.
 - You or your representative may file a complaint/grievance verbally with a GSHCS supervisor or manager, or by calling the Customer Experience Line at (541) 667-3427. A written complaint or grievance can be mailed to GSHCS, to the attention of the Quality Department, at 610 NW 11th Street, Hermiston, OR 97838.
 - If you are not satisfied with the resolution of any issue, you have the right to appeal. You also have a right to file a complaint directly with the following organizations:

Oregon Health Authority, Health Care Regulation and Quality Improvement

Attn: Health Facility Licensing and Certification Program
800 N.E. Oregon Street, Suite 465,
Portland, OR 97232
Phone: 971-673-0540 | Fax: 971-673-0556
Email: mailbox.hclc@state.or.us

DNV Healthcare USA Inc.

Attn: Hospital Complaints
4435 Aicholtz Road, Suite 900
Cincinnati, OH 45245
Phone: 866-496-9647 | Fax: 281-870-4818
Email: hospitalcomplaint@dnv.com
Website: <https://www.dnvhealthcareportal.com/patient-complaint-report>

Communication and Participation, including the right to:

1. Have a physician and family member (or other designated contact person) notified promptly of your admission to the hospital.
2. Be well-informed about your condition, possible treatments, and the likely outcomes of these treatments.
3. Participate in care planning and treatment decisions.
4. Have your pain recognized and managed appropriately and in accordance with the care, treatment, and services provided.
5. Accept or refuse a treatment, as permitted by law.
6. Choose whether to participate in a research project.
7. Receive information regarding unanticipated events and outcomes of care.
8. Understand a decision to transfer you to another facility.
9. Know the names and roles of individuals providing your care and who has primary responsibility for coordinating your care.
10. Prepare an Advance Directive which allows you to express your wishes for care and life-sustaining treatments if you are ever unable to speak for yourself, and to authorize a representative to make health care decisions for you in the event that you are unable to speak for yourself. You also have the right to have those decisions respected.
11. As a Medicare beneficiary, receive notice of non-coverage and your rights to appeal premature discharge.
12. Know about any business interests or financial arrangements providers may have with health services to which you are referred.
13. Receive an explanation of charges and information about financial assistance.
14. Review your medical records and request an amendment.

Note: Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, the medically reasonable alternatives and their accompanying risks and benefits.