



PATIENT RIGHTS

1. You shall be treated with consideration, respect, and full recognition of your dignity and individuality, including privacy in treatment, personal care, and being informed of the name, licensure status, and staff position of all those with whom you have contact, pursuant to RSA 151:3-b. You also have the right to receive care in a safe setting.
2. You shall be fully informed of your rights and responsibilities. This information will be provided orally and in writing before or at admission, except for emergency admissions. You must acknowledge receipt of the information in writing. When you lack the capacity to make informed judgments, the signing must be by the person legally responsible for you. You or your representative must be informed of your rights in advance of furnishing or discontinuing your care whenever possible. Your personal representative may assist you in the exercise of any rights listed in this document. A patient's personal representative means a person who is designated in writing by a patient or patient's legal guardian for a specific, limited purpose or for the general purpose of assisting the patient in the exercise of any rights.
3. You shall be informed in writing (in language that you understand), before, at the time of admission, and/or as necessary during your stay, of the facility's daily rate and of those services included and not included in the daily rate. A statement of services that are not normally covered by Medicare or Medicaid shall also be included in this disclosure.
4. You shall be informed by a health care provider of your medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record. You

shall be given the opportunity to participate in the planning of your total care and medical treatment, to refuse treatment, and to be involved in experimental research upon your written consent only. You shall have the right to formulate Advance Directives and have hospital staff and practitioners who provide care in the hospital comply with these directives. For the purposes of this document, "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully authorized to provide health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.

5. You shall be transferred or discharged (after appropriate discharge planning) only for medical reasons, for the patient's welfare or that of other patients, or if the facility ceases to operate, or for nonpayment for your stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for Medicaid as a source of payment.
6. You shall be encouraged and assisted throughout your stay to exercise your rights as a patient and citizen. You may voice grievances, exercise your patient rights and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
7. You shall be permitted to manage your personal financial affairs. If you authorize the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with your rights under this subdivision and in conformance with state law and rules.

8. You shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.
9. You shall be free from chemical and physical restraints except when a physician authorizes them in writing for a specific and limited time necessary to protect you or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect you or others from injury. The staff member must promptly report such action to the physician and document this in the medical records.
10. All information contained in your personal and clinical record shall be kept confidential, including that stored in an automatic data bank, and your written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in your medical record at any licensed facility is your property. With some exceptions, you shall be entitled to a copy of such records, for a reasonable cost, upon request.
11. You shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by you, such services may be included in a plan of care and treatment.
12. You shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. You may send and receive unopened personal mail. You have the right to have regular access to the unmonitored use of a telephone.
13. You shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
14. You shall be free to retain and use personal clothing and possessions as space permits,

provided it does not infringe upon the rights of other patients.

15. You shall be entitled to privacy for visits and to share a room with your spouse/significant other, if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. You have the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of you or other patients would be endangered.
16. You shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual orientation, or sources of payment.
17. You shall be entitled to be treated by your physician(s) of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
18. You shall be entitled to have your parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if you are considered terminally ill by the physician responsible for your care.
19. You shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.
20. You shall not be denied admission to the facility based on Medicaid as a source of payment when there is an available space in the facility.
21. You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.

PATIENT RESPONSIBILITIES

1. **Provision of Information:** You have the responsibility to provide, to the best of your knowledge, accurate and complete information





about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the responsible practitioner. You are responsible for reporting whether you clearly understand a considered course of action and what is expected of you. You are responsible for providing the hospital with a copy of Advance Directives you have executed.

2. **Compliance with Instructions:** You are responsible for following the treatment plan recommended by the health care provider primarily responsible for your care. This may include following the instructions of the nurse and allied health personnel as they carry out the coordinated plan of care, implement the responsible health care provider's orders, and enforce the applicable hospital rules and regulations. You are responsible for keeping appointments and, when you are unable to do so for any reason, for notifying the responsible practitioner or hospital.
3. **Refusal of Treatment:** You are responsible for your actions if you refuse treatment or do not follow the practitioner's instructions.
4. **Hospital Related Charges:** You are responsible for assuring the financial obligations of your health care are fulfilled as promptly as possible. Please bring your insurance information to each appointment.
5. **Hospital Rules and Regulations:** You are responsible for following hospital rules and regulations affecting patient care and conduct. Specific policies are available upon request.

PATIENT QUESTIONNAIRE

The hospital conducts a random patient satisfaction survey and we would appreciate your taking a few minutes to complete and return this survey, if you receive one. These surveys assist us in improving our services and patient satisfaction. We are confident that your suggestions will enhance our efforts to

provide the best care and treatment possible to our patients.

PATIENT COMPLIANT REPORTING PROCESS

Patient satisfaction is very important to the staff and management of Littleton Regional Healthcare. Our goal is to provide the best possible care and treatment during your stay. A patient complaint is a formal or informal, written, or verbal grievance that is filed by a patient, when a patient issue cannot be resolved promptly by staff present. A copy of the hospital's policy for addressing patient grievances/complaints is available upon request. If for any reason you are not satisfied with any aspect of your visit or stay, please let us know. The hospital reviews the grievance/complaint as expeditiously as possible. Please be patient during the review process as all concerns will be examined. You will be provided with written notice of the steps taken on behalf of you to investigate the grievance, the results of the grievance process, and the date of completion. If you have a concern but do not feel that making a complaint is necessary, you may forward your concerns or suggestions for improvement to the Quality Services Department.

• Reporting

A grievance or complaint may be filed verbally or in writing. To report a patient complaint or concern, please take the following steps:

1. Please provide complete information. You will be notified (normally within three business days) that your complaint or grievance has been received by the Quality Services Department. The hospital will initiate a review of the grievance/complaint under their Complaint Management: Management of Patient and Resident Grievances, Complaints and Concerns Policy and may contact you for additional information regarding your grievance.
2. Inform the intervening staff person or department manager that you would like to file a complaint. You may also contact the

Quality Services Department directly to file a patient grievance or request to have the Quality Services Department contact you or your family member. **This telephone number is (603) 444-9597, or (800) 464-7731 x9597 (toll free in NH).** If you have any questions about the process or status of your complaint, please contact the Quality Services Department.

You may lodge a grievance with the State of New Hampshire's Ombudsman directly, regardless of whether you have first used the Littleton Regional Hospital's grievance process. Their contact information is:

Office of Ombudsman
NH Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301
(603) 271-6941
(800) 852-3345, ext. 6941
(603) 271-4632 Fax
(800) 735-2964 TDD Access Relay

Medicare beneficiaries may also lodge a grievance with the state's Quality Improvement Organization directly, regardless of whether you have first used Littleton Regional Healthcare's grievance process. Their contact information is:

Northeast Health Care Quality Foundation
15 Old Rollinsford Road, Suite 302
Dover, NH 03820
(800) 772-0151
(603) 749-1641
(603) 749-1195 Fax

Please contact the Quality Services Department at (603) 444-9597 if you have questions about the contents of this brochure.

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PATIENT RIGHTS AND RESPONSIBILITIES

Thank you for choosing Littleton Regional Healthcare for your health care needs. Littleton Regional Healthcare has always recognized the rights and individuality of each patient. The hospital believes that recognition of these rights contributes to more effective patient care and greater satisfaction for you and your physician. The hospital believes that you also must recognize your responsibilities as they relate to the hospital, your care, treatment, and your health.

LITTLETON 
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