

## Patient Rights and Responsibilities

Little River Medical Center has adopted the following Patient Rights and Responsibilities. The health and well-being of patients is dependent on a collaborative effort between patients and their providers in an open and respectful manner. Patients are expected to understand their rights and assume certain responsibilities.

### **Patient's Rights:**

*You have the right to:*

#### **Treatment**

- Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.
- Receive complete information about your diagnosis, care plan, and prognosis.
- Receive emergency care if you need it.
- Participate in all decisions about your treatment and care plan.
- Refuse treatment or refuse to take part in research.
- Receive continuity of care by your provider coordinating your care with other health care professionals when necessary.
- Change providers if other qualified providers are available and select a pharmacy of your choice.

#### **Privacy and Confidentiality**

- Privacy while in the medical center and confidentiality of all information and records regarding your care.
- Review your health records without charge and obtain a copy of your health record for which the medical center can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

#### **Mutual respect and conduct**

- Receive considerate and respectful care in a clean and safe environment.

#### **Communication and Satisfaction**

- Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- Seek assistance, such as a wheelchair or interpreter, which makes obtaining care easier.
- Express any complaints or concerns to LRMC's Administration by calling 843-663-8306.

### **Patient's Responsibilities:**

*Please assume the following responsibilities:*

#### **Patient History**

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, allergies, and other matters relating to your health.
- Report unexpected changes in your condition to the provider or other professionals who are responsible for your care.

#### **Understanding your care**

- Honestly indicate whether you clearly understand your care plan and what your role is in the plan.
- Follow the care plan recommended by your health care team.
- If you do not understand or agree with your care plan, discuss with your provider or other health care professional responsible for your care.
- Keep your appointments or call to cancel or reschedule your appointment.

#### **Mutual respect and conduct**

- Follow rules and regulations of the medical center regarding patient care and conduct (Examples: No smoking, No weapons, etc.).
- Be considerate of the rights of other patients and medical center personnel.
- Be respectful and use appropriate language and behavior with medical center personnel, other patients, and visitors.

#### **Financial obligations**

- Ensure that the financial obligations for your care are promptly fulfilled, regardless of the type of insurance or other health care coverage you have.
- Notify LRMC if you are concerned about financial difficulties with fees and payments so that other payment arrangements and/or financial assistance programs can be explored.

Printed Name of Patient/Guardian

Signature of Patient/Guardian

Date