

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-866-895-7374](tel:1-866-895-7374)
- 注意: 如果您使用繁體中文, 您可以免費獲得語言協助服務。請致電 1-866-895-7374
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-895-7374 (رقم هاتف الصم والبكم. 1-7374-895-866)
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-895-7374 (телетайп: 1-866-895-7374).
- DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-866-895-7374 irtibat numaralarını arayın.
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-895-7374.
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-895-7374 번으로 전화해 주십시오.
- Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-895-7374.
- UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-895-7374.
- PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-895-7374.
- UPOZORNĚNÍ: Pokud mluvíte česky, můžete využít bezplatnou jazykovou podporu. Volejte na číslo 1-866-895-7374.
- ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-895-7374.
- MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-866-895-7374.
- ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-866-895-7374.
- ATTENZIONE: Se parlate italiano, potete usufruire di servizi di assistenza linguistica totalmente gratuiti. Chiamate il numero 1-866-895-7374.

### As a Patient, you are Responsible to:

- Share accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health, including advance directives.
- Cooperate in your care and ask questions if you do not understand.
- Actively participate in your care and follow instructions and medical orders.
- Respect the needs, rights and property of other patients, family members and care givers.
- Have family members or personal representatives authorize care if you are unable to communicate.
- Take only the drugs prescribed by your health care team and promote the healing process by refraining from alcohol or toxic substances during your care.
- Know the extent of your insurance coverage and insurance requirements such as pre-authorization, deductibles and copayments.
- Meet your financial obligations to our organization.
- Refrains from physical, verbal, or otherwise abusive, discriminatory, or harassing behavior towards other patients, visitors and hospital personnel.

#### **Non-Discrimination**

Central Montana Medical Center is a not-for-profit health care organization committed to providing care to all persons regardless of race, creed, color, gender, age, national origin, disability, HIV status, sexual orientation, or gender identity/expression. We accept persons covered by Medicaid or Medicare and we offer substantial charity care and financial assistance to those in financial need.

If this facility provides emergency services, it must not deny those services to a person who needs them but cannot pay for them.

If you believe you have been discriminated against by CMMC, contact Patient Relations at 406-535-6974 or the Office for Civil Rights at 1-800-368-1019, TTY 1-800-325-0778, or [www.hhs.gov/ocr](http://www.hhs.gov/ocr).



**CENTRAL MONTANA  
MEDICAL CENTER**

# *Patient Rights & Responsibilities*

**We consider you a partner in your healthcare.**

*When you are well-informed, participate in treatment decisions, and communicate openly with your physicians and other health professionals, you can help make your care as effective as possible. We respect each patient's personal preference and values.*

**408 Wendell Avenue  
Lewistown MT 59457  
406-535-7711**

# As a patient or parent/legal guardian of a minor patient, you deserve...

## **General Rights / Decision Making**

- To participate in the decisions, development and implementation of your plan of care, including discharge planning and any ethical issues that arise in the provision of your care.
- To receive all medical information regarding health status, including alternatives and risks.
- To give informed consent prior to the start of any tests, surgery, procedure or treatment. You may also withdraw your consent at any time.
- To request a second opinion.
- To accept, refuse or withdraw from clinical research.
- To choose or change your health care provider.
- To formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with your directives. If you have a written advance directive, please provide a copy to the hospital, your doctor and your family or designated representative. We can also provide assistance with advance directives.
- To have a family member or representative of your choice and your own physician, notified promptly of your admission to the hospital.
- To be informed of your rights, before patient care is furnished or discontinued whenever possible, and of any hospital rules and regulations applicable to your conduct as a patient.
- To exercise cultural and spiritual beliefs that do not interfere with the well being of others or the planned course for your medical therapy.
- To receive the best pain management that can be safely achieved. This includes education about pertinent pain management principles, options, risks and benefits.
- To know who is primarily responsible for your care including the name, identity, and professional status of all persons providing your services. Care will be provided by competent personnel.
- To receive complete and current information in a language you can understand. When it is not medically advisable to give such information, it will be made available to an appropriate person on your behalf.
- Access to an interpreter and/or special equipment to assist language needs.
- To be informed about any continuing healthcare requirements following discharge from the hospital.
- Receive evaluation, service and/or referral as indicated by the urgency of your situation. When medically indicated, you may be transferred to another facility only after having received complete information and explanation concerning the need for and alternatives to such a transfer.

## **Privacy and Safety**

- The right and dignity of personal privacy within the law.
- To be treated kindly and respectfully by all hospital personnel, be free of all forms of abuse or harassment and receive care in a safe setting.

## **Confidentiality of Patient Records**

- Confidentiality of your medical and billing records
- Access to your medical records, including current medical records, upon an oral or written request, in the format requested by you, if it is

readily producible in such format (including in an electronic format when such medical records are maintained electronically); or, if not, in a readable hard copy format or such other format as agreed to by the facility and you or your representative and within a reasonable time frame.

## **Restraints**

- To be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.
- The safe implementation of a restraint or seclusion by trained staff, if warranted.

## **Billing**

- A complete explanation of your bill should you request it.
- To speak with a financial counselor regarding your bill, insurance, copays and other means of payment.

## **Grievances**

- To voice a complaint to your health care provider without fear of reprisal. You should receive a timely response with the results of your complaint. To file a complaint, please call 406-535-6974. You can also contact:
  - Montana Department of Public Health and Human Services: 406-444-2037
  - U.S. Department of Health and Human Services: 1-800-633-4227