Health care is a shared experience involving patients and their families and those who provide care. Premier Health facilities and employees recognize the personal worth and dignity of each patient. Your patient rights and responsibilities are offered as an expression of our philosophy and commitment to you.

Patient Rights

1. You have the right to considerate, respectful, and responsive care. You have the right to medical treatment regardless of your age, race, color, national origin, religion, language, sex, gender identity or expression, sexual orientation, disability, socioeconomic status, or sources of payment for care.

2. You have the right to receive the visitors whom you designate (or your support person designates, as appropriate) including, but not limited to, a spouse, a domestic partner, another family member, or a friend. You may also deny or withdraw consent of a visitor or visitors at any time. Premier Health hospitals do not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Please note that Premier Health hospitals may limit visitors at times for clinical and safety reasons as appropriate.

3. You have the right to respectful consideration of your psychosocial, spiritual, and cultural values, needs, and preferences. You have the right to request and receive pastoral/spiritual care services.

4. You have the right to prepare a living will and/or appoint a surrogate to make decisions on your behalf in accordance with Ohio law. You have the right to present your advance directive (living will and/or health care power-of-attorney) at the time of admission and have hospital staff and practitioners comply with your directive to the extent permitted by law and hospital policy. Premier Health is opposed to and will not participate in assisted suicide and/or active euthanasia, nor will life-sustaining treatment be withheld or withdrawn in the presence of a viable fetus. Should you want to formulate your wishes through an advance directive during or after admission, you have the right to do so. To arrange for this, speak to your nurse or call the patient experience department (see phone numbers on reverse side).

5. You have the right to have your physician promptly notified of your admission to the hospital.

6. You have the right to have a family member or representative of your choice notified of your admission to the hospital upon request.

7. You have the right as a competent adult to be involved in all aspects of your care. If you are unable to make decisions for yourself, we will involve your surrogate decision maker, next-of-kin, or a family member as appropriate and allowed by law.

8. You have the right to and are encouraged to obtain timely, relevant, current, and understandable information concerning your diagnosis, treatment, and prognosis from your physicians and other direct caregivers.

9. You have the right to be informed about any proposed treatment options so that you understand the potential risks, benefits, and possible side effects of those options, the likelihood of achieving your goals, problems that might occur during recuperation, and alternative courses of treatment and their associated risks, benefits, and side effects as well as the risks of not receiving treatment before making decisions about your medical care.

10. You have the right to be informed about the outcomes of care, treatment, and services, including unanticipated outcomes, that you need to know about in order to participate in current and future health care decisions.

11. You have the right to appropriate assessment and management of your pain consistent with accepted medical standards.

12. You have the right to know the name of the physician who has primary responsibility for your care as well as the names of other professionals responsible for authorizing and performing treatments.

13. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of your refusal. This refusal includes, but is not limited to, experimental research.

14. You have the right to a reasonable response to your requests for hospital services within the available resources of the hospital based upon priority of need and continuity of care. This includes discharge planning services such as facilitating transfers to another medical or extended care facility.

15. You have the right to reasonable resources to facilitate effective communications, e.g., language interpreter, sign language interpreter, and devices to assist the hearing impaired.

16. You and/or your next-of-kin, or an appointed surrogate speaking on your behalf, have the right to request and participate in appropriate discussion of ethical concerns and issues related to your care. To arrange such discussion, speak with the nursing personnel caring for you or your loved one or call the patient experience department (see phone numbers on reverse side).

17. You have the right to confidentiality in regard to your medical record and care.

18. You have the right to personal privacy and safety including access to protective services should they be required, e.g., guardianship and advocacy services. You have the right to receive care in a safe setting free from all forms of abuse, harassment, neglect, or exploitation.
Patient Experience Department Phone Numbers

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Atrium Medical Center</td>
<td>(513) 974-5072</td>
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<tr>
<td>Miami Valley Hospital</td>
<td>(937) 208-2666</td>
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<tr>
<td>Miami Valley Hospital North</td>
<td>(937) 208-2666</td>
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<tr>
<td>Miami Valley Hospital South</td>
<td>(937) 208-2666</td>
</tr>
<tr>
<td>Upper Valley Medical Center</td>
<td>(937) 440-4717</td>
</tr>
</tbody>
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Patient Responsibilities

1. You have the responsibility to make informed decisions about your health care. This includes seeking and considering the information provided by your physician and other caregivers.

2. You have the responsibility to provide accurate and complete information about all matters relating to your health.

3. You have the responsibility to inform the hospital staff and your health care providers about the existence of any living will and/or health care power-of-attorney that you have prepared and to present these documents so that they are readily available and can be included in your medical record.

4. You have the responsibility to report any changes in your condition to your physician and/or the nurse caring for you.

5. You have the responsibility to follow treatment plans and instructions recommended by your physician. This includes your responsibility to ask questions when you do not understand the plan of care or instructions given to you. If you choose not to follow instructions, you are responsible for the outcome.

6. You have the responsibility to cooperate with the hospital staff caring for you and to ask questions when you do not understand instructions, need clarification, or have concerns about your plan of care.

7. You have the responsibility to express any concerns that you have about your hospital care. Speak to your physician, the staff caring for you, or call the patient experience department (see phone numbers below) to express and discuss concerns about your care.

8. You have the responsibility to abide by the rules that apply to your conduct and that of your family and visitors while you are a patient at any Premier Health hospital. You also have the responsibility to be considerate of the hospital’s staff and property as well as other patients and their property, privacy, and confidentiality.

9. You have the responsibility to ensure payment of your bill(s) for care and treatment received. This includes the responsibility to cooperate with appropriate hospital staff to provide accurate information for processing insurance forms and other payment processes.

10. You have the responsibility to send valuables home with your family/friends or to secure them in the hospital safe by notifying your nurse while you are a patient at any Premier Health hospital.

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Patient Responsibilities

19. You have the right to be free from any form of restraint and/or seclusion that is not medically or behaviorally necessary. Restraint and/or seclusion may not be used as a means of discipline, coercion, convenience, or retaliation.

20. You have the right to know the rules that apply to your conduct and that of your family and visitors while you are a patient at any Premier Health hospital.

21. You have the right to access, request amendment to, and obtain information on disclosures of your health information in accordance with hospital policy and as allowed by law and regulation.

22. You have the right to receive upon request a detailed explanation of your charges and bills for medical services and treatment. You have the right to ask and be informed about the existence of business relationships among hospitals, educational institutions, and other health care providers or payers that may influence your care.

23. You have the right to receive a copy of the hospital's nursing staffing plan on request.

24. You have the right to express concerns about your care at any Premier Health hospital. Speak to your physician or the staff caring for you if you have any concerns about your care. If the issue is not resolved to your satisfaction, contact the patient experience department (see phone numbers below) to speak to a patient experience representative. Your concerns will be heard, investigated, and responded to in a timely manner.

Patient Experience Department Phone Numbers

Atrium Medical Center ............... (513) 974-5072
Miami Valley Hospital ............. (937) 208-2666
Miami Valley Hospital North ....... (937) 208-2666
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Upper Valley Medical Center ...... (937) 440-4717

You also have the right to file a complaint with The Joint Commission which accredits all Premier Health hospitals or the Ohio Department of Health, regardless of whether you choose to first use the Premier Health hospital complaint process. Complaints may be forwarded to The Joint Commission by using either of the options below:

- At www.jointcommission.org, by using the “Report a Safety Concern” link in the “Connect with Us” section on the home page of the website
- By mail to The Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
- More information on how to file a complaint is available by clicking on the “Report a Safety Concern” link noted above or by calling The Joint Commission’s patient safety event phone line at (800) 994-6610

Complaints may be forwarded to the Ohio Department of Health as follows:

On-line: At https://complainttracking.odh.ohio.gov/publiccomplaint/publiccomplaintform, complete and submit the on-line complaint form
Email: HCComplaints@odh.ohio.gov
Phone: (800) 342-0553

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Premier Health

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