

Patient Bill of Rights

When you are admitted to the hospital you do not lose your rights as an individual. We want you to know your rights, so we are listing them here.

AS A PATIENT YOU HAVE THE RIGHT:

- To be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
- To be informed fully of your rights and responsibilities, and to know that hospital rules and regulations apply to your conduct.
- To be informed in writing, in a language you can understand, of the facility's daily rate and which services are included in the daily rate.
- To be fully informed by a health care provider of his or her 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, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. And to have Advance Directives such as a Durable Power of Attorney for Healthcare, and to have hospital staff and medical staff comply with these directives when you are unable to direct your own care.
- To be transferred or discharged after appropriate discharge planning for medical reasons, for your welfare or that of others.
- To be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
- To manage your personal financial affairs, and not be required to perform services for the facility.
- To be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.
- To be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. Restraints may not be used as a means of coercion, discipline, convenience or retaliation by staff.
- To be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it.
- To 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.
- To be free to communicate with, associate with and meet privately with anyone, including family and resident groups, unless doing so would infringe upon the rights of other patients. You may send and receive unopened personal mail, and you have the right to have regular reasonable access to the unmonitored use of a telephone.
- To be free to participate in activities of any social, religious and community groups, unless doing so would infringe upon the rights of other patients.
- To be free to retain and use personal clothing and possessions as space permits provided it does not infringe upon the rights of other patients.
- To be entitled to privacy and to share a room with your spouse/significant other if you are both patients in the facility and consent, unless your doctor determines that doing so is medically contraindicated. You may reside and receive services with reasonable accommodation of individual needs and preferences, except when doing so endangers your health and safety, or that of others.
- To not be denied appropriate care on the basis of race, religion, color, national origin, sex, gender identity, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.
- To receive treatment from your physician(s) of choice, subject to our facility's reasonable rules and regulations regarding credentialing.
- To be entitled to have the patient's parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.
- To be entitled to receive representatives of approved organizations as provided in RSA 151:28.
- To not be denied admission to the facility based on Medicaid as a source of payment when there is an available space in the facility, and to have access to any provider in your insurance plan network, including referral to another provider or facility, subject to the terms and conditions of your insurance plan, pursuant to RSA 420-J:8, XIV.

PATIENT/RESIDENT INFORMATION ON COMPLAINTS AND GRIEVANCES

As a patient/resident at Littleton Regional Healthcare, you have the right to submit complaints and grievances related to our services. If you are a patient/resident in the hospital, you can read about these rights in the brochure: "Patient Rights and Responsibilities." If you are getting outpatient services here (without admission to a room), you should know that these rights also apply to you.

If for any reason you are not satisfied with any aspect of your visit or stay, we appreciate the opportunity to address your complaint or grievance directly. Please contact:

Littleton Regional Healthcare
Attn: Quality Services Department
600 St. Johnsbury Road, Littleton, NH 03561
Tel: 603.444.9597
Toll Free: 800.464.7731, ex. 9597
TTY/TDD: 603.444.5328
Fax: 603.444.0443
QualityServiceDept@lrhcares.org

If you prefer, you may lodge a grievance with the State of New Hampshire's Ombudsman directly, regardless of whether you have first used our grievance process. Please contact:

NH Department of Health and Human Services
Health Facility Administration
129 Pleasant Street, Concord, NH 03301
603.271.9040 or 800.852.3345
or:
Office of Ombudsman - Long Term Care
NH Department of Health & Human Services
129 Pleasant Street, Concord, NH 03301
Tel: 603.271.4375 | Toll Free: 800.442.5640
Fax: 603.271.5574
TDD: 800.735.2964

If you are a Medicare beneficiary, you may also lodge a grievance with the local Quality Improvement Organization directly, regardless of whether you have first used our grievance process. Please contact:

KEPRO-Quality Innovation Network
5700 Lombardo Center Drive, Suite 100
Seven Hills, OH 44131
Tel: 888.319.8452
TTY: 855.843.4776

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