THE UNIVERSITY OF KANSAS HEALTH SYSTEM

DOWNTIME AMBULATORY PATIENT RIGHTS

Do not write in this box

DT5259
AMB Patient Rights

Name: _____

DOB: _____

MRN: _____

The University of Kansas Hospital is committed to respecting and protecting the rights of each patient. Honoring these rights is an important part of caring for you. In providing care, treatment, and services, we will not discriminate based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

We will respond to your reasonable requests for treatment and to your health care needs. Our response will depend on both the urgency of your situation and on our ability to provide the kind of treatment you may require.

We encourage you to participate in decisions about your health care. By talking with your caregivers and actively participating in planning your care, you will help to ensure that the care you receive will respect your dignity and be in keeping with your desires and values.

As our patient, you have the right to:

- Be treated in a dignified and respectful manner.
- Respect for your cultural, personal, and spiritual values, beliefs, and preferences.
- Receive care in a safe setting, including being free from neglect, harassment, exploitation, and verbal, mental, physical, and sexual abuse.
- 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.
- Privacy.
- Participate in the development and implementation of your plan of care, including discharge and pain management plan.
- Accept or refuse any care, treatment, or services and to be informed of the risks of any such refusal.
- Consent to or refuse participation in research at any time. The hospital protects the patient's rights during research, investigation, and clinical trials.
- Receive information about the individual(s) responsible for, as well as those providing, your care, treatment, and services.
- Information communicated in a manner tailored to your age, language, and ability to understand.
- Formulate advance treatment directives and to expect that these directives will be honored.
- Have a family member and/ or personal representative and your own physician promptly notified when you are admitted to the hospital.
- Appoint a surrogate decision-maker to make health care decisions on your behalf in the event you lose the capacity to make decisions.
- Have a family member, friend, or other individual to be present with you for emotional support during your visit.
- Choose who may visit you during your stay, to change your mind about who may visit, and to an explanation of the circumstances under which we may restrict visiting.
- Confidentiality of your clinical records.
- Access, request amendment to, or obtain information on disclosures of your health information, in accordance with law and regulation, through oral or written request.
- Be informed of available resources to voice complaints or grievances regarding your care, to have those complaints or grievances reviewed, and when possible, resolved without fear of retaliation.

If you are unable to exercise these rights, your guardian, next of kin, or legally authorized surrogate has the right to exercise these rights on your behalf.

If you need assistance in resolving concerns about care you received at our Health System, contact Patient Relations, 913-588-1290. You may also choose to directly contact the following outside organizations: Kansas Department of Health and Environment Hotline: 800-842-0078 or The Joint Commission at jointcommission.org.

I acknowledge I have received and understand my rights as a patient at the University of Kansas Health System.

_____ _____

Print name of person with authority to consent | Patient or Legal Representative Signature

_____ _____ _____

Relationship to patient if not the patient | Date | Time