



## As a patient at BridgePoint Hospital, you have a right to:

**Receive** considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, ethnicity, culture, language, socioeconomic status, national origin, religion, disabilities, sexual orientation, gender identity, gender expression, ability to pay or source of payment.

**Receive** care in a safe environment free from all forms of abuse, neglect or mistreatment.

**Be free** from interference, coercion, discrimination or reprisal.

**Be called** by your proper name and to be in an environment that maintains dignity and adds to a positive self-image.

**Be told** the names of your doctors, nurses and all health care team members directing and/or providing your care.

**Examine** and receive an explanation of your bill.

**Be involved** in making decisions about your own care, treatment and services, including the right to have your own physician, a family member and/or chosen representative promptly notified of your admission to the hospital. You have the right to refuse treatment to the extent permitted by law.

**Be included in** experimental research only when you have given informed, written consent to such participation, or when a guardian provides such consent for an incompetent patient in accordance with appropriate laws and regulations. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices.

**Be informed** if the hospital has authorized other health care and/or educational institutions to participate in your treatment. You shall also have a right to know the identity and function of these institutions, and may refuse all their participation in your treatment.

**Involve** your family in care, treatment and service decisions to the extent that you permit, in accordance with law and regulation.

**Be provided** with the information about the outcomes of care, treatment and services that you need in order to participate in current and future health decisions. Your physician will inform you about unanticipated outcomes of care.

**Have** a family member, friend or other individual be present for you for emotional support during your stay, unless the individual may or may not be your surrogate decision-maker or legally authorized representative. BridgePoint Hospital visiting policies note that same-sex couples and next of kin (partners/spouses/ significant others) are afforded the same access as different sex partners or couples.

**Be assisted** throughout your stay to exercise your rights as a patient and as a citizen and may voice grievances and recommend changes in policies and services to the facility staff. You may address grievances directly to the Nurse Manager, Director of Performance Improvement/Risk Management, CCO or to the CEO. Additionally, you may contact the Department of Health.

**Manage** your personal financial matters.

**Make** an advance directive, appointing someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and assistance in completing one.

**Be informed** by the attending physician and other providers of health care services about any continuing health care requirements after discharge from the hospital. You shall also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge.

**Have** your cultural, religious, and personal values, beliefs, and preferences respected.

**Have** the appropriate assessment and management of your plan.

**Request** assistance when English is not your primary language, or visual, hearing, or expressive impairments prevent effective communication during your hospital stay. You may request an interpreter or ask for assistive devices.

**Be free** from chemical and, except in emergencies, physical restraints except as authorized in writing by a physician for a specified reason and limited time frame when it is necessary to protect you from injury to yourself or others.

**Receive** Pastoral Counseling to address your spiritual needs.

**Give** accurate and complete information concerning your past illnesses, hospitalizations, medications, allergies and other pertinent items.

**Participate** in the development and update of your primary health care plan including your discharge plan.

**Receive** a full explanation (except in emergencies) regarding the reason for transfer, if a transfer is necessary, provisions for continuing care, and acceptance by the receiving institution.

**Access** information contained in your medical records within a reasonable time frame when requested, subject to limited circumstances where the attending physician determines it would be harmful to disclose the information to you for therapeutic reasons.

**Personal privacy** in treatment and personal privacy and confidentiality of medical records.

### If you have a complaint or grievance with this hospital, you may:

1. File a grievance with this hospital by writing: BridgePoint Hospital Capitol Hill, 223 7<sup>th</sup> St, NE, Washington, DC 20002 / (202) 546-5700.
2. Call the BridgePoint Compliance Hotline: (844) 870-4895
3. File a complaint with the Department of Health regardless of whether you use the hospital's grievance process at *Department of Health, 899 North Capitol Street NE, Washington, DC 20002 / (202) 442-5955.*
4. File a complaint with the Center for Improvement in Healthcare Quality, regardless of whether you use the hospital's grievance process, at *Center for Improvement in Healthcare Quality, P.O. Box 3620, McKinney, TX 75070, Attn: Chief Executive Officer | Phone: (866) 324 5080 | Fax: (805) 934-8588 | Email: [complaint@cihq.org](mailto:complaint@cihq.org) | Online Complaint Address: <https://cihq.org/complaint>*