

or not following the physician's instructions.

**Make any concerns, complaints or grievances known** to your care provider so they may be resolved in a timely manner by either the immediate healthcare provider or by medical center administration.

**Show respect** for other patients by following the medical center's rules to assist in the control of noise, smoking and visitation.

**Follow medical center rules** and regulations affecting patient care and conduct.

**Be considerate** of the property of other persons and the medical center.

Treat your physician and medical center staff in the same **courteous manner** that you expect your healthcare team to treat you.

**Notify** appropriate personnel if a language barrier exists or if any assistive devices are required so that these services can be secured.

**Provide** the medical center with a copy of your advance directives.

**Ensure** that financial obligations for healthcare are fulfilled as promptly as possible.

If you have **concerns regarding safety and quality of care**, please speak to your nurse or physician or ask for a patient feedback form. You may also ask to speak to the department manager or designee. Should you find that any concern or complaint goes unresolved, you may contact Ruby Valley Medical Center Patient Relations and/or the State Department of Health and Human Services with your complaint and/or grievance. You will be provided with the steps of the investigation, results and date of completion.

*\*This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84 and 91.*

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The Ruby Valley Medical Center is an equal opportunity provider and employer.



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## Patient's Rights & Responsibilities

### A Guide to Your Rights

As a patient at Ruby Valley Medical Center, you have important rights that ensure you receive the highest quality of healthcare. All of your rights also apply to any person that has legal responsibility to make decisions regarding your medical care. Every employee is committed to caring for you according to these standards.

*\*As a recipient of federal financial assistance, Ruby Valley Medical Center does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of sex, economic status, educational background, race, color, religion, ancestry, national origin, physical or mental disability, age, sexual orientation, gender identity or expression, or marital status, or the source of payment for care in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Ruby Valley Medical Center directly or through a contractor or any other entity with which Ruby Valley Medical Center arranges to carry out its programs and activities.*

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## ***You Have the Right To:***

Considerate and respectful care, to be made comfortable, and to have your cultural, psycho-social, spiritual and **personal values, preferences and beliefs** respected.

Have a family member (or other representative of your choosing) and your own physician **notified of your admission to the medical center** in a timely manner.

**Know the names** of the physicians, nurses and other healthcare professionals who are involved with your care and the role they play in your care.

Receive information regarding your health status, diagnosis, prognosis and course of treatment in terms that you can understand. **You have the right to participate** in the development and implementation of your care plan. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and foregoing or withdrawing life-sustaining treatment.

**Make decisions** regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give **informed consent**. Except in an emergency, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternative options for treatment and non-treatment and the risks and benefits of all options, and the name of the provider that will carry out the procedure or treatment. You may request or refuse treatment, to the extent permitted by law. However you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the **right to leave the medical center** even against medical advice to the extent permitted by law. You have the right to be informed of the medical consequences of any of these actions.

Be advised if the medical center/physician proposes to engage in or perform human experimentation/research affecting your care or treatment. You have the right to refuse to participate in such research projects.

**Reasonable responses** to any reasonable requests

made for service.

Appropriate assessment of **management of pain**.

Formulate an **advance directive**. This includes designating a person to make decisions for you in the event you become incapable of understanding a proposed treatment or are unable to communicate your wishes regarding care. Medical center staff and practitioners shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding your medical care on your behalf.

**Respect for personal privacy**. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. You have the right to be told the name and **reason for the presence of any individual involved in your care**. You have the right to have visitors leave prior to an examination and/or when treatment issues are being discussed. Privacy barriers will be used in all semi-private areas.

**Confidential treatment** of all communications and records pertaining to your care and stay in the medical center. Basic information that is included in our facility directory, such as your location within the medical center and your general condition may be released unless specifically prohibited in writing by you. Written permission shall be obtained before **medical records** are made available to anyone not directly concerned with your care, except as otherwise required or permitted by law.

**Access information** contained in our records within a reasonable time frame, except when not permitted by law.

Receive care in a **safe environment**, free from neglect, exploitation or sexual, emotional, verbal or physical abuse or harassment.

Be **free from restraints** of any form used as a means of coercion, discipline, convenience or retaliation by staff.

**Continuity of care** and to be provided with information regarding the plan of care and any continued healthcare requirements following your discharge and the identity of the persons providing

this care.

Know any **medical center rules** or policies that apply to your conduct while a patient.

Designate **visitors of your choosing** in accordance with the medical center visitation policy.

Examine and **receive explanation** of your medical center bill regardless of source of payment. You have the right to be **informed of any business relationships** between the medical center and any healthcare providers, institutions or businesses that may influence your treatment and care.

Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, physical or mental disability, age, sexual orientation, gender identity or expression, or marital status, or the **source of payment for care**.

Be satisfied with the medical care you receive. You have the right to **file a grievance and/or file a complaint** with the State Department of Health and Human Services and/or the medical center and be informed of the action taken. (See back page)

To be an **active participant** in your own medical care as long as your actions do not infringe upon the rights of other patients or upon the rights and responsibilities of the medical center.

## ***You Have the Responsibility To:***

**Provide accurate and complete information** regarding present complaints, past illnesses, hospitalizations, medication and other matters relating to your medical needs.

**Cooperate** with the treatment plan recommended by your physician, including instructions by nurses and allied health personnel as they facilitate the plan of care.

**Report** any unexpected changes in your condition or any difficulties or concerns you have as soon as possible.

**Understand** your illness and treatment; if you do not, request that additional explanation be provided.

**Accept full responsibility** when refusing treatment

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