As a patient or representative of a patient at Ochsner Health, you have certain rights and responsibilities, which we are committed to honoring and helping you achieve. When you, like your healthcare team, are aware of these rights and responsibilities, you can contribute to the effectiveness of your or your family member’s treatment and to the quality of patient care.

As a patient or patient representative, you are entitled to:

• **Non-Discriminatory Treatment.** You have the right to receive treatment without regard to age, race, gender, ethnicity, religion, culture, language, national origin, disability, ability to pay, sexual orientation or gender identity or expression.

  **What this means:** You have the right to the same treatment as anyone else, regardless of your
  - Age
  - Race
  - Gender
  - Ethnicity
  - Religion
  - Culture
  - Language
  - National origin
  - Disability
  - Ability to pay
  - Sexual orientation
  - Gender identity or expression

Anyone visiting or accompanying an Ochsner patient is entitled to the same non-discriminatory treatment as our patients.

• **Timely Care in a Safe Environment.** You have the right to timely, attentive care in a safe setting and the right to a response to requests for service, within the hospital’s capacity and in accordance with the urgency of need.

  **What this means:** You have the right to receive care in a reasonable time and in a safe setting. If you request service, you have the right to a timely response from your provider. A timely response takes into consideration your provider’s capacity as well as your needs and the needs of others.

• **Dignified, Respectful Care.** You have the right to considerate and respectful care that preserves your psychosocial, spiritual, and cultural values and beliefs and contributes to a positive self-image.

  **What this means:** You have the right to be treated with dignity, compassion and respect. Considerate, respectful care preserves your spiritual or cultural values and beliefs. It contributes to a positive self-image and takes into account your mental and emotional wellbeing.

• **Informed Care.** You have the right to be informed, in understandable terms and in a manner tailored to your particular needs and capacity to understand, of your health status, diagnosis, treatment, prognosis and plans for discharge and followup care. This right includes the right to be informed, when appropriate, about the outcomes of care, including unanticipated outcomes.

  **What this means:** You have the right to information you can understand about
  - Your health and overall condition
  - Your diagnosis
  - Your treatment
  - The likely course or outcome of your condition and care
  - When and how you will be discharged from the hospital
  - Your follow up care

It also means you have the right to be told if the outcome of your care is not what you or your care team expected. You must be told of the possible consequences to your health if you refuse treatment or if you seek alternatives to treatment.

• **Decision-Making.** You, in collaboration with your healthcare provider, have the right to make decisions about your care, to participate in the development and implementation of the plan of care, discharge plan, and effective pain management. This right includes the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such action.
What this means: You have the right to make decisions about your care with your provider. You also have the right to be part of making and carrying out any plans for your care, discharge or pain management. You also have the right to refuse treatment to the extent the law allows. And you must be told of any possible consequence to your health if you refuse treatment.

Identity and Relationships of your Healthcare Providers. You have the right to know by name the people responsible for the coordination of care and the identities of others involved in providing your care. You also have the right to obtain information as to any professional relationships among individuals treating the patient, as well as the relationship between the hospital and other healthcare and educational institutions which may influence the patient’s care.

What this means: You have the right to know who’s taking care of you and who is making decisions about your care. You also have the right to know if there are any professional relationships between your providers that could influence your care. And you have the right to know if there are any relationships between the hospital and other institutions or organizations that could affect your care.

Privacy and Confidentiality. Ochsner works hard to ensure your privacy stays protected to the full extent of the law. You have the right to personal privacy and confidentiality in treatment discussion, consultation, examination and care. All communications and records pertaining to your care are to be treated as confidential by the hospital, except in cases such as suspected abuse or public health hazards, or other uses and exceptions permitted or required by law or regulation. You have the right to request a copy of Ochsner Health’s complete Notice of Privacy Practices which further explains these possible uses of your information.

What this means: Your private information is to be kept private. This includes any conversations you have with your providers. It also includes conversations or communications between providers about your care. And it means you have a right to privacy and confidentiality when you’re being examined or treated. There are exceptions to this rule. For example, the law requires the hospital to report any suspected abuse or any threat to public health.

You have the right to ask for a copy of Ochsner Health’s complete Notice of Privacy Practices.

Release of Information. You have the right to review your medical records and to request amendments of the records, in accordance with Ochsner Health policy. You have the right to request restrictions on the uses and disclosures of your health information. You have the right to request an accounting of to whom Ochsner Health has disclosed your health information.

What this means: You can ask Ochsner to limit how your health information is used and who Ochsner shares it with. You can also request a list of those outside Ochsner that have received your information.

Support Givers and Visitation. You have the right to the presence of a support giver during the hospital stay and the right of visitation, unless this would interfere with the well-being, rights or safety of others or is not medically indicated in the patient’s care. The support giver may or may not be your surrogate decision-maker or legally authorized representative. You have the right to designate the visitor(s) of your choice and to receive these designated visitors, including, but not limited to, a different-sex or same-sex spouse, domestic partner, significant other or parent and friends. Ochsner Health will not deny visitation privileges based on race, religion, ethnicity, language, culture, size, gender, sexual orientation, gender identity or expression, socioeconomic status, physical or mental ability or disability. You have the right to withdraw or deny consent at any time.

What this means: You are entitled to have friends or family support you while you’re in the hospital. Support can include those making decisions for you if you’re unable, such as someone with medical power of attorney, or a lawyer. It also means you are entitled to visitors. You can decide who those visitors are. You may change your mind about visitors at any time. The only exception to this right is if visitors would compromise your care, your condition, or anyone’s safety.

Patient Representative. You have the right to designate an individual as your representative, who will be involved, to the extent the patient wishes, in the development and implementation of your plan of care. The representative will be notified promptly of your admission to the hospital.

What this means: If you need it, you can designate someone to act and speak on your behalf. This person can participate in making and carrying out your care plan. They will be notified right away if you are admitted to the hospital.
• **Advance Directives.** You have the right to present an advance directive, such as a living will or durable power of attorney for health care, concerning your treatment in the event you become incapacitated. You have the right to expect that Ochsner Health will honor that directive, to the extent permitted by law.

*What this means:* You are entitled to decide in advance how you wish to be cared for if you’re unable to do so yourself when you need it. These decisions are often written down and shared with family members or your provider. These documents are referred to as advance directives. As an Ochsner Health patient, you have the right to expect Ochsner to abide by your wishes to the extent the law allows.

• **Bioethics.** You have the right to participate in decisions regarding ethical issues surrounding your care.

*What this means:* If there are ethical questions about your care, you have a right to participate in any decisions. It also means that any person you designate also has the right to be part of these decisions.

• **Clinical Investigation.** You have the right to know if your physician or healthcare provider wishes to include clinical investigation as a part of care, to have those studies fully explained prior to treatment, and to be able to consent or refuse to participate in any such treatment.

*What this means:* If any of your providers wish to include you in a research study or clinical trial, you have the right to decide whether to do so. You also have the right to fully understand all details of the study or treatment.

• **Pastoral or Spiritual Care.** You have the right to request or refuse pastoral or other spiritual services.

• **Restraints.** You have the right to receive care in the absence of physical or chemical restraints, except where necessary from a medical or safety standpoint.

*What this means:* You are entitled to receive care without being physically restrained or given drugs to calm you. The only exception is if your movements will endanger yourself or others.

• **Interpretation.** You have the right to the following: free interpretation services if you do not speak English and alternative communication techniques if you are hearing impaired or vision-impaired.

*What this means:* You have the right to a trustworthy person who speaks your language and can translate for you effectively, for free. If your hearing or vision are limited, you have the right to communication that works for you.

• **Billing Transparency.** You have the right to information about charges and available payment methods before services are rendered and also the right to examine and receive an explanation of your hospital bill, regardless of the source of payment.

*What this means:* You have the right to know in advance what your care will cost and what your payment options are. You also have the right to see the details of your bill and have the explained to you. These things are true whether you have insurance or not.

• **Patient Complaints.** You have the right to express a concern or complaint to your health care providers and to expect that such expression will not compromise care or future access to care. You have the right, if you believe that your rights have been violated, to file or have a designee file a complaint or grievance with the appropriate Patient & Provider Advocacy department by calling **1-844-959-HEAR (4327)**.

*What this means:* You are entitled to complain or express your concerns without it ever impacting your care. Complaints or concerns will not hinder your ability to receive care in the future either.

Grievances may also be lodged with the Louisiana Department of Health and Hospitals (866) 280- 7737, Mississippi Department of Health at (866) 227-7308 or with the Joint Commission [www.jointcommission.org](http://www.jointcommission.org).
As a patient or patient representative, you have the following responsibilities:

- **Strive to Understand.** Ask questions about specific problems and request information when you do not understand your illness or treatment.

- **Tell Us.** Give accurate and complete reports about your health.

- **Comply.** Follow the treatment plan set out by your providers and caregivers. You may cause your health to become worse if you refuse treatment or do not follow the care plan. Ochsner Health has Zero Tolerance for any acts of aggression.

- **Be Considerate.** Consider the rights of all hospital personnel and other patients. Loud noise, a big crowd of visitors, or smoking can impact others’ care. They can also impact hospital employees’ ability to do their jobs and provide care.

- **Be Respectful.** Respect hospital property and the property of other patients. A cooperative relationship with your provider and care team will help everyone meet the goal of bringing you healing and comfort.

- **Follow Policies.** Follow all hospital policies affecting patient care and conduct.

- **Advance Directives.** Provide advance directives (Living Will or Healthcare Power of Attorney) if you have one.

- **Billing.** Provide accurate information to ensure hospital bills are processed correctly. Make payment arrangements when necessary. Pay your hospital bills promptly.