

Complaints regarding civil rights issues may be submitted to:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
OR

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F HHH Building
Washington, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)
<http://www.hhs.gov/ocr/office/file/index.html>

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

PATIENT RESPONSIBILITIES

Accurate information:

You have the responsibility to provide accurate and complete information, about past illnesses, hospitalizations, medications and other matters relevant to your medical history. You have the responsibility to report any changes in your condition to your health care providers. You are responsible for the outcomes and consequences if you do not cooperate with your care, service or treatment plan.

Participation:

You have the responsibility to ask questions when you do not understand your care and treatment. You have the responsibility to ask questions regarding the service(s), or what is expected of you.

Condition of Treatment:

You have the responsibility to participate in your care in order to make informed choices. If you do not follow the treatment plan agreed upon, you have the responsibility to understand the consequences of your actions. You have the responsibility to notify your physician or other health care providers if the designated treatment plans cannot be followed.

Consideration and Respect:

You, your family and visitors have the responsibility to be caring to others by respecting the rights, privacy and feelings of staff and other patients. You, your family and visitors have the responsibility to keep from creating a disruption in clinical operations. You, your family and visitors have the responsibility to follow all facility rules with regard to conduct, security, and use of facility property.

Financial Fulfillment:

You have the responsibility to provide insurance information in a complete and timely manner. You have the responsibility to pay your bills as required.

This patient bill of rights is not a legal document. It is a statement of rights and responsibilities presented in the interest of better patient care. We appreciate your willingness to speak to your physician and health care providers about your health care needs. We encourage you to discuss any issues, knowing that you can do so free of interference, discrimination, restraint or reprisal from our organizations.

**HAWAII
PACIFIC
HEALTH**

**KAPI'OLANI
PALI MOMI
STRAUB
WILCOX**

CREATING A HEALTHIER HAWAII

PATIENT RIGHTS & RESPONSIBILITIES

As a patient you have Rights and Responsibilities. We encourage you to understand and exercise your Rights. If you need help in understanding your rights, please let us know.

PATIENT RIGHTS

Respectful and Supportive Care:

You have the right to kind and respectful care in a safe and secure environment free from abuse, neglect, harassment, humiliation and exploitation. You have the right to receive supportive care that respects your psychological, social, emotional, spiritual, personal values, beliefs, preferences and cultural needs within the extent of the law. You have the right to your privacy being respected within the limitations of the facility. You have the right to be treated with dignity and respect by all members of our staff. You have the right to expect our staff will uphold these rights.

Nondiscrimination:

The facility does not discriminate on the basis of race, color, national origin, sex, age or disability in providing health care services to its patients. You have the right to exercise these rights regardless of your race, color, physical or mental disability, ethnicity, gender, gender identity or expression, sexual orientation, creed, age, religion or national origin, cultural or educational background, economic or health status, English proficiency or reading skills. The effectiveness and safety of care, treatment and services does not depend on your ability to pay.

Right to Treatment:

You have the right to access care as long as it is within the facility's capacity. You have the right to know if the facility is not able to provide care for you in the appropriate setting, and of other options for care.

Information about Treatment:

You or your representative has the right to participate in developing and making informed decisions about your care. You have the right to be informed of the outcomes of your care, including unanticipated outcomes. You have a right to know the names and roles of the providers responsible for your care, treatment and services. You have the right to include or exclude any or all of your family members from participating in your care. You also have the right to request that either information be given, or that no information be given to your physician, family and others regarding your admission.

Participation in Care Planning:

You have the right to make informed decisions regarding your care and health status. You have the right to be involved in care planning and treatment. You have the right to discuss the risks, benefits, and alternatives in terms you can understand, except in emergency situations. You have the right to refuse treatment including life-sustaining treatment to the extent permitted by law, and to be informed of the consequences of your decisions. You have the right to be involved in post discharge decisions.

Cultural and Religious Beliefs:

You have the right to express your spiritual and cultural beliefs as long as these do not harm others or interfere with treatment to the extent allowable by law. You have the right to receive pastoral care and other spiritual services as requested.

Pain Management:

You have the right to an appropriate assessment and management of pain as an important part of your care plan.

Advance Directives:

You have the right to create an Advance Directive (such as a living will or durable power of attorney for health care). The facility will honor your wishes to the extent permitted by law and facility policy. You also have the right to designate a surrogate decision maker.

Restraints:

You have the right to be free from chemical or physical restraint. You have a right to be free from seclusion as a means of convenience, discipline, coercion, or retaliation. In an emergency or when a physician authorizes it, restraints may be used to protect you or others from injury. If restraints are indicated, the least restrictive method will be used.

Research:

You have the right to consent or decline to participate in any research project. You also have the right to have it fully explained prior to consent. If you decline to participate, you will continue to receive appropriate care.

Billing Information:

You have the right to request a copy of your bill. You also have the right to question and receive an explanation of your charges. You have the right to financial assistance which is available for those individuals who are uninsured or underinsured or who are experiencing financial hardship. Eligible patients would be those who have limited financial resources to pay for an individual insurance policy and who do not qualify for Hawaii Medicaid. Your inability to pay should not prevent you from receiving care for emergency medical services. To learn more about our Financial Assistance Program, you can call 1-866-266-3935 or talk with financial counselors located at each facility.

Communication:

You have the right to receive information in a way that you can understand. Free language services will be provided for patients whose primary language is not English, such as qualified interpreter services and/or information written in other languages. You have the right to interpreter services if you have a vision, hearing, speech, language or cognitive impairment. These free services include the use of assistive devices or sign language interpretation. Should any form of communication be withheld, including visitors, mail,

or telephone calls, you or your legal representative will be involved. To request auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, or language assistance services, including translated documents and oral interpretation, speak with one of your health care providers.

Confidentiality of Health/Medical Information:

You have the right to confidentiality of your health information. For further information, please refer to our "Notice of Privacy Practices" brochure.

Visitation Rights:

You have the right to consent to receive visitors of your choice including your spouse or domestic partner (including a same-sex domestic partner), another family member, or friend. You also have the right to deny or withdraw your consent at any time. Visitation will not be restricted, limited or denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. You have the right to be informed of any clinically necessary or reasonable restriction or limitation that the facility may need to place on visitation rights.

Protective Services:

You have the right to access protective services. The names, address and telephone numbers of protective agencies will be provided upon request.

Ethical Issues/Care at the End of Life:

You have the right to be informed and involved with any ethical questions during the course of your care. You also have the right to be involved in any issues dealing with care at the end of life. You may speak to your physician, social worker, case manager or Chaplain.

Concerns and Complaints:

You have the right to discuss concerns, complaints or file formal grievances about your medical care and treatment. Additionally, if you believe that the facility has discriminated on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the Patient Relations Coordinator:

Kapi'olani Medical Center for Women and Children and Kapi'olani Medical Specialists
1319 Punahou Street
Honolulu, HI 96826
808-983-6067

Wilcox Medical Center and Kaua'i Medical Clinic
3-3420 Kuhio Highway
Lihue, HI 96766
808-245-1261

Pali Momi Medical Center
98-1079 Moanalua Road
Aiea, HI 96701
808-485-4330

Straub Medical Center
888 S. King Street
Honolulu, HI 96813
808- 522-4765

In addition, you have the right to file a grievance with:

State Department of Health Office of Healthcare Assurance
601 Kamokila Blvd. Rm. 361
Kapolei, HI 96707
Phone: 692-7420

The Joint Commission
One Renaissance Blvd
Oakbrook Terrace, IL 60181
Phone: 1-800-994-6610
E-Mail: complaint@jointcommission.org