

PATIENT RIGHTS AND RESPONSIBILITIES
(PCPMC – Revised August, 2018)
患者的权利和责任
(PCPMC – 2018 年 8 月修订)

PATIENT RIGHTS:
患者权利:

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:

我们有责任尊重、保护并维护我们患者的权利。作为医疗护理团队的重要成员，您有以下权利：

- Receive safe, quality care through the services that the hospital provides.
- 获得医院提供的安全、优质的护理服务。
- 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.
- 接受护理并享有探视权，不因年龄、种族、肤色、国籍、语言、宗教、文化、残疾、性别、性别认同或性别表达、性取向或支付能力而受到歧视。
- 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.
- 自主选择哪些访客可以或不可以探视您，与法律关系、种族、肤色、国籍、宗教、性别、性取向、性别认同或残疾无关。您可以随时撤回或拒绝探视同意。
- 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.
- 当医院考虑到您的健康或安全，或患者、员工、医生或访客的健康或安全而限制您的探视权时，您享有知情权。
- Be informed of the hospital's policies about your rights and health care.
- 了解医院关于您的权利和健康的政策。
- Be treated with respect and dignity and be protected from abuse, neglect, exploitation and harassment.
- 受到尊重和有尊严的对待，免受虐待、忽视、剥削和骚扰。
- Have your own physician and/or a family member, support person, or other individual be notified promptly of your admission to the hospital.
- 您的医生和/或家庭成员、陪护人员或其他个人有权及时获取您的入院通知。
- Know the names and roles of hospital staff caring for you.
- 知晓为您提供护理服务的医护人员的姓名和职位。

- 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.
- 您的家庭成员、陪护人员或其他个人有权在您住院期间为您提供情感支持，除非其陪同会侵犯他人的权利、安全，或属于医学上或治疗上的禁忌。
- 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.
- 您有权让您的家庭成员、陪护人员或其他个人在法律允许的范围内参与治疗决定，或为您做出医疗决定。
- 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.
- 您有权提出预设医疗指示（医疗指示、永久医疗授权委托书或生前遗嘱），在您无法表达自己的意愿时，这些指示将表明您在作出医疗决定方面的愿望和价值观。
- 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.
- 获悉您的健康问题、治疗方案以及可能或未预料到的结果，并参与制定、实施和修改您的护理计划和出院计划。出院计划包括护理方案选择、机构选择或转移到其他设施的需求。
- Have information about the outcome of your care, including unanticipated outcomes.
- 了解您的护理结果，包括未预料到的结果。
- 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.
- 在医院政策和法律允许范围内要求、接受和/或拒绝护理、治疗或服务，并知悉拒绝治疗的医疗后果。
- Ask for a change of care provider or a second opinion.
- 请求更换护理人员或提出其他意见。
- Have information provided to you in a manner that meets your needs and is tailored to your age, preferred language, and ability to understand.
- 以符合您的年龄、惯用语言和理解能力的方式获取信息。
- Have access to an interpreter and/or translation services to help you understand medical and financial information.
- 有权借助口译和/或笔译服务了解医疗和财务信息。

- Have your pain assessed and managed.
- 让您的痛苦得到评估和管理。
- Have privacy and confidentiality when you are receiving care.
- 在您接收医疗护理时享有隐私权和保密权。
- Practice and seek advice about your cultural, spiritual and ethical beliefs, as long as this does not interfere with the well being of others.
- 实践并寻求关于您的文化、精神和伦理信仰的建议，前提是不影响其他人的健康和福祉。
- Request religious and spiritual services.
- 请求宗教和精神服务。
- Request a consult from the Ethics Committee to help you work through difficult decisions about your care.
- 请求道德委员会 (Ethics Committee) 提供建议，助您做出与护理方案相关的决定。
- Consent or refuse to take part in research studies as well as recordings, films or other images made for external use.
- 同意或拒绝参加调研研究，以及被录音、拍摄影片或照片供外部使用。
- 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.
- 免受限制或隔离，除非此类限制或隔离在医学上对于保护您或他人的安全具有必要性。任何形式的必要限制或隔离都将按照州和联邦法律规定的安全标准执行。
- Have a safe environment, including zero tolerance for violence, and the right to use your clothes and personal items in a reasonably protected environment.
- 享有一个安全的环境的权利，包括对暴力的零容忍，以及在受到合理保护的环境中使用您的个人衣物的权利。
- Take part in decisions about restricting visitors, mail or phone calls.
- 参与限制访客、邮件或电话的决定。
- Receive protective oversight while a patient in the hospital, and receive a list of patient advocacy services (such as protective services, guardianship, etc.).
- 住院患者接受保护性监督，并收到一份患者宣传服务的清单（如保护服务、监护等）。
- Receive compassionate care at the end of life.
- 在生命的尽头接受人文关怀。
- Donate, request or refuse organ and tissue donations.
- 捐赠、请求或拒绝器官和组织捐赠。

- 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.
- 检查医疗记录，并获得您可能提出的问题的答案。您可以要求修改记录，并在合理的时间范围内以公平的价格获得记录副本。
- 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.
- 记录保密；记录仅能共享给护理人员和根据法律有权查看记录的人士。您可以请求查看收到医疗记录的人士的信息。
- Receive a copy of and details about your bill.
- 收取账单副本和详细信息。
- Ask about and be informed of business relationships among payors, hospitals, educational institutions, and other health care providers that may affect your care.
- 询问并了解付款人、医院、教育机构和其他可能影响您的护理的医疗提供者之间的商业关系。
- 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 Corporate Compliance at 573-458-7613. You may also contact Corporate Compliance at 1-844-840-8229.
- 了解医院的申诉程序，以口头或书面形式对您的护理表达担忧或不满，并及时收到决议的书面通知。若您有任何不满或担忧，请拨打 573-458-7613 联系企业合规部。您还可以拨打 1-844-840-8229 联系该部门。

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

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 Health Services Regulation
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 Jefferson City, MO 65102-0570
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The Joint Commission
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Email: complaint@jointcommission.org
Fax: 1-630-792-5636
Complaint Line: 1-800-994-6610

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Primaris, Inc.
Quality Improvement Organization
200 North Keene Street
Columbia, MO 65201
Medicare Beneficiary Protection Hotline: 1-800-347-1016
Premature Discharge Appeals: 1-866-902-1813

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医疗保险受益人保护热线: 1-800-347-1016
提前出院诉求: 1-866-902-1813

PATIENT RESPONSIBILITIES

患者责任

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

您和/或您的家庭成员、陪护人员或代表您行事的其他指定个人有责任:

- 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.
- 提供准确、完整的个人信息及健康相关信息，包括现有的诉求、过去的健康问题和就诊记录、您已经服用和正在服用的药物（包括处方药、非处方药和草药），以及您认为您的医护人员需要了解的任何其他信息。

- Follow your agreed-upon care plan and report any unexpected changes in your condition to your doctor.
- 遵循商定的护理计划，向医生报告病情的任何意外变化。
- 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.
- 在您不理解您的护理、治疗、服务或您需要采取的行动时提出问题。对您是否能够遵循提出的护理计划或护理程序、治疗和服务表达您的担忧。
- Accept consequences for the outcomes if you do not follow the care, treatment, and service plan.
- 若您不遵循护理、治疗和服务计划，您需要接受由此造成的后果。
- 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.
- 勇于表达并分享您对护理或服务需求和期望的看法，包括您对缓解痛苦的需求和任何感知到的风险或安全问题。
- Provide correct and complete information about your Advance Directive if you have one and provide a current copy.
- 若您具有预设医疗指示，请提供关于该指示的完整、准确信息，并提供一份最新的副本。
- Respect the rights, property, privacy, dignity, and confidentiality of patients and others in the hospital.
- 尊重患者和医院其他人员的权利、财产、隐私、尊严和保密权。
- 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.
- 以恭敬的方式与其他患者、员工、医生和访客进行交流，无论对方年龄、种族、肤色、国籍、语言、宗教、文化、残疾状态、社会经济地位、性别、性别认同或性别表达或性取向为何。
- Follow instructions, hospital policies, rules and regulations which include respecting property and helping control noise.
- 遵循指示、医院政策、规章制度，包括保护财产和协助控制噪音。
- 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.
- 请将您的贵重物品和个人物品留在家中，或让您的家庭成员将其带回家，或在出院之前将其存放在保安处。

- Keep our environment tobacco-free. You may not use any tobacco products while inside or outside this health care facility.
- 禁止吸烟。不得在医疗机构内外使用任何烟草制品。
- Keep a safe environment free of drugs, alcohol, weapons, and violence of any kind, including verbal intimidation.
- 保持环境安全，禁止使用毒品、酒精、武器和任何形式的暴力，包括口头恐吓。
- Provide correct and complete information about your financial status as best you can and promptly meet any financial obligations to the hospital.
- 尽可能提供有关您财务状况的完整、准确信息，并及时履行对医院的任何财务义务。
- For more information about your Patient Rights and Responsibilities, please call Corporate Compliance at 573-458-7613.
- 如欲了解有关患者权利和责任的更多信息，请联系企业合规部 573-458-7613。