



You and The William W. Backus Hospital are partners in your medical care, and the Hospital encourages your active participation in your care. Please do not hesitate to ask questions or bring your concerns to the attention of your caregivers.

We appreciate this opportunity to provide an outline of your rights as a patient. These rights are designed to help protect your interests and provide you with quality care.

As a patient at The William W. Backus Hospital, you have the right:

- * To considerate, respectful and safe care, free from any form of harassment, discrimination, abuse or neglect.
- * To receive information about your health status, care and treatment in words you or your family can understand.
- * To have a family member or a representative of your choice and your own physician notified promptly of your admission to the Hospital.
- * To know the names of the people taking care of you.
- * To be involved in decisions about your care, treatment and services.
- * To create Advance Directives, including a Living Will, and to have those wishes respected. Every effort will be made to honor Advance Directives at all times, except in the case of medical or surgical interventions which cause an unintended condition or reaction that is believed to be both temporary and reversible in the clinical judgment of the treating physician.
- * To receive information necessary to give informed consent before the start of any procedure and/or treatment.
- * To be informed about the outcomes of your care, including unanticipated outcomes.
- * To receive information about pain and pain relief measures, and to receive quick and appropriate response to complaints of pain.
- * To expect that the Hospital will make a reasonable response, within its capacity, to your requests for medically indicated services.
- * To refuse care, treatment and services to the extent permitted by law, and to be informed of the possible medical consequences of this refusal.
- * To privacy concerning your medical care, and confidentiality concerning all communications and records pertaining to your care.

- * To provide your consent for any recording or filming that is not made for your identification, diagnosis or treatment.
- * To have access to your medical record in accordance with Hospital policy.
- * To be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
- * To express any complaint about your care, and have the Hospital review and, if possible, resolve your complaint, within 7 days. Complaints or grievances may be filed during regular business hours by contacting the Patient Advocate at extension 6828. During other hours, please contact the Nursing Supervisor. Regardless of whether you have first used the Hospital's grievance process, concerns may also be addressed to:
 - Connecticut Department of Public Health
 - Complaint/Compliance Unit
 - Division of Health Systems Regulation
 - 410 Capitol Avenue
 - Hartford, CT 06134
 - Telephone: (860) 509-7400; TTY: (860) 509-7191
- * To examine and receive an explanation of your bill, regardless of source of payment.
- * To expect reasonable continuity of care.
- * To receive information about the care you will need after you leave the Hospital.
- * To obtain information about any professional relationship between the Hospital and other healthcare agencies, and among any individuals treating you.
- * To be advised if the Hospital proposes to engage in or perform human experimentation affecting your care or treatment, and to refuse to participate in such research projects.
- * To receive, upon request, a copy of the Hospital's Administrative Policy regarding Patient Rights.
- * To receive information about your responsibilities as a patient.