NOTICE OF PATIENT RIGHTS

EVERY PATIENT OF THIS FACILITY SHALL HAVE THE FOLLOWING RIGHTS

The right to ask the name and specialty, if any, of the physician(s) or other people responsible for your care and the coordination of your care.

Confidentiality of all records and communications to the extent provided by law.

To have all reasonable requests responded to promptly and adequately within the capacity of the facility.

Upon request, to obtain an explanation as to the relationship, if any, of the facility to any other health care facility or educational institution in so far as said relationship relates to his or her care or treatment.

Upon request, to receive from a person designated by the facility any information which the facility has available, relative to financial assistance.

Upon request, to inspect his/her medical records and to receive a copy of the medical records, the copying fees will be assessed in accordance with applicable federal and state law.

To refuse examination, observation, or treatment, by students, or any other facility staff, without jeopardizing access to psychiatric, psychological, or other medical care or attention.

To refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.

Privacy during medical treatment or other rendering of care within the capacity of the facility.

To prompt lifesaving treatment in an emergency without discrimination due to economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment.

To informed consent to the extent provided by law.

Upon request, the patient has the right to receive a copy of an itemized bill or other statement of charges submitted to any third party, by the facility for their care, and to have a copy of said itemized bill or statement, sent to the attending physician of the patient or resident upon request.

To be free from any form of discrimination and to be free of all forms of abuse and/or harassment.

To file a formal patient complaint against a Physician and/or Staff Member. Complaints are filed with the Director of Operations.

Patient may speak with a Patient Advocate or Manager to lodge a complaint or grievance without fear of reprisal. If grievances are not resolved to your satisfaction, you have the right to contact the Nevada Department of Public Health and Human Services at (775) 684-4000.