



St. Joseph Hospital is committed to providing quality healthcare with deep respect for human life from conception to death. As a Catholic healthcare facility, the hospital accepts a responsibility, which it carries beyond the basic rights included in this statement. We recognize the sanctity of life, the integrity of the individual and a commitment to sustain and nurture the physical, psychological, spiritual, and social well being of all we serve.

As an individual seeking medical care at St. Joseph Hospital or any of its facilities, you are entitled to expect compassionate treatment from our staff members.

PATIENT RIGHTS

You have the right to:

1. Be treated with consideration, respect, and full recognition of your 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 you have contact, pursuant to RSA 151:3-b.
2. Be fully informed of your 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.
3. Be fully informed in writing in a language that you can understand, before or at the time of admission and as necessary during your 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. Additionally, you will receive a notice of beneficiary discharge rights and information to appeal premature discharges.
4. Be provided information in a manner tailored to your age, language and ability to understand.
5. Have Language Assistance Services provided free of charge, be accurate and timely and protect the privacy and independence of the individual with limited English proficiency. If you are unable to read, the consent shall be read to you in your preferred language.
6. Have you or your designated representative be fully informed by a health care provider of your 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 your total care and medical treatment, to refuse treatment, and to be involved in experimental research upon you, or your designated representative'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.
7. Receive as much information about any proposed treatment or procedure, including proposed psychotropic medication or surgical procedure, as you or your designated representative may need in order to give informed consent or to refuse the course of treatment, and to make treatment decisions that reflect your wishes. Except in emergencies or by court order, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment, the medical consequences of refusal and the benefits involved in each and to know the name of the person who will carry out the procedure or treatment. To the extent permitted by law, this includes the right to refuse examination, care, treatment and services, including the withdraw of consent before treatment is initiated.
8. Be transferred or discharged after appropriate discharge planning only for medical reasons, for your welfare or that of other patients, if the facility ceases to operate, or for nonpayment for your 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.
9. Be encouraged and assisted throughout your stay to exercise your rights as a patient and citizen. You may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal. Written or verbal grievances may be submitted to:

Patient Relations Coordinator/St. Joseph Hospital
172 Kinsley Street, Nashua NH 03060
(603) 882.3000, ext. 63318
TTY (603) 598.3328

Concerns may also be forwarded to:

Department of Health and Human Services
129 Pleasant Street, Concord, NH 03301
Telephone: (800) 852.3345 • Fax: (603) 271.8716
TDD: (800) 735.2964

and/or

DNV GL Healthcare
400 Techne Center Drive, Suite 100, Milford, OH 45150
Website: <http://dnvglhealthcare.com/patient-complaint-report>
Telephone: (866) 496.9647 • Fax: (513) 947.1250

and/or

Beneficiary and Family Centered Care Quality Improvement
Organization (BFCC-QIOs) BFCC-QIO Name: KEPRO
Mailing Address: BFCC-QIO Program
5700 Lombardo Center Drive, Suite 100, Seven Hills, OH 44131
Telephone: (888) 319.8452 • Fax: (844) 878.7921
TTY: (855) 843.4776

10. Be permitted to manage your personal financial affairs. If you authorize the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with your rights under this subdivision and in conformance with state law and rules.
11. Be free from emotional, psychological, sexual and physical abuse or assault and from harassment, coercion, manipulation, exploitation, neglect, corporal punishment and involuntary seclusion.
12. 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 you or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect you or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
13. Be free from physical, mental or verbal abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.
14. Be ensured confidential treatment of all information contained in your personal and clinical record, including that stored in an automatic data bank, and your 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 upon request within a reasonable time frame and within the limits of the law. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.
15. Not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by you, such services may be included in a plan of care and treatment.
16. 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. You may send and receive unopened personal mail. You have the right to have regular access to the unmonitored use of a telephone.
17. Have you or your support person be informed of their visitation rights, including any clinical restriction or limitation on such rights, when they are informed of the rights under this section.
18. Have you or your support person, where appropriate, be informed of the right, subject to your consent, to receive the visitors whom you designate, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and your right to withdraw or deny such consent at any time.
19. Not have restricted, limited, or otherwise have visitation privileges denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
20. 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.
21. Be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.

22. Be entitled to privacy for visits and, if married, to share a room with your 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. You have 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.
23. Not be denied appropriate care on the basis of race, religion, color, national origin, sex, gender identity, age, disability, marital status, familial status, source of income, profession, or source of payment, nor shall any such care be denied on account of your sexual orientation.
24. Be entitled to be treated by your physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
25. Be entitled to have your parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if you are considered terminally ill by the physician responsible for your care.
26. Be entitled to receive representatives of approved organizations as provided in RSA 151:28.
27. Not be denied admission to the facility based on Medicaid as a source of payment when there is an available space in the facility.
28. Subject to the terms and conditions of your insurance plan, have access to any provider in your insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV
29. The hospital's reasonable response to your requests and needs for treatment or service, within the hospital's capacity, its stated mission and applicable law and regulation.
30. Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital, if you so desire.
31. Be informed of your health status, your illness, your course of treatment and your prospects for recovery in terms that you or your representative can understand.
32. Have your level of pain assessed and interventions provided if necessary.
33. Except in an emergency, have or be given information on how to obtain an advance directive that authorizes an agent or surrogate to make decisions on your behalf to the extent permitted by law. Advance directives are written instructions recognized under state law relating to the provision of health care when individuals are unable to communicate their wishes regarding medical treatment. This includes the following documents: medical/mental health power of attorney for care, a written or verbal statement (a living will), or some other form of instruction recognized under state law specifically addressing the provisions of health care.
34. Formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, if you have decided to complete an advance directive.
35. Provision of care not conditioned on the existence of an advance directive.
36. Request an Ethics Consult through contacting Mission Integration at (603) 882.3000, ext. 63301.

PATIENT RESPONSIBILITIES

1. Patients are responsible for following St. Joseph Hospital rules and regulations affecting patient care and conduct.
2. Patients are responsible for being considerate of the rights of other patients and St. Joseph Hospital personnel and property.
3. Patients are responsible for providing a complete and accurate medical history, to the extent possible.
4. Patients are responsible for making it known whether they understand a planned course of action and the things they are expected to do.
5. Patients are responsible for giving information about unexpected matters or changes in an expected course of treatment.
6. Patients are responsible for providing St. Joseph Hospital with accurate and timely information about their sources of payment and ability to meet financial obligations.
7. Patients are responsible for their actions if they refuse treatment or do not follow instructions for their care.

References

NH Title XI, Chapter 151:21 (2021)
CMS 482.1; 482.13; 482.61 (2020)
HHS Section 1557 (2020)
NIAHO PR.1 – PR.9 (2020)

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