The right to receive care in a safe setting. A safe setting includes environmental safety, infection control, security, protection of emotional health and safety, including respect, dignity, and comfort, as well as physical safety.

The right to be free from all forms of abuse or harassment. This includes abuse, neglect, or harassment from staff, other patients, and visitors.

The right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, convenience, discipline, or retaliation by staff.

The right to be free from seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff.

The right to designate visitors who shall receive the same visitation privileges as the patient’s immediate family members, regardless of whether the visitor is legally related to the patient by blood or by marriage.

To protect the health and safety of all patients, the hospital may need to limit visitors. Examples may include:

- Any court order limiting or restraining contact;
- Behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment;
- Behavior disruptive of the functioning of the patient care units;
- Reasonable limitation of the number of visitors at any one time;
- Patient’s risk of infection by the visitor;
- Visitor’s risk of infection by the patient;
- Extraordinary protections because of a pandemic or infectious disease outbreak; and
- Patient’s need for privacy or rest.
Patients of Erlanger Western Carolina Hospital will be provided the following:

The right to respect care given by competent personnel.

The right upon request, to be given the name of their attending physician, the names of all other physicians directly participating in care, and the names and functions of other health care persons having direct contact with the patient.

The right to every consideration of his/her privacy concerning his/her own medical program. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted discreetly.

The right to have all records pertaining to his/her medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.

The right to know what facility rules and regulations apply to his/her conduct as a patient.

The right to expect emergency procedures to be implemented without unnecessary delay.

The right to good quality care and high professional standards that are continually maintained and reviewed.

The right to full information in laymen’s terms, concerning his/her diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given on his/her behalf to the patient’s designee. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both.

The right to refuse any drugs, treatment or procedure offered by the facility, to the extent permitted by law, and a physician shall inform the patient of his/her right to refuse any drugs, treatment or procedures and of the medical consequences of the patient’s refusal of any drugs, treatment, or procedure.

The right to assistance in obtaining consultation with another physician at the patient’s request and expense. A patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual preference, national origin or source of payment.

A patient who does not speak English or is hearing impaired shall have access, when possible, to a qualified medical interpreter at no cost, when necessary and possible.

The facility shall provide a patient, or patient designee, upon request, access to all information contained in the patient’s medical records. A patient’s access to medical records may be restricted by the patient’s attending physician. If the physician restricts the patient’s access to information in the patient’s medical record, the physician shall record the reasons on the patient’s medical record. Access shall be restricted only for sound medical reason. A patient’s designee may have access to the information in the patient’s medical records even if the attending physician restricts the patient’s access to those records.

The right not to be awakened by hospital staff unless it is medically necessary.

The right to be free from needless duplication of medical and nursing procedures.

The right to medical and nursing treatment that avoids unnecessary physical and mental discomfort. When medically permissible, a patient may be transferred to another facility only after he/she or his/her next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The facility to which the patient is to be transferred must first have accepted the patient for transfer.

The right to examine and receive a detailed explanation of his/her bill.

The right to full information and counselling on the availability of known financial resources for his/her health care.

The right to expect that the facility will provide a mechanism whereby he/she is informed upon discharge of his/her continuing health care requirements following discharge and the means for meeting them.

A patient shall not be denied the right of access to an individual or agency who is authorized to act on his/her behalf to assert or protect the rights set out in this Section.

A patient, or when appropriate, the patient’s representative has the right to be informed of his/her rights at the earliest possible time in the course of their hospitalization.

A patient, and when appropriate, the patient’s representative has the right to have any concerns, complaints and grievances addressed. Sharing concerns, complaints and grievances will not compromise a patient’s care, treatment, or services.