



MR #:		PAT #:	
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PATIENTS' BILL OF RIGHTS

We at Cottage Hospital are glad that you have come to us for health care. The Patient Bill of Rights exists to ensure that the rights and dignity of each person receiving our services are respected. These 'rights' include:

- I. The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care, and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
- II. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.
- III. The patient shall be informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by Medicare or Medicaid shall also be included in this disclosure.
- IV. The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.
- V. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for Medicaid as a source of payment.
- VI. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
- VII. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.
- VIII. The patient shall be free from emotional, psychological, sexual, and physical abuse and from exploitation, neglect, corporal punishment, and involuntary seclusion.
- IX. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
- X. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records, for a reasonable cost, upon request.
- XI. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.



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- XII. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.
- XIII. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
- XIV. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
- XV. The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
- XVI. The patient shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.
- XVII. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
- XVIII. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.
- XIX. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.
- XX. The patient shall not be denied admission to the facility based on Medicaid as a source of payment when there is an available space in the facility.

Source: *Title XI Hospital & Sanitaria, Chp. 151 Section 151:21, Nov. 25, 1998.*

You also have the right to have your family be given the opportunity to consider organ and tissue donation whenever a death occurs.

PATIENTS' RESPONSIBILITIES

Regarding your medical care you are responsible for:

- Providing accurate and complete information about all matters pertaining to your health, including your complaints, medications, and past or present medical problems.
- Reporting changes in your condition or symptoms, including pain, to a member of the health care team.
- Informing your doctor or nurse when you are having pain and asking for pain relief measures when pain or discomfort first begins or is not relieved by prescribed treatment measures.
- Asking questions if you do not understand any directions or information given you or if you do not understand your illness and / or treatment.
- Obtaining and carefully considering all information you may need to give informed consent for a procedure or treatment.
- Following the instructions or recommendations of your health care team. If you refuse treatment or do not follow the instructions or advice, you must accept the potential consequences of your decisions.
- Informing your physician, nurse, or other health care provider if you are not satisfied with any aspect of your care.
- Participating in the planning of your care, including discharge planning.
- Being courteous and considerate of other patients or hospital staff and seeing that your visitors are considerate as well. Patients are expected to assist in maintaining a quiet environment and to be respectful of hospital property.
- Honoring our No Smoking policy.
- Providing timely information regarding your health insurance.
- Paying your bills, or making arrangements with Cottage Hospital to meet your financial obligations, in a timely manner.

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ADVANCED DIRECTIVES

Cottage Hospital will provide care to you whether or not you have advance directives. The type of care you receive will be determined by your advance directive only if you become unable to make decisions for yourself.

If you have an advance directive, we will place it in your medical record. While able, you will continue to make decisions about your care for yourself. If you are ever unable to make decisions for yourself, your physician and other caregivers will be guided by your advance directives. If your physician or the hospital is unable, for ethical or moral reasons, to carry out any part of your advance directive, every effort will be made to transfer your care to a facility or physician able to follow your wishes.

At any time that you complete or change your decision on an advance directive, you should notify your physician and the hospital medical records office to update.

While you are in the hospital, the Social Service Department at Extension 2207 is available to discuss and / or help you complete an advance directive. The New Hampshire Hospital Association brochure forms for Living Wills and Durable Power of Attorney for Healthcare can be used or serve as a model. If you wish to change an advance directive already on your record while you are in the hospital, notify your nurse or physician.

If you have any questions about healthcare decision making, about the hospital's policy or your rights, feel free to ask us. We will help locate the best person to inform and help you regarding these matters.

What is an Advance Directive?

An advance directive is a legal document written in advance of an incapacitating illness that allows patients to state their preferences about medical care. The State of New Hampshire recognizes two forms of advance directives: a Living Will and a Durable Power Of Attorney for Health Care.

What is a Living Will?

A Living Will instructs your physician to administer no life-sustaining procedures should you be in a terminal condition or permanently unconscious. If you do not want artificial nutrition or hydration, New Hampshire law requires that you say so in your document.

What is a Durable Power of Attorney for Health Care?

A Durable Power of Attorney for Health Care is a document in which you name another person to act as your agent to make your medical decisions should you become incapacitated. You can include instructions about which treatments you do or do not want. If you do not want artificial nutrition or hydration, New Hampshire law requires that you say so in your document.

What is artificial nutrition and hydration?

Artificial nutrition and hydration means invasive procedures such as tubes and intravenous feeding. It does not include the natural process of eating foods and drinking fluids.

What is Cardiopulmonary Resuscitation, also known as CPR?

Cardiopulmonary Resuscitation (CPR) is using drugs, manual chest compression, electric shock, and artificial breathing to help bring you back to life if your heart stops.

Do I need both a Living Will and a Durable Power of Attorney for Health Care?

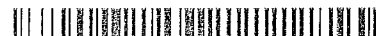
It is a good idea to have both documents because they serve two different purposes. A Living Will takes effect only when there is no hope for recovery. A Durable Power of Attorney takes effect whenever you become unable to make decisions, for instance during surgery or even when you become temporarily unconscious. Under New Hampshire law, if the terms of your Living Will and Durable Power of Attorney conflict, the Durable Power of Attorney controls.

I already have a Living Will. Do I need a new one?

New Hampshire's Living Will law was revised in 1991. If you have a Living Will that was executed prior to June 1991, your document is valid, but it will be different than the one now available at the hospital. For instance, your existing Living Will does not take effect if you become permanently unconscious, nor will it allow for withholding or withdrawal of artificial nutrition or hydration. If you want to take advantage of the provisions of the revised law, you should execute a new Living Will.

What if my Advance Directive was executed in another state?

Your out-of-state advance directive is valid in New Hampshire as long as it was legally executed in the other state. However, it will be interpreted in accordance with New Hampshire law.



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Can I revoke my Advance Directive?

You can revoke your advance directive orally or in writing at any time. A divorce action will revoke your Durable Power of Attorney for Health Care if your spouse is your agent and you have not named an alternate in your document.

What if I don't want an Advance Directive?

You are not required to have an advance directive if you do not want one. But it is a good idea in order to assure that your wishes are followed regarding medical care. It also spares your family from making difficult decisions or having to incur large expenses and time delays if a legal guardianship or conservatorship is needed. If you become incapacitated and you have no advance directive, your family and physician will attempt to decide your treatment. If there is disagreement, your health care decisions may have to be made in a court of law.

What if I have more questions?

You should discuss any questions about advance directives with your family and physician. The hospital's social worker at Extension 2232 may be able to assist you, but they cannot provide you with legal advice. If you have legal questions, you should consult an attorney.

CONCERNS AND COMPLAINTS

It is the responsibility of all Cottage Hospital staff to listen to patient concerns or the concerns voiced by family members or visitors. Patients who express a concern or complaint, or file a grievance, will not have their future access to care compromised in any way.

If you have concerns regarding any of the rights listed above or other concerns or comments regarding your stay, please ask to speak to the Charge Nurse or call the Quality Improvement Manager at Extension 2137. If you wish, you may contact the State of New Hampshire, Department of Health and Human Services, 129 Pleasant Street, Concord, NH 03301-3587 or call 1 (800) 852-3345. If you are receiving Medicare, you may also contact Northeast Health Care Quality Foundation, 15 Old Rollinsford Road, Suite 320, Dover, NH 03820 or call 1 (800) 772-0151.

WHAT IS NOT PAID FOR BY MY MEDICARE PART A AND PART B IN THE ORIGINAL MEDICARE PLAN

The original Medicare Plan does not cover everything. Health care costs not covered by Medicare will include, but are not limited to:

- Acupuncture.
- Deductibles, coinsurance, or co-payments when you get health care services.
- Dental care and dentures (in most cases).
- Cosmetic surgery.
- Custodial care (help with bathing, dressing, using the bathroom, and eating) at home or in a nursing home.
- Health care you get while traveling outside of the United States (except in limited cases).
- Hearing aids and hearing exams.
- Orthopedic shoes.
- Outpatient prescription drugs (with only a few exceptions).
- Routine foot care (with only a few exceptions).
- Routine eye care and most eyeglasses.
- Routine or yearly physical exams.
- Screening tests except bone mass measurements, colorectal cancer screening, some diabetes services and supplies, glaucoma screening, mammogram screening, pat test and pelvic examinations, and prostate cancer screening.
- Shots (vaccinations) except Flu, Pneumococcal Pneumonia, and Hepatitis B.

*For further information, call 1 (800) MEDICARE (1-800-633-4227).
Information is from "Medicare and You" Handbook.*

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NEW HAMPSHIRE MEDICAID

He-W 530.05 Non-Covered Services:

- A. Non-covered services shall be those services for which a Title XIX program shall make no payment.
- B. Non-covered services shall include, but not be limited to, the following:
 - 1. Acupuncture;
 - 2. Services ancillary or directly related to a non-covered service or procedure;
 - 3. Biofeedback;
 - 4. Transcutaneous electrical nerve stimulation (TENS) and percutaneous electrical nerve stimulation (PENS);
 - 5. Experimental or investigational procedures, defined as such in the current edition of the Health Care Financing Administration (HCFA) Publication No. 6, "Medicare Coverage Issues Manual", including but not limited to thermogenic therapy, sex change operations, and electrosleep therapy;
 - 6. Reversal of voluntary sterilizations;
 - 7. Organ transplants other than kidney, heart, heart-lung, cornea, liver, and bone marrow within the limits specified in He-W 531.05(b);
 - 8. Operations for impotency;
 - 9. Operations, devices, and procedures for the purpose of contributing to or enhancing fertility or procreation;
 - 10. Cosmetic surgery for the purpose of preserving or improving appearance, except when required for the prompt repair of accidental injury or for the improvement of the functioning of a malformed body member;
 - 11. Hypnosis, except when performed by a psychiatrist as part of an established treatment plan;
 - 12. Routine foot care except when deemed medically necessary by the recipient's attending physician as described in He-W 532;
 - 13. Broken appointments;
 - 14. Services or items that are free to the public;
 - 15. Physician care in a non-medical government or public institution;
 - 16. Visual training;
 - 17. Dietary services, including commercial weight loss and exercise programs;
 - 18. Homemaker services, except when provided to recipients of services provided under the home and community-based care for the elderly and chronically ill (HCBC-ECI) program as described in He-W 558;
 - 19. Academic performance testing not related to a medical condition;
 - 20. Detoxification services provided outside an acute care facility;
 - 21. Services provided by halfway houses;
 - 22. Hospital inpatient care which is not medically necessary;
 - 23. Communication devices, such as picture illustrations and touch talkers; and
 - 24. Auditory training.
- C. A request for any service not listed above and which is not specifically listed elsewhere in He-W 522 through He-W 590 as either a covered service or a non-covered service, shall be given an independent determination by the department based on the medical necessity of the service using the guidelines set forth in HCFA Publication No. 6, "Medicare Coverage Issues Manual", in effect at the time of the determination.



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RECEIPT OF PATIENT INFORMATION PACKET

I have received a copy of:

- The Patients' Bill of Rights
- Patient Responsibilities
- Information on Advanced Directives
- Information on Concerns and Complaints
- Information on What Medicare Does Not Routinely Cover
- Information on What New Hampshire Medicaid Does Not Routinely Cover

Acknowledgement Signatures:

Signature of Patient: _____ Date: _____

Signature of Patient Representative: _____ Date: _____
(If patient is unable to sign)

Signature of Cottage Hospital Staff Member: _____ Date: _____