

## PATIENT RIGHTS AND RESPONSIBILITIES

### 患者權利與責任書

(Hospital - Revised May, 2022)

( - 2022)

#### PATIENT RIGHTS:

##### 患者權利：

As our patient, we have the responsibility to respect, protect, and promote your rights. You are a key member of your Health Care Team and you have the right to:

作為我們的患者，我們有責任尊重、保護和促進您的各種權利。您是您醫療護理團隊中的核心成員之一，您有權：

- Receive safe, quality care through the services that the hospital provides.
- 通過醫院提供的服務，獲得安全優質的護理。
- Receive care and have visitation privileges without being discriminated against because of age, race, color, national origin, language, religion, culture, disability, sex, gender identity or expression, sexual orientation, or ability to pay.
- 獲得護理，並享有被探視特權，而不會受到年齡、種族、膚色、國籍、語言、宗教、文化、殘障、性、性別認同或性別表達、性取向或支付能力等方面的歧視。
- Choose who can and cannot visit you, without regard to legal relationship, race, color, national origin, religion, sex, sexual orientation, gender identity or disability. You may withdraw or deny consent for visitation at any time.
- 在不考慮法律關係、種族、膚色、國籍、性、性取向、性別認同或殘障等條件下，自由選擇哪些人可以或不可以探視您。您還可以隨時撤回探視許可或拒絕同意他人探視。
- Be informed when the hospital restricts your visitation rights for your health or safety, or the health or safety of patients, employees, physicians or visitors.
- 獲知醫院何時會出於您健康或安全或其他患者、員工、醫生或訪客的健康或安全而限制您的被探視權。
- Be informed of the hospital's policies about your rights and health care.
- 獲知醫院針對您的權利和醫療護理而制定的各項政策。
- Be treated with respect and dignity and be protected from abuse, neglect, exploitation and harassment.
- 獲得尊重和尊嚴，而不會受到虐待、忽視、侵犯和騷擾。
- Have your own physician and/or a family member, support person, or other individual be notified promptly of your admission to the hospital.
- 一旦允許您入院治療，將儘快通知您自己的醫生和/或一位家人、支持人員或其他個人。
- Know the names and roles of hospital staff caring for you.
- 瞭解您醫院護理人員的姓名和職務。
- Have a family member, support person, or other individual present with you for emotional support during the course of your stay, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated.

- 在您住院期間，允許一位家人、支持人員或其他個人陪伴您左右，給您提供情感支持，除非此等人員的出現會侵犯到其他人的權利、安全，或屬於醫學或治療學上的禁忌行為。
- **Have a family member, support person, or other individual involved in treatment decisions or make health care decisions for you, to the extent permitted by law.**
- 在法律許可的範圍內，允許一位家人、支持人員或其他個人參與決定您的治療方案，或為您做出醫療護理決定。
- **Have an Advance Directive (health care directive, durable power of attorney for health care, or living will) that states your wishes and values for health care decisions when you cannot speak for yourself.**
- 如果您無法用口頭表達自己意願的話，可以通過一份醫療事前指示書（醫療護理指示書、永久醫療護理授權書或生命意願書）來說明您對醫療護理決定的希望和價值觀。
- **Be informed about your health problems, treatment options, and likely or unanticipated outcomes so you can take part in developing, implementing and revising your plan of care and discharge planning. Discharge planning includes deciding about care options, choice of agencies or need to transfer to another facility.**
- 被告知您的健康問題、治療方案選擇，以及可能的或非預期的治療後果，以便您可以參與制定、實施和修改您的護理計劃和出院計劃。出院計劃包括決定選擇何種護理方案、選擇何種治療機構，或是否有必要轉移到其他醫療場所。
- **Have information about the outcome of your care, including unanticipated outcomes.**
- 瞭解關於您護理後果的相關資訊，包括非預期的後果。
- **Request, accept and/or refuse care, treatment or services as allowed by hospital policy and the law, and be informed of the medical consequences of your any refusal of care.**
- 請求獲得、接受和/或拒絕接受醫院政策和法律所允許的護理、治療或各種服務，並獲知您拒絕任何護理會導致的醫療後果。
- **Ask for a change of care provider or a second opinion.**
- 要求更換護理人員或選擇第二種護理方案。
- **Have information provided to you in a manner that meets your needs and is tailored to your age, preferred language, and ability to understand.**
- 獲知那些按照您需求為您提供的且專門涉及到您年齡、語言偏好和理解能力的相關資訊。
- **Have access to an interpreter and/or translation services to help you understand medical and financial information.**
- 有權獲得口譯和/或筆譯服務，以便幫助您理解醫療資訊和財務資訊。
- **Have your pain assessed and managed.**
- 對您的疼痛進行評估和管理。
- **Have privacy and confidentiality when you are receiving care.**
- 當您正在享受護理服務時，能夠獲得隱私性和保密性。
- **Practice and seek advice about your cultural, spiritual and ethical beliefs, as long as this does not interfere with the well being of others.**

- 實施關於您文化、精神和道德信仰的行為，並對此諮詢相關建議，但前提是這些都不會干涉到其他人的安康。
- **Request religious and spiritual services.**
- 請求獲得宗教和心靈性服務。
- **Request a consult from the Ethics Committee to help you work through difficult decisions about your care.**
- 請求道德委員會提供諮詢意見，以幫助您克服關於您護理的困難決定。
- **Consent or refuse to take part in research studies as well as recordings, films or other images made for external use.**
- 同意參與或拒絕參與用於外部用途的調查研究以及記錄數據、影片或其他圖片。
- **Be free from restraints or seclusion, unless medically necessary or needed to keep you or others safe. If necessary, any form of restraint or seclusion will be performed in accordance with safety standards required by state and federal law.**
- 不會遭到限制或隔離，除非醫學上爲了保證您或他人安全必須這麼做或有必要這麼做。如果必要的話，將按照州立法律和聯邦法律所規定的安全標準，實施任何形式的限制或隔離。
- **Have a safe environment, including zero tolerance for violence, and the right to use your clothes and personal items in a reasonably protected environment.**
- 擁有一個安全環境，包括暴力零容忍，並有權在一個受到合理保護的環境中使用您的服裝和個人用品。
- **Take part in decisions about restricting visitors, mail or phone calls.**
- 參與關於限制訪客、限制郵件或電話通話的各項決定。
- **Receive protective oversight while a patient in the hospital, and receive a list of patient advocacy services (such as protective services, guardianship, etc.)**
- 患者在醫院期間可以獲得保護性監督，並享受到一系列患者權益倡導服務（例如保護性服務、看護等）
- **Receive compassionate care at the end of life.**
- 獲得臨終關愛。
- **Donate, request or refuse organ and tissue donations.**
- 捐贈、請求獲得或拒絕接受捐贈的器官和組織。
- **Review your medical record and receive answers to questions you may have about it. You may request amendments to your record and may obtain copies at a fair cost in a reasonable time frame.**
- 查閱您的醫療記錄，並針對您可能對此提出的相關問題獲得答覆。您可以請求更改您的醫療記錄，並在合理時間內以公平的價格獲得醫療記錄副本。
- **Have your records kept confidential; they will only be shared with your caregivers and those who can legally see them. You may request information on who has received your record.**

- 您的記錄會被一直保密，只能被您的護理人員和有權合法查閱記錄的人們來分享。您可以請求瞭解誰已收到了您的記錄。
- Receive a copy of and details about your bill.
- 獲得關於您帳單的副本和詳細資訊。
- Ask about and be informed of business relationships among payors, hospitals, educational institutions, and other health care providers that may affect your care.
- 請求瞭解並被告知各個付款人、各所醫院、教育機構、和其他可能影響到您醫療護理的醫療護理提供者之間的業務關係。
- Know the hospital's grievance process and share a concern or grievance about your care either verbally or in writing and receive a timely written notice of the resolution. If you have a grievance or concern, please contact (Enter entity-specific instructions, including number) at \_\_\_\_\_. You may also contact:
- 瞭解醫院的申訴流程，以口頭或書面形式分享關於您護理的疑慮或申訴事項，並及時獲得書面的解決方案通知。如果您有申訴或疑慮事項，請撥打\_\_\_\_\_聯繫（請輸入某個特定實體的注意事項，包括號碼）。您還可以聯繫：

Missouri Department of Health & Senior Services  
 Health Services Regulation  
 P.O. Box 570  
 Jefferson City, MO 65102-0570  
 Phone: 1-573-751-6303

Missouri Department of Health & Senior Services  
 P.O. Box 570  
 Jefferson City, MO 65102-0570  
 電話：1-573-751-6303

The Joint Commission  
 Office of Quality Monitoring  
 One Renaissance Boulevard  
 Oakbrook Terrace, IL 60181  
 Email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)  
 Fax: 1-630-792-5636  
 Complaint Line: 1-800-994-6610

The Joint Commission  
 Office of Quality Monitoring  
 One Renaissance Boulevard  
 Oakbrook Terrace, IL 60181  
 電子郵件：[complaint@jointcommission.org](mailto:complaint@jointcommission.org)  
 傳真：1-630-792-5636  
 投訴熱線：1-800-994-6610

Livanta LLC  
 BFCC-QIO Program, Region 7  
 10820 Guilford Rd, Suite 202  
 Annapolis, Junction, MD 20701-1105

Phone: 1-800-634-4557, Ext. 2470

Livanta LLC  
BFCC-QIO Program, Region 7  
10820 Guilford Rd, Suite 202  
Annapolis, Junction, MD 20701-1105  
電話：1-800-634-4557，分機 2470

## **PATIENT RESPONSIBILITIES**

### **患者的責任**

You and/or your family member, support person, or other designated individual acting on your behalf have the responsibility to:

您和/或您的家人、支持人員或作為您代表人的其他指定個人，都有責任：

- Provide correct and complete information about yourself and your health, including present complaints, past health problems and hospital visits, medications you have taken and are taking (including prescriptions, over-the-counter and herbal medicines), and any other information you think your caregivers need to know.
- 提供關於您自身和您健康狀況的準確完整資訊，包括從前提交過的投訴、以往健康問題和就醫內容、您已服用的和正在服用的藥物（包括處方藥、櫃檯發售藥品和草藥），以及您認為您的護理人員必須瞭解的任何其他資訊。
- Follow your agreed-upon care plan and report any unexpected changes in your condition to your doctor.
- 執行您同意的護理計劃，並向您的醫生報告您病情中出現的任何非預期變化。
- Ask questions when you do not understand your care, treatment, and services or what you are expected to do. Express any concerns about your ability to follow your proposed care plan or course of care, treatment, and services.
- 如果您對您的護理、治療和服務或您預期的行為不夠瞭解，則請提出疑問。請表達關於您是否有能力執行您擬定護理計劃或護理、治療和服務過程的任何疑慮。
- Accept consequences for the outcomes if you do not follow the care, treatment, and service plan.
- 如果您未執行護理、治療和服務計劃，則要接受相關後果。
- Speak up and share your views about your care or service needs and expectations, including your pain needs and any perceived risk or safety issues.
- 說出並分享您對您護理或服務需求和預期值的觀點，包括您的疼痛需求和任何預期的風險或安全事宜。
- Provide correct and complete information about your Advance Directive if you have one and provide a current copy.
- 如果您有一份醫療事前指示書且能提供該指示書當前版本的話，請提供關於這份醫療事前指示書的準確完整資訊。
- Respect the rights, property, privacy, dignity, and confidentiality of patients and others in the hospital.

- 尊重患者和醫院中其他人的權利、財產、隱私、尊嚴和保密性。
- **Be respectful in your interactions with other patients, employees, physicians and visitors without regard to age, race, color, national origin, language, religion, culture, disability, socioeconomic status, sex, gender identity or expression, or sexual orientation.**
- 在不考慮年齡、種族、膚色、國籍、語言、宗教、文化、殘障、社會經濟地位、性、性別認同或性別表達，或性取向的前提下，尊重您與其他患者、員工、醫生和訪客的互動。
- **Follow instructions, hospital policies, rules and regulations which include respecting property and helping control noise.**
- 執行各項須知、醫院政策、規章制度，其中包括尊重財產和幫助控制噪音。
- **Leave your valuables and personal belongings at home, have your family members take them home, or have them placed with Security until you are discharged.**
- 將您貴重的個人物品放在家中，讓您的家人把它們帶回家，或將它們放在保險櫃中，直至您出院時為止。
- **Keep our environment tobacco-free. You may not use any tobacco products while inside or outside this health care facility.**
- 讓我們的环境遠離菸草。無論您在這個醫療護理場所之內還是之外，您都不得使用任何菸草產品。
- **Keep a safe environment free of drugs, alcohol, weapons, and violence of any kind, including verbal intimidation.**
- 保持一個遠離毒品、酒精、武器和任何種類暴力的安全環境，包括口頭恐嚇。
- **Provide correct and complete information about your financial status as best you can and promptly meet any financial obligations to the hospital.**
- 盡可能提供關於您財務狀況的準確完整資訊，並向醫院儘快履行任何財務義務。
- **For more information about your Patient Rights and Responsibilities, please call (Entity information)**
- 關於您患者權利與責任書的更多資訊，請致電（實體資訊）