

# *Johnson County Hospital*

202 High Street      Box 599      Tecumseh, Nebraska 68450  
(402) 335-3361

## **RIGHTS AND RESPONSIBILITIES**

As a patient of Johnson County Hospital, it is important to us that you are aware of your rights and responsibilities.

### **You have the right to:**

- Notification of your rights.
- Exercise your rights in regard to your care.
- Privacy and safety, including the freedom to be free from forms of abuse or harassment.
- Confidentiality of your records and access to your records in a reasonable period of time.
- Freedom from restraints used in the provision of acute medical and surgical care unless clinically necessary
- Freedom from seclusion and restraints used in behavioral management unless clinically necessary.
- Visitors of your choice, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same sex domestic partner) or other type of visitor, as well as their right to withdraw such consent to visitation at any time. Visitation privileges will not be denied on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity or disability. Visitors may remain as long as their behaviors are respectful and conducive to a healing environment.

### **Your responsibilities include:**

- Giving complete accurate information about your medical history.
- Being considerate of the right and privacy of others.
- Providing a copy of your written advance directive.
- Reporting any significant changes in your condition to your nurse, physician or other caregiver.
- Cooperating with examinations, test, nursing care and treatment once you understand their purposes and have granted permission for them.
- Providing complete and accurate financial and demographic information and ensuring that your bill is paid promptly or that arrangements are made for others to pay it.

As a patient at Johnson County Hospital, you have the right to obtain and respond to any questions or concerns that may arise regarding your care.

### **Patient Grievance Process**

Johnson County Hospital urges respect for human dignity including respecting your rights as a patient in our hospital. You have received a list of patient rights. If you feel that any of your rights may have been violated, you may initiate a formal grievance. You may notify the Administrator at 402-335-3361 between the hours of 8:00 am to 5:00 pm Monday through Friday, or in writing.

A hospital representative will contact you upon receipt of the grievance, and will investigate the complaint. A written response will be sent to you within 30-45 days upon receipt of your grievance, with the results of the process. The letter will also have the name of the contact person for any further correspondence.

Please feel free to call 402-335-3361 during the day for assistance.