Vail Valley Medical Center (VVMC) will provide a foundation for understanding and respecting the rights of patients and their families. We will provide care that is sensitive to cultural, racial, religious or other differences. We will not discriminate based on race, color, creed, religion, age, sex, sexual orientation, national origin, disability or source of payment. We will respond to your reasonable requests for treatment and to your health care needs. Our response will depend on the urgency of your situation and our ability to provide the kind of treatment you may require.

We ask that you participate in decisions about your health care by talking with your caregivers and taking an active role in planning your care. This helps ensure the care you receive preserves your dignity and reflects your desires and values. A designated surrogate or proxy decision-maker may exercise these rights on the patient's behalf if the patient lacks decision-making capacity, is legally incompetent or is a minor. Interpreter assistance is available at no cost to you and/or your family when you receive services provided by the hospital.

### YOUR PATIENT RIGHTS

As a patient at our VVMC, you are entitled to the following rights.

#### Information About Your Care

- **To receive care in a considerate, dignified manner that is respectful of personal values and beliefs.**
- **To know the identity and professional status of individuals providing service to you and to know which physician or other practitioner is primarily responsible for your care, and the right to know when they are students, residents or other trainees.**
- **To receive information in a way you can understand, including interpreter services, at no cost to you, when you do not speak or understand the language, as well as have communication aides for deafness, blindness, etc.**
- **To receive complete and current information about your diagnosis, treatment and prognosis in terms you can understand and to be informed about the results of your care, including any unexpected outcomes.**
- **To have access to all information contained in your medical record.**
- **To have an explanation of any proposed procedure, drug or treatment in terms that you can understand.**
  - A description of the nature and purpose of the procedure, drug or treatment
  - Possible benefits
  - Know side effects, risks or drawbacks
  - Potential costs
  - Problems related to recovery
  - Likelihood of success
  - Discussion of alternative procedures or treatments
- **To accept or refuse any procedure, drug or treatment and to be informed of the consequences of any such refusal.**
- **To choose who may visit you while you are at the hospital, to change your mind about who may visit, and to an explanation of the circumstances under which we may restrict visiting.**

#### Participation In Your Care

- **To designate a support person to make decisions about visitors for you if you are unable to make or communicate those decisions.**
- **To know about the options of organ, tissue or eye donation, if applicable to your situation.**
- **To know if your care involves research or experimental treatment. You have the right to consent to this or refuse to participate.**
- **To expect reasonable continuity of care and to be informed by caregivers of realistic patient care options when hospital care is no longer appropriate. You have the right to participate in the discharge planning process.**
- **To examine your bill and receive an explanation of the charges, regardless of the source of payment for your care.**
- **To ask about the hospital's ownership interests in organizations to which you are referred.**
- **To be informed of any hospital policies, procedures, rules or regulations that apply to your care.**

### PATIENT RIGHTS AND RESPONSIBILITIES
**YOUR RESPONSIBILITIES AS A PATIENT**

To foster mutual trust, respect and cooperation in meeting your health care needs, we want you to understand your responsibilities as a patient.

- To provide correct information. You have the responsibility to give your doctor and other hospital staff any information they need to provide you with the best care. Expect staff to ask you questions concerning:
  - Your current illness
  - Past illnesses
  - Past hospitalizations
  - Any risks to your condition, such as those caused by allergies or medications you currently take.

- To follow your treatment plan.
- To follow all hospital rules, such as the tobacco-free policy and visitor guidelines for adults and children.
- To be fully involved in your discharge plan.
- To consent to a blood test if any health care worker comes in contact with your blood.
- To provide any information needed to process your bill and promptly meet any financial obligations.

Please tell staff about any matters pertinent to your health or any unexpected changes in your conditions.

We need a complete description of any symptoms you have.

**Note:** If you are part of a research study, it is important that you contact the researcher when you are admitted.

- To follow your treatment plan. Please tell us if you have any concerns about your ability to follow your plan of care. You are responsible for asking questions so you understand what might happen if you do not follow your plan of care.
- To follow all hospital rules, such as the tobacco-free policy and visitor guidelines for adults and children. We ask visitors to check with the nurse's station for specific visiting hours and guidelines for that care area.
- To respect other patients, doctors, and hospital staff.
- All patients need and should expect a quiet healing environment. Please ask your visitors to speak softly and avoid making loud noises. Please treat doctors and hospital staff with consideration and avoid any instances of verbal or physical abuse.
- To be fully involved in your discharge plan. You and your family members are responsible for participating to the fullest extent possible in planning for your care after you leave the hospital.
- To consent to a blood test if any health care worker comes in contact with your blood. A blood test for HIV, hepatitis B or hepatitis C will not become part of your hospital record. The purpose of the test is to relieve the anxiety of the exposed health care worker and to begin that worker's treatment as soon as possible, if necessary.
- To provide any information needed to process your bill and promptly meet any financial obligations. You are responsible for providing accurate and current information about your insurance and for paying your bill. You and your family members should ask questions if you do not understand your hospital bill.

**ADVANCE DIRECTIVES**

**Communicating Your Wishes**

Through advance directives, you can make legally valid decisions about your medical treatment if you are not able to communicate them yourself. To help patients make these choices, Colorado law provides for advance directives.

Federal law also addresses this issue from the perspective of providing information. The Patient Self-Determination Act is a federal law that requires hospitals to provide written information to adult inpatients about their rights under state law to make decisions concerning their medical care.

We are pleased to provide this information to you, not only in accordance with federal and state laws, but also in partnership with you, as a member of your health care team. You do not have to make an advance directive. You will receive the same quality care regardless of your choice.

It is wise to consider whom you would like to speak for you if you are unconscious or otherwise unable to speak for yourself. This person(s) is called a surrogate decision-maker(s). It is important you let your doctor, other hospital staff, and your family and friends know whom you have selected as your surrogate decision-maker(s). You should discuss your health care wishes with your surrogate decision-maker(s), so they may communicate your wishes if you are unable to speak for yourself.

**Durable Power of Attorney for Health Care**

There are two types of advance directives. You might prefer to legally choose someone to speak for you by completing a Durable Power of Attorney for Health Care. Again, be sure to speak with the person(s) you have chosen about your health care wishes and values, particularly those pertaining to end-of-life issues.

Your Durable Power of Attorney for Health Care has the power to:

- Make decisions, give consent, refuse consent or withdraw consent for the treatment of any physical illness or condition, organ donation or autopsy.
- Make all necessary arrangements for hospitalization and medical or other care.
- Request and receive all information and records, and sign releases for records.

**Health Care Directions Form**

Another type of advance directive allows you to express, in writing, your specific wishes about accepting or refusing certain medical treatments or ending life-prolonging treatment. At Vail Valley Medical Center, this document is called a Health Care Directions form. Your doctor, hospital staff and your family would refer to the document if you were unable to communicate your wishes.

The decision to create a Health Care Directions Form is very personal and requires careful thought. It is best to prepare your form when you are not facing a crisis.

**Completing an Advance Directive**

Please ask your nurse or the administrative supervisor for assistance if you decide to complete a Health Care Directions Form or a Durable Power of Attorney for Health Care while you are in the hospital.

It is not mandatory that you prepare either of these forms. We will continue to provide your care, as well as support you emotionally and spiritually, if you do not have an advance directive. Keep in mind that you may change or cancel either of these directives at any time. Tell your doctor, hospital staff and family about any changes regarding your directive.

You need to provide a copy of your Durable Power of Attorney for Health Care and/or your Health Care Directions Form every time you are admitted to a hospital. For this reason, it is a good idea to have several copies. Always keep the original in a place where you can easily find it. A copy will be placed in your hospital medical record.

Remember, your Durable Power of Attorney for Health Care and/or your Health Care Directions Form will only go into effect when you are no longer able to communicate or make your own decisions.

Nursing staff is available to assist with any questions you may have about advance directives, and to assist you if you want to complete either or both of the forms.

In outpatient areas, information about advance directives is available for patients upon request. Clinic staff in these care areas can assist you.
ETHICS RESOURCE COMMITTEE

Making decisions about your health care often involves difficult moral and ethical questions. It can be hard to know the right thing to do. Your personal beliefs, values and goals may differ from those of your health care providers. Because both of you share responsibility in making decisions, serious disagreements and conflicts may develop about what should be done.

If these ethical problems or conflicts cannot be resolved, you can request a consultation with a member of the Vail Valley Medical Center Ethics Resource Committee. This special committee is made up of doctors, nurses, social workers, administrators, chaplains and others who have been trained to deal with moral and ethical issues.

The Ethics Resource Committee also includes trained representatives from the community. One of the committee’s jobs is to support patients, families and health care providers who are trying to make these difficult decisions.

Committee members do not make decisions about your treatment. They are there to act as sounding boards and provide advice and recommendations to you and your health care providers. You, your legal guardian, your Durable Power of Attorney for Health Care or your family may request a consultation with an Ethics Resource Committee member. This kind of meeting can be helpful in bringing about resolution to many ethical questions, problems or conflicts. One of the VVMC Administrative Supervisors can arrange for you to meet with an Ethics Resource Committee member.

After reading this information you may still have questions. We encourage you to discuss these questions with your doctor, nurse or administrative supervisor. Other professionals on our staff are also trained to answer questions and assist you in speaking with a member of the Ethics Resource Committee. Feel free to call them.

PATIENT & FAMILY HELPLINE
(970) 477-5222
Have Questions? Get answers, help and more!

We encourage you to be involved in the care you receive here at Vail Valley Medical Center. Please feel free to discuss any questions you may have with your health care team. If you have unanswered questions or concerns related to your care or need help at any moment, you may call our Patient & Family Helpline at 970-477-5222. If you are not satisfied with the resolution provided by Vail Valley Medical Center, you may contact the Joint Commission, an organization that accredits and certifies health care organizations and programs at 1-800-994-6610.

HELPFUL NUMBERS

If you need assistance in resolving concerns about care you received at Vail Valley Medical Center, contact Patient & Family Helpline 477-5222. You may also choose to directly contact the following outside organizations:

The Joint Commission
Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
800-994-6610
www.jointcommission.org

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
800-633-4227
877-486-2048 (TTY for Deaf/Hard of Hearing)
www.cms.gov

Colorado Department of Public Health and Environment
HFEMSD-A2
Attention: Hospital Complaint Intake
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
303-692-2827
www.cdphe.state.co.us

Colorado Department of Regulatory Agencies (DORA)
1560 Broadway, Suite 1550
Denver, CO 80202
303-894-7855 or 800-886-7675
www.dora.state.co.us

181 W. Meadow Drive | Vail, CO 81657
(970) 476-2451