11. Reasonable response to requests and needs
You have the right to:
- Ask if Dosher Memorial Hospital or affiliated facilities have relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other healthcare providers, or insurers.
- Be told of realistic care alternatives when hospital care is no longer appropriate.
- Examine your bill and have it explained to you.
- Appropriate pain management. We recognize that unrelieved pain has adverse physical and psychological effects. Dosher Memorial and affiliated providers respect and support the right of patients to pain management.
In accordance with our mission, this may occur through referral to a provider more appropriate to treat your pain.

Dosher Memorial Hospital 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)

Dosher Memorial Hospital provides free language services to people whose primary language is not English.

12. In turn, you have these responsibilities:
- Concerns, complaints, and grievances

We hope to meet your healthcare needs with the care and respect that you expect; however, if you ever have a concern, we will take that very seriously. A patient, and when appropriate, the patient’s representative, has the right to have any concerns, complaints, and grievances addressed promptly. Sharing concerns, complaints, and grievances will not compromise a patient’s care, treatment or services. Please discuss any concerns with any member of our healthcare team. If you aren’t satisfied, or your concern isn’t resolved to your liking, you may contact any of the following:

At Dosher Memorial Hospital:
Lesa Anderson, RN, Director, Quality
(910) 457-9364, lesaanderson@dosher.org

At the State of North Carolina:
Division of Health Service Regulation, 3711 Mail Service Center, Raleigh, NC 27609, (800) 624-3004

At our accrediting organization:
Attn: Hospital Complaint DNV Healthcare Inc.
400 Techno Center Dr., Suite 100, Milford, OH 45150-2792, (866) 523-6842.
e-mail: hospitalcomplaint@dnv.com

For Medicare beneficiaries:
Quality Improvement Organization in partnership with Medicare:
Medicare: (800) MEDICARE (800-633-4227) or www.medicare.gov

Patients’ Rights and Responsibilities Revised March, 2019
Patients' Rights and Responsibilities

Your health depends on the care given by and in Dosher Memorial Hospital and affiliated facilities, as well as the decisions you make in your daily life. You are responsible for recognizing the effect of lifestyle on your personal health. A health care facility serves many purposes: To improve people's health, treat people with injury and disease, educate healthcare professionals, patients and their families, and the community, and improve understanding of health and disease. In carrying out these activities, Dosher Memorial Hospital and all its affiliated clinics and facilities work to respect your values and dignity.

Notice of patient rights

Our mission at Dosher Memorial Hospital is to be the “friendliest, most patient-focused” hospital in North Carolina. We respect your right as a patient and recognize that you are an individual with unique healthcare needs. We want you to know your rights as a patient as well as your obligation to yourself, other patients, your physicians, and this hospital. We encourage you, as a patient at Dosher Memorial Hospital or one of our outpatient facilities and clinics, to speak openly with your health care team, take part in your treatment choices, and promote your own safety by being well-informed and involved in your care. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities during your time with us. Your role as a member of this team is to exercise your rights and take responsibility by asking for clarification of things you do not understand. These rights will be extended to family and/or surrogate decision makers, whichever is appropriate. We invite you and your family to join us as active members of your healthcare team.

You have the right to:

1. Considerate and respectful care

We respect your right to:
- Receive respectful care given by competent personnel, and receive care based on the highest professional standards that are continually maintained and reviewed.
- Be called by your proper name and to be in an environment that maintains dignity and adds to a positive self-image, and always treated without discrimination based on your race, color, national origin, age, sex, sexual orientation, sexual preference, gender identity, gender expression, religion, disability or the inability to pay.
- Expect all personnel involved in your care to introduce themselves and state their role in your care, and explain what they are doing for you.
- Participate in the development and implementation of your plan of care or including your inpatient treatment/care plan, outpatient treatment/care plan, discharge care plan, and pain management care plan.
- Not to be awakened by hospital staff unless it is medically necessary, if you are a hospital inpatient.
- Receive medical and nursing treatment that avoids unnecessary physical and mental discomfort.
- Be free from needless duplication of medical and nursing procedures.

2. Patient visitation in the hospital

As a hospital patient, we respect your right to:
- Receive visitors designated by you, including but not limited to, spouse, domestic partners, other family members, friends, and clergy.
- Withdraw or deny consent for visitors at any time.
- Be educated regarding any clinical restrictions that could be placed on visitation due to medical indications.
- Designate visitors who shall receive the same visitation privileges as your immediate family members, regardless of whether the visitors are legally related to you by blood or marriage.

3. Information about your treatment

You are a crucial member of your healthcare team, and as such, you can expect the other members of your team, including your physicians, nurses, and all other allied health professionals to explain to you:
- Your condition, diagnosis and proposed treatments concisely and in words that you understand.
- Your role in your care and the knowledge and skills that you need.
- The alternatives to treatment as they relate to your prognosis and problems related to recovery and recovery, and the benefits and risks of each alternative.
- Your right to agree or refuse to take part in medical research studies, and to have knowledge of any experimental, research, educational, or training activities that may be involved in your care. You will be asked if you wish to participate in these activities and you have the right to refuse to participate.
- If you are limited in English language skills or have any physical problems, such as limited hearing, that inhibit your ability to communicate, help will be provided for you. Information will be given to you as appropriate to your age, understanding, and language. Additional aids for vision, speech, hearing, and/or other impairments can be provided to ensure that your care needs are met.
- Inability to pay will not be a barrier to your care.

4. Participate in decisions about your care

We respect your right:
- To informed consent in partnership with your healthcare provider to agree to treatment based on a full explanation of your health status and/or disease process, and the risks and benefits of the proposed treatment, and the alternate treatment(s) available.
- To be involved in your care and treatment plan, and be able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. Making informed decisions includes the development of your plan of care, medical and surgical interventions (e.g., whether to sign a surgical consent), pain management, patient care issues and discharge planning.
- To refuse any diagnostic treatment, drugs, or procedures offered by the facility, to the extent permitted by law and have a physician inform you of the medical consequences of such decisions.
- To be informed about the outcomes of your care, treatment, and services that have been proposed, implemented, or continued.
- To assistance in obtaining consultation with another physician.
- To be involved in your discharge plan. You can expect to be told in a timely manner of your discharge, transfer to another facility, or transfer to another level of care. Before your discharge, you can expect to receive information about follow-up care that you may need. When medically permissible, you may be transferred to another facility only after you or your legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The facility to which you are to be transferred must first have accepted you as a patient for transfer.

5. Privacy

The staff at Dosher Memorial Hospital and affiliated facilities strive to respect the privacy of all patients. Case discussions, examinations, and treatment are confidential, and will be conducted discreetly. In addition, you have the right to:
- Ask for an escort during any type of exam.
- Have some of your choosing remain with you for emotional support during your stay, unless your visitor's presence compromises your or others' rights, safety, or health. You have the right to deny visitation at any time, and if desired, to restrict phone calls and mail.
- Have all records pertaining to your care treated as confidential except as otherwise provided by law or third-party contractual arrangements.
- Personal privacy, which includes a right to respect, dignity, and comfort as well as privacy during care (e.g., bathing, toileting, including dressing), and personal privacy during examinations (e.g., examining of the eyes, ears, mouth, nose, throat, skin, circulation, and examining of the rectum, including collection of specimens). The right to privacy also includes limiting release or disclosure of patient information, such as patient’s presence in facility, location in hospital, or personal information.
- Request a transfer to another room if you are unreasonably disturbed by other patient and/or visitor. We will make every effort to accommodate you provided another suitable room is available.

6. Confidentiality and information security

You have the right to the right to be informed that your medical records are confidential unless you have given permission to release information or reporting is required or permitted by law.
- Your medical information may only be disclosed to those directly involved in your care, to public health officials as required by law, to those entities financially responsible for your care or treatment (insurance companies), to assist researchers authorized by you, or any other purposes required by law or authorized by you.
- You have the right to see or get a copy of your medical records or your bill. There may be a nominal charge for the copying service.
- You may add information to your medical record by contacting the Medical Records department at (910) 457-3863.
- You have the right to request a list of people to whom your personal health information was disclosed.
- You have the right to block the release of your medical information to anyone not authorized to receive information.
- Information released to third parties is not allowed to be re-released without your specific written authorization. A statement accompanies all releases of information that states that the information provided must be destroyed after the information has served its intended purpose.
- You have the right to give oral or written instructions for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment.

7. Advance directives

You have the right to make an Advance Directive (Living Will and/or Durable Power of Attorney for Health Care). This includes giving you to give directions about future medical care or to legally designate another person(s) to make medical decisions for you if you are temporarily or permanently incapable of doing so. You will have access to care whether or not you have an advance directive. You will have the right if you have an Advance Directive when you are registered at Dosher Memorial Hospital or affiliated facility. If you have such a document, a copy will be placed in your medical record. You have the right to change, delay, or refuse your Advance Directive at any time.

You have the right as a patient, if you are in the terminal stages of life, to be treated in a manner commensurate with your desires or wishes, or the wishes of your legally designated health care proxy as defined in your legal health care proxy. You have the right to refuse treatment, withholding resuscitative services, forgoing or withdrawing life-sustaining treatment and participation in investigational or clinical trials (to