

Information About Your Healthcare



Patient Rights And Responsibilities

As a UW Medicine patient, you have the following rights:

Patients have the right to be treated and cared for with dignity and respect.

Patients have the right to reasonable access to care and treatment and/or accommodations that are available or medically advisable regardless of one's race, color, creed, religion, sex, sexual orientation, gender identity, national origin, disability, age, status as a disabled veteran, having an advance directive or ability to pay for care.

Patients have the right to express their values and beliefs and to exercise spiritual and cultural beliefs that do not interfere with delivery of patient care and the well-being of others.

Patients have the right to care that is considerate and respectful of their cultural and personal values and beliefs, as well as their psychosocial values and preferences.

Patients have the right to reasonable access to an interpreter when they do not speak or understand the English language.

Patients have the right to a reasonably safe and secure environment.

Patients have the right to be free from all forms of abuse, neglect, exploitation or harassment.

Patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation. 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.

Patients, the family, including a registered domestic partner and/or their legally authorized decision-maker(s) have the right, in collaboration with their doctor, to be informed and make decisions involving their healthcare, including resolving problems with care, the right to accept medical care or to refuse treatment to the extent of the law and to be informed of the medical consequences of such refusal.

Patients have the right to be informed of outcomes of care, treatment and services, including unanticipated outcomes.

Patients have the right to access their own health information, request amendment to it, request and receive an accounting of disclosures about it, as permitted under applicable law.

Patients have the right to make complaints if they feel that their health information has been used or disclosed inappropriately.

Patients have the right to have a family member, including a registered domestic partner, surrogate decision-maker and their own doctor (if requested) notified promptly of their admission to the hospital.

Patients have the right to formulate advance directives about end-of-life decisions and mental health treatment and have the hospital follow those directives to the extent allowable by hospital policy, state and federal law.

Patients have the right to appoint a surrogate to make healthcare decisions on their behalf to the extent of the law.

Patients have the right to be fully informed of their healthcare needs and the alternatives for care when a hospital cannot provide the care a patient requests. If it is necessary and medically advisable, the patient may be transferred to an appropriate and acceptable facility.

Patients have the right to effective pain management. Pain will be assessed and managed as deemed medically appropriate.

Patients have the right to consideration for their personal privacy and confidentiality of information (examples: patients may request that communication about their health information be made available at alternative locations; request that their PHI not be shared with a previous provider; request that certain disclosures of their health information be restricted; or request to restrict disclosure of PHI about the patient to a health plan if the patient has self-paid in full prior to the service).

Patients have the right to know the name of the doctor and other practitioners who have primary responsibility for their care, and to know the identity and professional status of individuals responsible for authorizing and performing procedures and care.





Patients have the right to have reasonable access to people outside the medical center by means of visitors, and by verbal and written communication. Patients have the right, subject to their consent, to receive visitors they designate, including but not limited to a spouse, domestic partner, another family member, or a friend, and have the right to withdraw or deny such consent at any time. Such access is permitted so long as it does not interfere with the provision of patient care services and a reasonably safe and secure environment. Any restrictions on communication are fully explained to the patient and/or family.

Visitation privileges are not restricted, limited or denied on the basis of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, disability or age. All visitors enjoy full and equal visitation privileges consistent with patient preferences.

Patients have the right not to participate in investigative studies, and they will be informed of alternative care options.

Patients have the right to participate in ethical questions and concerns that arise in the course of their care. Patients or family members may request an ethics consultation regarding issues of conflict resolution, withholding resuscitative services, foregoing or withdrawing of life-sustaining treatment and participating in investigational studies or clinical trials, and other ethical concerns.

Patients have the right to have access to spiritual care.

Patients have the right to have access to a written statement that articulates the rights and responsibilities of patients. The statement is available in several languages specific to the populations served. If the patient cannot read, has special communication needs, or if the statement is not available in their language, an interpreter will be available.

Patients have the right to access protective services. Children or vulnerable adults who are unable to care for themselves have the right to protective

intervention by the appropriate agencies to correct hazardous living conditions, abuse, neglect or exploitation.

Patients have the right to make complaints about their care and receive a timely response according to established policy. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, retribution or unreasonable interruption of care, treatment and services.

Patients have the right to request and receive an itemized and detailed explanation of their bill for services rendered.

As a UW Medicine patient, you have the following responsibilities:

Patients have the responsibility to provide, to the best of their knowledge, accurate and complete information and to report any changes in their condition to their practitioner.

Patients have the responsibility to participate in discussion about, and to ask questions about, their plan of care.

Patients have the responsibility to inform the care team if they do not clearly understand a contemplated course of action and what is expected of them.

Patients have the responsibility of notifying their healthcare providers when a cultural situation exists concerning the healthcare process.

Patients are responsible for initiating and following through on recommended treatment plans. As active participants in their health care, patients or their caregivers are responsible for contacting their providers if they have questions or are unclear about the treatment plan, or why those next steps are critical toward achieving positive health outcomes.

Patients are responsible for their personal belongings. This includes, but is not limited to dentures, eyeglasses, crutches, wheelchairs and personal items such as jewelry. The medical center is not responsible if these items are damaged or misplaced while here.

Patients are responsible for the following rules and regulations affecting patient care and conduct:

- Patients may not disturb other patients.
- Patients may not disrupt or interfere with care provided to other patients and the operations of the medical center.
- Patients may not conduct any illegal activities on the premises of the medical center.
- Patients may not smoke or use tobacco products on the medical center campus.

Patient Rights and Responsibilities (cont.)

Patients may not verbally or physically assault staff, faculty or providers.

Patients are responsible for providing accurate personal identification information.

Patients are responsible for providing updated financial information and meeting any financial obligation to the hospital.

Patients are responsible for being considerate of the rights of other patients and medical center personnel. Threats, violence, disrespectful communication, or harassment of other patients or of any medical center staff member, for any reason, including because of an individual's race, color, creed, religion, sex, sexual orientation, gender identity or expression, ethnicity, national origin, disability, age or veteran or military status, or other aspect of difference will not be tolerated. This prohibition applies to the patient as well as their family members, representative and visitors. In addition, requests for changes of provider or other medical staff based on that individual's race, ethnicity, religion, sexual orientation, or gender identity will not be honored. Requests for provider or medical staff changes based on gender will be considered on a case-by-case basis and only based on extenuating circumstances.

Patients are responsible for informing the care team if they have special needs.

Patients are responsible for being respectful of the property of other persons and the medical center.

Patients are responsible for reporting any complaints or concerns to a member of their healthcare team, who will then contact appropriate staff.

Patient's Role

You and your family can partner with the healthcare team to ensure a safe and positive care experience by being involved and informed about your treatment. Research shows that patients who take part in decisions about their healthcare are more likely to have better outcomes. Some things you can do include:

1. **Prepare:** List your main concerns or questions before your visit, and bring them up at the beginning of the visit.
2. **Ask:** Speak up if you have any questions about your diagnosis, tests, treatments and follow-up.
3. **Repeat:** Summarize key points discussed during the visit.
4. **Take Action:** If barriers prevent you from following your doctor's recommendations, let your doctor know. Ask for written instructions, if needed.



If you have concerns or questions that are not addressed to your satisfaction, you or your family may speak directly to:

- The attending physician in charge
- The manager of the unit or clinic
- Patient and family liaisons, or
- Hospital administrators

Pain Management

Pain is a personal experience. Only you can describe how much and the type of pain you have. As a person with pain, you have the right to:

- Report your pain
- Have your healthcare team respond promptly and respectfully to your report of pain
- Take part in choices on how to manage your pain
- Receive information about pain treatment options
- Be referred to a pain specialist if your pain persists

We ask that you (or your family or care provider):

- Tell your doctor or nurse that you are in pain as soon as the pain begins
- Answer our questions about your pain so that we can better help you
- Ask about ways you can help us better manage your pain
- Tell us if your pain relief goals are not being met

Please talk to your healthcare team if you have other questions about your pain management.

Patient Billing

For questions about your bill or payment arrangements, you can reach Patient Financial Services at 206.744.3084 or toll-free at 1.877.780.1121 between the hours of 8 a.m. and 5 p.m., Monday through Friday.

For more detailed information about our billing practices, visit www.uwmedicine.org/billing



Patient Relations

Patient Relations representatives are available to assist you and your family by answering questions, addressing concerns and connecting you to resources and information at the hospital.

Separate Patient Relations teams work at each of our hospitals. For detailed contact information by hospital, www.uwmedicine.org/uw-medical-center/patient-resources/resolving-complaint

Harborview Medical Center Patient Relations

325 9th Avenue, Box 359942

Seattle, WA 98104-2499

Telephone: 206.744.5000

Fax: 206.744.4114

Email: comment@uw.edu

University of Washington Medical Center – Montlake and Northwest Campus Patient Relations

1959 NE Pacific Street, Box 356153

Seattle, WA 98195

Telephone: 206.598.8382

Email: UWMCares@uw.edu

UW Medicine Primary Care Patient Relations

850 Republican Street, Building C, Floor 2

Box 358051

Seattle, WA 98195

Telephone: 206.520.4294

Email: uwnc-cares4u@uw.edu

You also have the right to contact the Washington State Department of Health and The Joint Commission. Medicare patients have the right to contact Kepro.

Washington State Department of Health

PO Box 47857

Olympia, WA 98504-7857

Telephone: 1.800.633.6828 (toll-free)

The Joint Commission

Office of Quality Monitoring

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

Telephone: 1.800.994.6610 (toll-free)

Fax: 1.630.792.5636

Kepro

5700 Lombardo Center Drive

Suite 100

Seven Hills, OH 44131

Washington, Oregon, Idaho and Alaska: Toll-free 888.305.6759

Montana and Wyoming: Toll-free 888.317.0891

Accessing Medical Records

A record of your visit is made each time you visit a hospital, physician or other healthcare provider. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. If you would like to request a copy of your medical records for your own use or for any other purpose, visit www.uwmedicine.org/patient-resources/medical-records.

Privacy Concerns and Complaints

UW Medicine Compliance representatives are available to assist you and your family if you are concerned that your privacy rights have been violated or disagree with a decision we made about access to your records.

You can reach the UW Medicine Compliance Office at 206.616.5248, toll-free at 1.866.964.7744, or by emailing comply@uw.edu.

Making Healthcare Decisions

Advance Directives

Advance directives are written, legally-recognized documents that state your choices about healthcare treatment or name someone to make such choices for you if you are not able to. We will help you with advance directives upon request. The most common types of advance directives are:

- Healthcare Directive (also known as a Living Will)
- Mental Health Advance Directive
- Physician Order for Life-Sustaining Treatment (POLST)
- Durable Power of Attorney for Healthcare

Detailed information about advance directives and forms are available upon request in the Admitting Department and from your healthcare team.

Who can make decisions for me?

If you are unable to make decisions or communicate with us about your healthcare, Washington State law allows the following people, in order of priority, to make healthcare decisions for you:

- A legal guardian with healthcare decision-making authority, if one has been appointed
- The person named in the Durable Power of Attorney for Healthcare
- Your spouse or state-registered domestic partner
- Your children who are 18 years or older
- Your mother or father
- Your adult brothers and sisters

In categories where there is more than one person, such as three adult children, all must agree on the healthcare decision. If there is no consensus, appropriate life-sustaining treatment will be given.

When You Must Decide For Another

When a patient is unable to talk or let us know what they want, another person must be prepared to make decisions about medical care.

If you are given this responsibility, please talk to the patient's doctor or nurse immediately for more information about the decision-making process.

CPR and DNAR

Cardiopulmonary resuscitation (CPR) and do not attempt resuscitation (DNAR) are two terms that are very important to understand.

While sudden stopping of the heart can cause unexpected death, it can also be the natural end and painless release from chronic, painful illness. CPR is the series of measures performed to prevent death when a sudden collapse occurs because the heart stops.

It is medical center policy to perform CPR on all patients whose heart stops suddenly unless a doctor writes a DNAR order or a physician order for life-sustaining treatment (POLST).

We encourage you and your family to talk with your doctor about your wishes regarding performing CPR. It is very important to know your wishes when you are admitted. You may request to have a DNAR or POLST order or your doctor may write an order when, in their medical judgment, initiating CPR would clearly be futile.

Ethics Consultation

Ethics consultations are available for patients and family members who are faced with an ethical dilemma regarding patient care. The Ethics Committee is available to consult on such issues as extent of treatment and decision-making. A consultation can be initiated by contacting your doctor, nurse manager or other member of your healthcare team.

Organ Donation

Donating organs, skin and other tissues helps sick people who need them. If you want to be an organ donor, please tell your doctor and your family. During organ donation, the body is treated with respect and dignity, and funerals do not need to be delayed.

All costs related to organ or tissue donation are covered by the agency in charge of the organ donation procedure. The family does not pay this cost.

Your healthcare team can answer questions and provide more information upon request.

UW Medicine

Harborview Medical Center

325 Ninth Ave.
Seattle, WA 98104
206.744.3000

University of Washington – Montlake campus

1959 N.E. Pacific St.
Seattle, WA 98195
206.598.3300

University of Washington Medical Center – Northwest campus

1550 North 115th St. Seattle, WA 98133
Telephone: 206.364.0500

UW Medicine Primary Care Clinics

For locations visit: www.uwmedicine.org/primary-care

uwmedicine.org

