

## If you have a complaint about your care:

If you or your representative have concerns about quality of care, we encourage you to notify the patient's care team, the department or clinic manager, or the hospital nursing supervisor immediately. Communicating your concerns can help resolve issues quickly and effectively.

If the issue is not satisfactorily resolved and you wish to file a formal grievance while receiving care in or after discharge from a Providence Oregon hospital, you can contact the customer care team by phone at 503-962-1275 or 1-855-360-3463, or by mail at Customer Care Team, 1500 Division St., Oregon City, OR 97045.

If you wish to file a grievance at any point while receiving care in a Providence Medical Group clinic in Oregon, you can contact the PMG quality and safety team by phone at 503-893-6958 or by mail at PMG Quality and Safety, 4400 NE Halsey St., Bldg. 2, Suite 490, Portland, OR 97213.

You may also file a grievance directly with the following agencies for concerns regarding quality of care or premature hospital discharge.

## For Medicare patients:

### KEPRO

Rock Run Center  
5700 Lombardo Center, Suite 100  
Seven Hills, Ohio 44131  
Toll free: 888-305-6759  
TTY: 855-843-4776

## For all patients:

### Health Care Regulation and Quality Improvement

P.O. Box 14450  
Portland, OR 97293  
Phone: 971-673-0540  
Fax: 971-673-0556  
Email: mailbox.hclcl@state.or.us

### OUR MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

### OUR VALUES

Compassion, Dignity, Justice,  
Excellence, Integrity

The public may contact The Joint Commission's Office of Quality and Patient Safety to report any concerns or register complaints about a Joint Commission accredited health care organization.

### Office of Quality and Patient Safety The Joint Commission

One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
Fax: 1-630-792-5636  
Email: patientsafetyreport@jointcommission.org

ProvidenceOregon.org

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意：如果您講中文，您可以免費獲得語言援助服務。請致電 888-311-9127 (TTY: 711)。

# Patient Rights and Responsibilities



## As a patient, you have the right to:

1. Receive compassionate, respectful care in a safe setting.
2. Be well informed about your condition, possible treatments and the likely outcomes of these treatments.
3. Have a family member or chosen representative and your doctor notified promptly of your admission to the hospital.
4. Receive visitors of your choosing, with the understanding that visitation may be limited in specific hospital areas and to maintain the best care.
5. Allow a family friend or other individual to be present with you for emotional support and assistance with transitions of care, and to provide advocacy for you during the course of your stay.
6. Designate a support person who has your authority to exercise all of the patient rights concerning your visitors.
7. Refuse to consent to a person visiting, or withdraw consent to see a visitor.
8. Participate in developing and implementing a plan for your care.
9. Have your pain assessed and managed appropriately.
10. Accept or refuse a treatment, as permitted by law.
11. Choose whether to participate in research efforts.
12. Prepare an advance directive and be informed of Providence's ability to implement it.
13. Receive care in a safe setting, free from abuse or harassment.



14. Be free from restraint, unless it is necessary for safety reasons.
15. Receive support from spiritual care staff if you wish.
16. Be shown consideration for your personal privacy.
17. Participate in discussion of ethical issues that may arise during your treatment.
18. Review your medical records and have the information explained to you.
19. Know that your personal and medical information will be treated as confidential.
20. Have an in-person, telephonic or video interpreter if your language is not English, or if you are blind, deaf or hard of hearing, or if you require access to special needs equipment.
21. Express concerns to your care team or department or clinic management. If not resolved, you have the right to file a grievance.
22. Receive a bill that you can reasonably expect to understand.
23. Be informed about how to apply for financial assistance to help with your medical bills.

## As a patient, you have the responsibility to:

1. Provide accurate and complete information about your health problems and medical history.
2. Ask questions when you do not understand information or instructions.
3. Tell your caregivers if you have any concerns about your care.
4. Tell your caregivers if you have any pain.
5. Let your doctor know if you believe you cannot follow through with your treatment.
6. Recognize that refusing treatment or instructions may do harm to your health.
7. Be considerate, along with your visitors, of care providers, staff members and other patients.
8. Provide insurance information and, when necessary, make arrangements for paying your bills.
9. Inform staff of any financial hardship so you can receive information about financial assistance.
10. Recognize the effect that your lifestyle has on your health.
11. Leave your personal items at home, including your wallet, purse, cash, credit cards, ID and jewelry (including rings and body piercings), or deposit them in the hospital safe.