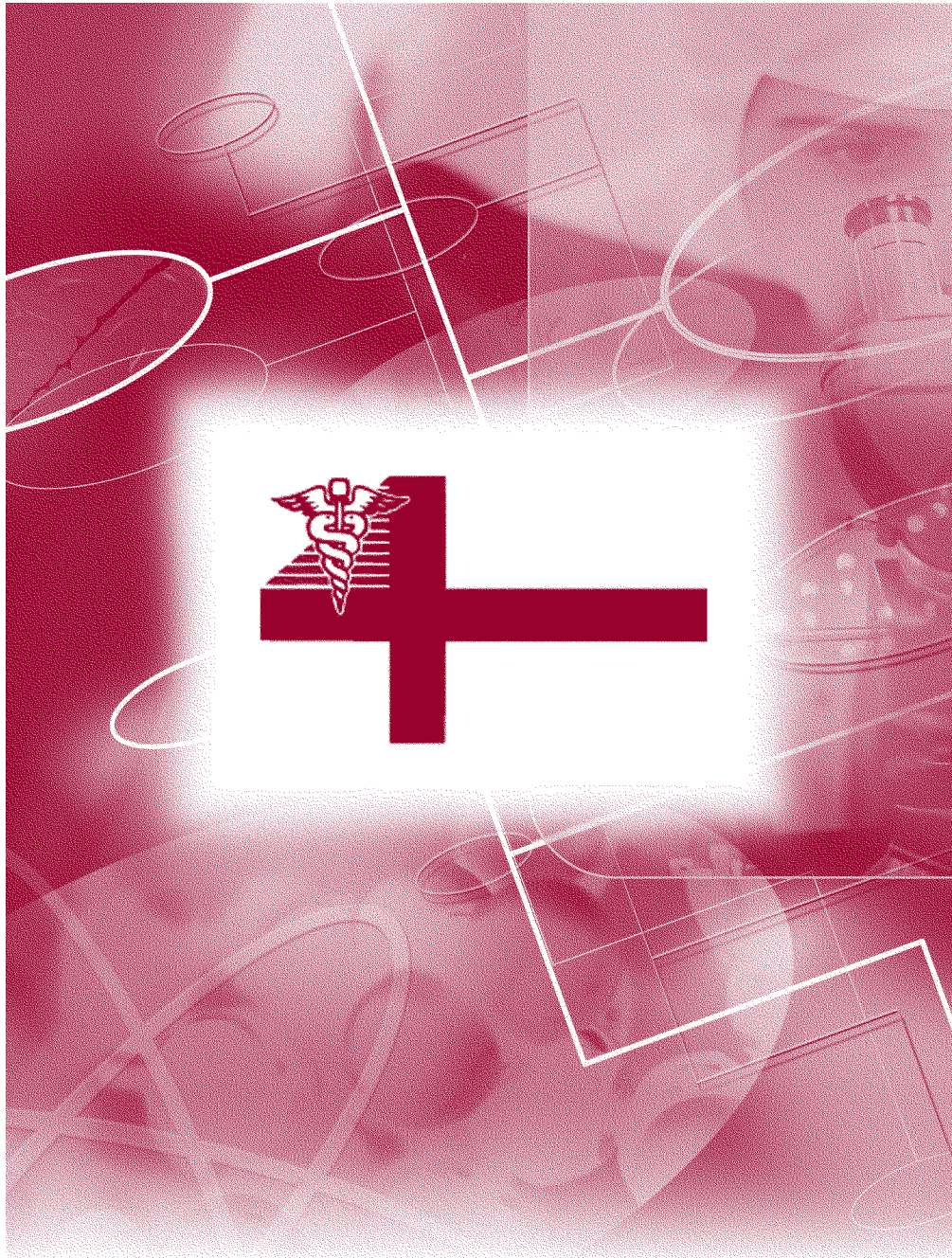


PATIENT INFORMATION GUIDE

Rhode Island Edition



*Our Hospital endeavors to provide comprehensive,
quality healthcare in a convenient,
compassionate and cost effective manner.*

PATIENT INFORMATION GUIDE

W E L C O M E

Over the years, we have never forgotten that the human touch has as great an effect as the most powerful medicine. For this reason, our entire staff is committed to making your stay as comfortable and pleasant as possible.

During your hospitalization, we will respect your individuality, dignity and privacy, while offering you the best in healthcare regardless of your payment source, race, sex, cultural, economic, educational or religious background. We will also respect your right to be informed about and participate in decisions regarding your care, inform you of the process for resolution of complaints, and make every reasonable effort to grant requests for special services to meet your individual needs. At the same time, we will maintain a secure and safe environment within the medical center, ensuring that your medical records remain confidential, and encourage you to communicate freely with friends and family through visits, as well as by phone and mail.

In short, you are a very important person to us. Our first and only priority is to provide you and your family with quality healthcare services in a sensitive and compassionate manner.

We wish you a full and speedy recovery!

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MISSION, VISION AND VALUES

MISSION (MOTTO)

Our Hospital endeavors to provide comprehensive, quality healthcare in a convenient, compassionate and cost effective manner.

VISION (STATEMENT)

Our Hospital is consistently at the forefront of evolving national healthcare reform. Our organization provides an innovative and integrated healthcare delivery system. We remain ever cognizant of our patients' needs and desires for high quality affordable healthcare.

VALUES

COMPASSION:

We provide an environment that is caring and conducive to healing the whole person physically, emotionally and spiritually.

We respect the individual needs, desires and rights of our patients.

QUALITY:

We believe in continuous quality of care and performance improvement as the foundation for preserving and enhancing healthcare delivery.

Effective communication and education of our patients, physicians, staff and the community we serve are essential elements of this process.

COMPREHENSIVE:

We are committed to an integrated healthcare delivery system that encompasses the entire spectrum of healthcare delivery. This continuum of care encompasses all aspects of an individual's healthcare.

COST EFFECTIVENESS:

We offer high quality healthcare that is accessible and affordable.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you.

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the **Health Information Services Department**. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to our **Compliance Officer**. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy;
- or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Services Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do not agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Health Information Services Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to list our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Health Information Services Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO PAPER COPY OF THIS NOTICE

You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

To obtain a paper copy of this notice: **Contact the Admitting Department.**

PATIENT RIGHTS

You have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences. The right to participate in the development and implementation of his or her plan of care (482.13 (b)(1).
2. His or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment of services deemed medically unnecessary or inappropriate 482.13 (b)(2).
3. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital [482.13 (b)(4)].
4. Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure, who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and non-physicians who will see you.
5. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
6. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
7. Request or refuse treatment, to the extent permitted by law. You have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
8. Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services.

9. Reasonable responses to any reasonable requests made for service.
10. To be informed of the right to have pain treated as effectively as possible. The right to appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.
11. The right to formulate advance directives to have hospital staff and practitioners who provide care in the hospital comply with these directives. In accordance with 489.100 of this part, 489.102 of this part, and 489.104 of this part: 482.13 (b)(3). This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf, without coercion, discrimination or retaliation.
12. The right to personal privacy 482.13 (c)(1). Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
13. The right to the confidentiality of his or her clinical records [482.13 (d)(1)]. The right to confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
14. The right to receive care in a safe setting (482.13 (c)(2)]. The right to be free from all forms of abuse or harassment [482.13 (c)(3)]. To be free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying governmental agencies of neglect or abuse.
15. The right to be free from restraints and seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff [482.13 (e)(1)].
16. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.

17. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
18. Know which hospital rules and policies apply to your conduct while a patient.
19. The hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reason for the clinical restriction or limitation. A hospital must meet the following:
 1. Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section. The hospital may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. Other limitations may include limitations or restrictions of visitations from the presence of a particular visitor as it would endanger the health or safety of a patient, a member of the health facility, staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.
 2. Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates; including, but not limited to, a spouse, a domestic partner (including same sex domestic partners), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
 3. Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
 4. Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences. 482.13 (h)(1)(2)(3)(4).
20. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.
21. The right to access the cost, itemized when possible, of services rendered within a reasonable period of time as well the right to examine and receive an explanation of the hospital's bill regardless of the source of payment.
22. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, registered domestic partner, sexual orientation, educational background, economic status or the source of payment for care.

23. You have the right to know the professional status of any person providing his/her care/services. The right to know the reason for any proposed change in the Professional Staff responsible for his/her care.
24. The right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must act quickly as its record keeping system permits. [482.13 (d)(2)].
25. The right to know the reasons for his/her transfer either within or outside the hospital.
26. The relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care.
27. The right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.
28. The patient's family has the right of consent for tissue and organ donation. (**Organ Donation**)
29. The right to interpretive services for certain individual who speak languages other than English, alternative communication techniques or aides for those who are deaf or blind, or other steps as needed to effectively communicate.
30. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling the hospital. The Risk Management/Performance Improvement department will review each grievance and provide you with a written response within 7 days. If the grievance is not resolved within 7 days a follow up call will be made every 30 days until the grievance is resolved. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process.
31. To file a complaint with the Rhode Island Department of Health regardless of whether you use the hospital's grievance process. The Rhode Island Department of Health's phone number and address is:

State of Rhode Island
Department of Health
Complaint Unit
3 Capitol Hill
Providence, RI 02908
(401) 222-5200

32. To file a complaint with an Accreditation Program, the phone number and address is:

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(800) 994-6610

PATIENT RESPONSIBILITIES

So that you may contribute effectively to your healthcare, you have, as a patient or patient's representative, the following responsibilities:

1. Be honest and as accurate as possible when asked for information about your medical history and everything that happens to you as a patient.
2. Participate actively in agreed-upon decisions regarding your health.
3. Notify your doctor or nurse if you have any concern about your care and if you notice, or think you notice, or perceive any changes in your health.
4. Ask promptly for clarification if you do not understand what is asked of you, or why it is asked.
5. Let your doctor or nurse know if you are concerned about a treatment, or if you feel you cannot, or will not, follow a certain treatment plan and to be responsible for the consequences if you refuse treatment or do not follow instructions.
6. Examine your bill and ask any questions you may have regarding the charges or methods of payments, and for assuring that the financial obligations of your health care are fulfilled as promptly as possible.
7. Follow hospital rules and regulations affecting patient care and conduct, to be considerate of other patients and hospital staff and their property, and for assisting in controlling the noise and number of your visitors.
8. Provide the hospital with a copy of any advance directives you may have executed.
9. Contribute to a safe environment of care, therefore the following is prohibited:
 - Possession of weapons, dangerous objects, alcohol, illegal drugs and drugs not prescribed by the patient's physician.
 - Visiting while under the influence of drugs and/or alcohol.

The hospital's obligation to provide a safe environment for patient care must override the patient's right to privacy.

PATIENT SAFETY

In our efforts to support patient safety and reduce mistakes, we encourage patients to ask questions regarding all aspects of their medical care. Being involved in every decision about your health care can lead to a better outcome for you.

1. Be involved in your health care. The single most important way you can help optimize your care and help to prevent errors is to be an active member of your health care team. **ASK QUESTIONS!** Actively participate in every decision about your health care from start to finish.
2. Make sure all of your doctors and nurses know about any medications you are taking – including prescriptions, over-the-counter medication, and dietary supplements such as vitamins and herbs. Just because it is herbal or natural does not mean it is safe. Tell your doctor and nurse about any allergies or adverse reactions that you have had to medication(s) or food products.
3. Be sure to ask for information about your medication when it is prescribed and when your nurse gives it to you. Make sure that caregivers give you information in terms that you can understand. If you do not understand any information **it is OK to ask!** Questions you may want to ask include: What is the medication(s) for? How am I supposed to take it, and for how long? What side effects may occur? What do I do if they occur? Is this medication safe to take with other medications or dietary supplements? What foods, drinks, or activities should I avoid while taking this medication?
4. Ask why a test or treatment is needed and how it may help you. Be informed.
5. When you have any type of surgery, **ask** for information about your surgery in terms that you can understand. Who will be assisting with my surgery? What is involved? How long will it take? What are the risks involved? How long will my recovery be? What are the expected outcomes?
6. If you are having surgery, make sure that you, your doctor, and your surgeon all agree and are clear on exactly what will be done. Be involved in marking the correct site of your surgery with the word “YES.”
7. Ask if you have questions or concerns. Do not be afraid to ask questions of anyone who is involved in your care. Ask your doctor or nurse about results of all tests performed, your condition, and treatment during your hospital stay.
8. Provide all health professionals involved in your care with accurate information about yourself. This is especially important if you have many health problems.
9. Upon discharge from the hospital, ask your doctors and nurses to explain the treatment plan you will need to follow at home.

10. If you will be taking medications after discharge from the hospital, you will be given instructions along with a list of medications. To promote medication safety, it is highly recommended that you keep a current list of your medications in your wallet or purse so you can share this information with your doctors, retail pharmacist and if you are re-admitted with your health care provider.
11. Ask a family member or friend to be here with you to be your advocate and ask questions if you can't. Even if you think you don't need help now, you might need it later. Ask about an Advance Directive if you do not have one. If you do, be sure to give a copy to your primary physician and the hospital.
12. Practicing good hand washing is the single most important thing we can all do to stop the spread of infection. It is a healthy habit for anyone, whether you are in the hospital, at work or at home. Encourage your visitors to wash their hands and practice good hand washing yourself. If you do not see the health care provider washing their hands with soap and water or using the waterless alcohol hand sanitizer when entering your room to provide care, remember, it is **OK to ask!** Be an active participant in the hand washing process. It only takes a few simple words to help encourage this healthy habit.

Simply say:

“Excuse me, did you wash your hands?”

“I saw that you washed your hands, thank you!”

Communication about all aspects of your care, treatment and services is an important part of our culture of safety.

If you have any complaints, you have the right to complain to the Rhode Island Department of Health Complaint Unit.

Or you may call our accrediting body:

OFFICE OF QUALITY MONITORING

The Joint Commission

One Renaissance Boulevard,
Oakbrook Terrace, IL 60181
(800) 994-6610

YOUR RIGHT TO MAKE DECISIONS ABOUT MEDICAL TREATMENT

This brochure explains your right to make healthcare decisions and how you can plan now for your medical care if you are unable to speak for yourself in the future.

A federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.

WHO DECIDES ABOUT TREATMENT?

Your doctors will give you information and advice about treatment. You have the right to choose. You can say “Yes” to treatments you want. You can say “No” to any treatment that you don’t want - even if the treatment might keep you alive longer.

HOW DO I KNOW WHAT I WANT?

Your doctor must tell you about your medical condition and about what different treatments and pain management alternatives can do for you. Many treatments have “side effects.” Your doctor must offer you information about problems that medical treatment is likely to cause you.

Often, more than one treatment might help you and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can’t choose for you. That choice is yours to make and depends on what is important to you.

CAN OTHER PEOPLE HELP WITH MY DECISIONS?

Yes. Patients often turn to their relatives and close friends for help in making medical decisions. These people can help you think about the choices you face. You can ask the doctors and nurses to talk with your relatives and friends. They can ask the doctors and nurses questions for you.

CAN I CHOOSE A RELATIVE OR FRIEND TO MAKE HEALTHCARE DECISIONS FOR ME?

Yes. You may tell your doctor that you want someone else to make healthcare decisions for you. Ask the doctor to list that person as your healthcare “surrogate” in your medical record. The surrogate’s control over your medical decisions is effective only during treatment for your current illness or injury or, if you are in a medical facility, until you leave the facility.

WHAT IF I BECOME TOO SICK TO MAKE MY OWN HEALTHCARE DECISIONS?

If you haven’t named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn’t agree about what to do. That’s why it is helpful if you can say in advance what you want to happen if you can’t speak for yourself.

DO I HAVE TO WAIT UNTIL I AM SICK TO EXPRESS MY WISHES ABOUT HEALTH CARE?

No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other healthcare facility. You can use an **Advanced Health Care Directive** to say *who* you want to speak for you and *what* kind of treatments you want. These documents are called “advance” because you prepare one before healthcare decisions need to be made. They are called “directives” because they state who will speak on your behalf and what should be done.

In Rhode Island, the part of an advance directive you can use to appoint an agent to make healthcare decisions is called a **Power of Attorney For Health Care**.

WHO CAN MAKE AN ADVANCE DIRECTIVE?

You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

WHO CAN I NAME AS MY AGENT?

You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

WHEN DOES MY AGENT BEGIN MAKING MY MEDICAL DECISIONS?

Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the **Power of Attorney for Health Care** that you want the agent to begin decisions immediately.

HOW DOES MY AGENT KNOW WHAT I WOULD WANT?

After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your advance directive.

WHAT IF I CHANGE MY MIND?

You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

WHAT HAPPENS WHEN SOMEONE ELSE MAKES DECISIONS ABOUT MY TREATMENT?

The same rules apply to anyone who makes healthcare decisions on your behalf - a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest.

The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.

WILL I STILL BE TREATED IF I DON'T MAKE AN ADVANCE DIRECTIVE?

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.

REMEMBER THAT

A **Power of Attorney For Health Care** lets you name an agent to make decisions for you. Your agent can make most medical decisions - not just those about life sustaining treatment - when you can't speak for yourself. You can also let your agent make decisions earlier, if you wish.

HOW CAN I GET MORE INFORMATION ABOUT MAKING AN ADVANCE DIRECTIVE?

Ask your doctor, nurse, social worker, or healthcare provider to get more information for you. You can have a lawyer write an advance directive for you, or you can complete an advance directive by filling in the blanks on a form.

NOTICE OF PRIVACY PRACTICES

Effective Date: March, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Health Information Management.

WHO WILL FOLLOW THIS NOTICE

This notice describes our hospital's practices and that of:

- any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All Employees, staff and other hospital personnel.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. WE create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Disclosure at Your Request.** We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.
- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as other acute facilities, skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you. If you wish to pay for this hospitalization treatment out of pocket, in full, you have the right to restrict disclosures of protected health information to your health plan. Please contact a business office associate before the end of your hospitalization. Refer to the Business Office phone number.

- **For Health Care Operations.** We may use and disclose Health Information about you for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services we provide to ensure that the care you receive is of the highest quality. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Fundraising Activities.** We may use medical information about you, or disclose such information to a foundation related to the hospital, to contact you in an effort to raise money for the hospital and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.
- **Marketing and Sale.** Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

- **Research.** Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health recovery of all patients who received one medication or treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will go through a special approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the hospital.
- **As Required by Law.** We will disclose Health Information when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

SPECIAL CIRCUMSTANCES

- **Organ and Tissue Donation.** If you are an organ donor, we may release Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child, elder and dependent adult abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of the hospital in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government or authority if we believe a patient has been a victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law. To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws

- **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.
- **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Security Clearances.** We may use medical information about you to make decisions, regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the U.S. Department of State who need access to that information for these purposes.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **Multidisciplinary Personnel Teams.** We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.
- **Special Categories Of Information.** In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information –e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse.

YOUR RIGHTS

You have the following rights regarding Health Information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. Usually this includes medical and billing records, but may not include some mental health information.

To inspect and obtain a copy of Protected Health Information (PHI) that may be used to make decisions about you, you must submit your request in writing to Health Information Management. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If needed and at your request, the hospital may provide an electronic copy of your electronic PHI.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be made in writing and submitted to the Health Information Management. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for the hospital
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of Health Information we made. This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, we will notify you as required by law following a breach of your unsecured protected health information.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. In addition, you have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your surgery with your spouse.

We are not required, however, to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations.

To request restrictions, you must make your request in writing to the Health Information Management. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request in writing to the Health Information Management. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our website.

To request any of the above, you must make your request, in writing, to Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Health Information we already have as well as any information we receive in the future. We will post a copy of the current notice at the hospital. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this hospital and/or the Department of Health and Human Services. All complaints must be made in writing. To file a complaint with:

- This hospital, contact the Health Information Management
- The U.S. Department of Health and Human Services, contact:
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775

You will not be penalized for filing a complaint.

Other uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

A PATIENT'S GUIDE TO BLOOD TRANSFUSIONS

IF YOU NEED BLOOD

If you have questions about your options relating to blood transfusion, please ask your physician. Although you have the right to refuse a blood transfusion, this decision may hold life-threatening consequences.

DONORS

Hospitals maintain a supply of donor blood to meet transfusion needs. Volunteer (unpaid) community blood donors and designated donors, or persons you know who may want to give blood, are screened by a thorough medical history, and then tested with the most accurate technology available. Although blood and blood products never can be 100% safe, the risk is very small. As of 2002, infection with HIV (the virus that causes AIDS) occurs less than once per 1,900,000 (almost 2 million) units of blood transfused. Hepatitis C infection occurs about once per 1,600,000 units, and Hepatitis B occurs about once every 180,000 units. Other infections are transmitted much less often. Advance notice is required to accommodate a request for designated donors, as additional processing may be required. If you have additional questions about your options relating to blood transfusion, please refer these questions to your physicians.

UNDERSTANDING YOUR PAIN – FAMILY AND PATIENT INFORMATION

PAIN RELIEF

Pain medicine works best when you relax.

- Place a pillow where your body hurts. This supports the painful area and is helpful when deep breathing and coughing after surgery.
- Use cold or warm packs to ease your pain. Back massages help relax tight muscles.
- Breathe in and out slowly to relax muscles when you get in and out of bed or a chair. Take a breath before you move, then slowly breathe out as you get up or move.
- Listen to soft music.
- Talk with someone; for example, staff from the Social Services department.

ASK ABOUT PAIN BEFORE YOUR SURGERY

Before and after your surgery, ask questions about pain management. Knowing how much pain to expect may help you feel more in control and less afraid of surgery.

Here are some questions you may ask the nurses or doctor before surgery.

- How much pain should I expect? What is normal?
- How long does the pain usually last?
- What medication will I get? What choices do I have?
- Will the pain medication be given to me as a pill, a shot, or through an IV (in the vein)?
- How often will I be given the medication?

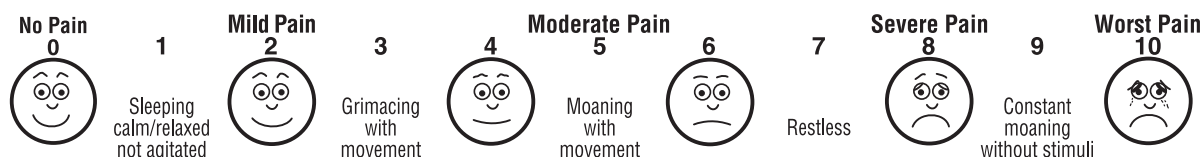
If you have had pain medicine that didn't work well, or if you had side effects such as vomiting or blurred vision, be sure to tell the nurses or doctor.

After your surgery, it will be important that you move about and breathe deeply to keep your lungs clear. Your doctor may change the medication to make sure you can do this.

PAIN RATING SCALES

The pain scale below is a way that the nurses and doctors can understand how you're feeling. The scale is for nurses or doctors to use with a patient who is not able to communicate.

Remember, it is very important for your nurses or doctor to know if the pain medicine doesn't help, or if your pain suddenly changes.



MANAGING YOUR PAIN

- Everyone feels and reacts to pain in different ways. How you feel pain can depend on what happened to you in the past and how worried you are about what is causing your pain.
- The four pain scales are ways that the nurses and doctors can understand how you're feeling.
- When you are admitted to the hospital, your nurse will ask you how much pain you are willing to tolerate in order to move around in bed, walk, cough, breathe deeply, and sleep.
- During your stay, the nurses and your doctor will often ask about your pain to make sure the pain level is acceptable. They will also ask where it hurts and how it feels. Here are some words to help describe your pain: cramp, sharp, ache, burning, dull, constant, off-and-on. Your doctor and nurses will compare the pain you can tolerate and the way you describe the pain, to decide what type of medicine and other pain relief methods to use.
- When you leave the hospital, your nurse will talk to you about safe ways to take care of the pain at home. Do not be afraid to take pain medication when you need it, following the directions on the bottle. Short-term use of medicine is not addicting. If you are worried about this, ask your doctor to explain.
- You are the only one who knows how much pain you feel and what makes it feel better. Be honest with the nurses or doctor. Do not worry about being brave or bothering the nurses. Taking care of pain is an important part of taking care of your health.

STOP SMOKING – BE A QUITTER

Cigarette smokers are:

- 2-3 times more likely to have a heart attack
- 3 times more likely to have a stroke
- at increased risk for peripheral vascular disease
- at increased risk for arteriosclerosis

Women who smoke and take birth control pills are 10-20 times more likely to have a stroke or heart attack.

BE A QUITTER AND GET RID OF YOUR BEST FRIEND

People are much more likely to succeed in quitting when they know what obstacles they may face and plan to handle them.

- Be ready to review the reasons to quit smoking and plan to cope with unexpected problems.
- Set your quit date to prepare yourself and those around you.
- Stop smoking on the planned day and spend that day with non-smokers.
- Plan for triggers and what to do in situations that trigger your smoking.
Trigger examples include talking on the phone, driving, being with other smokers, after sex, after eating, being sad, angry or stressed.
- Plan for potential side effects of quitting smoking.
Potential side effects may include irritability, feeling tired, gastrointestinal problems, weight gain, and cough. These symptoms last for only a short time and your metabolism returns to normal quickly.

ACTION PLAN TO QUIT SMOKING

1. Talk to your family and let them know you have resolved to quit smoking and need their understanding and help from time to time.
2. Recruit the help of a successful ex-smoker.
3. Make a list of people who can help you through difficult situations.
4. Pick a quit date that has special meaning for you.
5. Change your daily routine. Use a different route to drive to work, listen to a different radio station, and change your morning routine.
6. Clean your house and car. Get rid of matches, lighters, and ashtrays. Clean your drapes, furniture, and deodorize your car.
7. Start drinking a lot of water.
8. Keep busy. Plan activities to keep your hand active.
9. Stay in non-smoking areas as much as possible.
10. Focus on one day at a time. Don't worry about tomorrow.
11. Reward yourself with small gifts from the money you would have used to buy cigarettes.
12. Success depends more on good planning than on will power.
13. Get plenty of rest and eat healthy.
14. Your addiction gets weaker as each day passes.
15. Take control of your life. Choose not to smoke.
16. If you slip back don't be discouraged. Remind yourself of the progress you have already made.
17. Doing anything worthwhile is tough. Sometimes it takes more than one attempt.

REMEMBER:

THE URGE TO SMOKE WILL PASS WHETHER YOU LIGHT UP OR DON'T LIGHT UP!

RESOURCES AND SUPPORT FOR SMOKING CESSATION

RESOURCES	CONTACT INFORMATION
American Cancer Society	1-800-227-2345 www.cancer.org
American Heart Association	1-800-242-8721 www.americanheart.org
American Lung Association	1-800-586-4872 www.lungusa.org
Campaign for Tobacco-Free Kids	www.tobaccofreekids.org
Smoke Free Program (National)	www.smokefree.gov
Nicorette Gum	www.nicorette.com
Commit Lozenge	www.commitlozenge.com
Nicoderm Patch	www.nicoderm.com
Generic Patch (Formerly Habitrol)	www.habitrol.com
Nicotrol Patch, Nasal Spray, & Inhaler	www.nicotrol.com
Zyban Tablets	www.zyban.com
QUITWORKS-RI	www.trytostop.org 1-800-879-8678

FOOD AND DRUG INTERACTIONS

Many drugs have the potential of affecting nutritional status. Drugs may interact with nutrients to reduce absorption, alter distribution, or increase excretion of nutrients. Drugs may also have an indirect affect on nutritional status by producing side effects such as decreased appetite, nausea, altered sense of taste or unpleasant taste, dry-mouth or vomiting. The following is a partial list of common prescribed drugs which may have a direct or indirect effect on vitamins and other nutrients.

DRUG / DIET RECOMMENDATIONS

DRUG	DIET RECOMMENDATION
ANTICOAGULANTS	
Coumadin (Warfarin)	Keep vitamin K intake consistent from day to day. Recommended Daily Intake (RDI) =120 mcg/day for men; 90 mcg/day for women. Limit foods high in vitamin K (≥ 200 mcg) to less than 1 c. day. Foods high in vitamin K: Kale broccoli, cabbage, spinach, turnip greens, parsley. For further information on foods high in vitamin K, see USDA online nutrient database. Avoid nutritional supplements high in vitamin K/vitamin E. Limit fried or boiled onions. Limit cranberry juice (less than 8 oz. day). Limit caffeine.
ANTICONVULSANTS	
Dilantin (Phenytoin)	Take with food or milk. Avoid alcohol. Increase vitamin D containing foods. Watch intake of pyridoxine and folacin supplements.
ANTIDEPRESSANTS	
MAOI Marplan, Natdil Niamide, Parnate)	Avoid tyramine containing foods such as aged cheese, wine, beer, broad beans, nuts, licorice, yogurt, liver and yeast.
ANTI-INFECTIVE DRUGS	
Cipro/Levaquin Metronidazole	Take on an empty stomach. No Antacid, Iron, or Zinc at the same time. Take with food or milk. No alcohol during and 24 hours after using product.
Griseofulvin (Grisactin, Fulvicin)	Take with meals. No alcohol. High fat meal enhances absorption.
Macrochantin Zyvox	Maintain adequate protein in diet. Take with food, milk or fruit juice. Avoid tyramine containing foods such as aged cheese, wine, beer, broad beans, nuts, licorice, yogurt, liver and yeast.
Macrochantin Tetracycline	Maintain adequate protein in diet. Take with food, milk or fruit juice. Do not take with milk products.
CARDIAC DRUGS	
Aldactazide	Take with food 6 or more hours before bedtime. Diet should be low sodium. Watch potassium containing foods. No natural licorice.
Calcium Channel Blockers (Dihydropyridines) (Cardene), (Nimotop), (Norvasc) (Plendil), (Procardia) Cyclosporine Tegretol, Zocor	No grapefruit products should be consumed while taking these medications.
Digoxin (Lanoxin)	Take with water 1/2 hour before or 2 hours after high fiber foods. Maintain diet high in potassium, low in sodium and adequate magnesium. No natural licorice. Avoid high amounts of vitamin D supplements. Don't take with milk or antacids.
Hydrochlorothiazide	Take with food 6 or more hours before bedtime. Diet should be low sodium, high potassium. Limit alcohol. No natural licorice.
Lasix (Furosimide)	Take with food. Increase foods high in potassium, magnesium and calcium. Limit alcohol.

DRUG / DIET RECOMMENDATIONS

DRUG	DIET RECOMMENDATION
CARDIAC DRUGS	
Questran (Cholestyramine)	Take with water or pureed foods; never take dry or with carbonated beverages. Increase fluids and fiber in diet. Also increase iron, vitamins A, D, K and B-12. Low fat diet suggested.
GASTROINTESTINAL DRUGS	
Pepcid (Famotidine)	Take with food. Limit caffeine.
HORMONES AND SYNTHETIC SUBSTITUTES	
Cortisone, Hydrocortisone, Prednisone	Diet may be high protein, low carbohydrate, low sodium. You may want to ask your physician.
Insulin	Meal patterns should be individualized to coincide with peak action of insulin. Diabetics usually require a bedtime snack. Dietician needs to be seen.
Lithium	Keep daily sodium intake constant. Take with food to avoid upset stomach. 8-10 glasses of water daily.
Thyroid and Synthroid	Take on empty stomach. With long term use, avoid large intake of soy protein and the Brassica family (cabbage, kale, brussel sprouts, cauliflower).

FOOD COMPONENT / SIGNIFICANT SOURCE RECOMMENDATIONS

FOOD COMPONENT	SIGNIFICANT SOURCE
Vitamin A	Apricots, cantaloupe, broccoli, carrots, beet greens, chard, spinach, pumpkin, sweet potatoes, winter squash.
Vitamin B-6	Meat, poultry, fish, dairy products, potatoes, sweet potatoes, vegetables, whole grains, flour, cereals.
Vitamin B-12	Meat, poultry, fish, dairy products except butter, eggs.
Vitamin D	Fortified milk, fish liver oil, liver.
Vitamin K	Kale, broccoli, cabbage, spinach, turnip green, parsley.
Calcium	Milk, cheese, yogurt, canned salmon, oysters, clams, beef liver, almonds, collards, turnip greens and other greens.
Iron	Fish, eggs, poultry, organ meats, wheat germ, dark leafy green vegetables.
Magnesium	Seafood, nuts, legumes, dairy products, green vegetables, kelp, bran.
Potassium	Oranges and juice, tomato juice and vegetable juice, dried peas and beans, mushrooms, potatoes, winter squash, apricots, bananas, dried fruit.
Sodium	Salt, salty foods, cured foods, canned and processed foods (unless salt free).
Caffeine	Coffee, tea, chocolate, cola.
Fiber	Raw fruits and vegetables, bran, dried peas, beans and lentils, whole grains.

DRUG SIDE EFFECT / DIET SUGGESTIONS AND RECOMMENDATIONS

The way you eat may help to relieve some of the unpleasant side effects. Here are some helpful hints.

PROBLEM	SUGGESTION
Loss of Appetite	<ol style="list-style-type: none"> 1. Small frequent attractive meals. 2. Enhance food flavors by using various seasonings. 3. Marinate meats in sauces or fruit juices.
Altered Taste Perception, Bitter Taste or Aftertaste	<ol style="list-style-type: none"> 1. Try to mask taste of drug with pulpy fruits (applesauce, crushed pineapple) or other foods. 2. Try using sugarless gum, water or lemon juice as mouth rinse. 3. Try sucking on hard candy.
Dry or Sore Mouth	<ol style="list-style-type: none"> 1. Moisten dry foods in beverages and swallow foods with a beverage. 2. Decrease the use of dry (or salty) foods or snacks. 3. Avoid spicy rough textured or highly acidic foods. 4. Add milk-flavored sauces, gravies or syrups to food. 5. Try to suck or lick ice chips. 6. Incorporate cold foods or beverages into meals or snacks. 7. Try to chew sugarless gum between meals.
Heartburn	<ol style="list-style-type: none"> 1. Eat small quantities of food at frequent intervals. Avoid overeating. 2. Control the use of alcohol, caffeinated beverages, peppermint or pepper. 3. Avoid citrus juice, tomato products and other highly acidic foods or concentrated fruit beverages. 4. Avoid spicy, greasy, fried or fatty foods. 5. Avoid eating before bedtime.
Nausea	<ol style="list-style-type: none"> 1. Eat small quantities of easily digestible foods at frequent intervals. 2. Reduce food volume at meals. Serve beverages after meals or limit beverage intake with meals. 3. Try toasted or dry enriched breads, crackers or ready-to-eat cereals. 4. Have cold clear beverages or juices. 5. Avoid any fried, greasy or fatty foods.
Diarrhea	<ol style="list-style-type: none"> 1. Maintain adequate fluid intake, especially those high in potassium 2. Eat small quantities of food at frequent intervals. 3. Let hot foods cool slightly before eating. Cold foods or beverages may also aggravate diarrhea. 4. Avoid foods high in fiber, alcohol, milk products, and caffeine containing beverages.

We hope that this information has been informative for you. Should you have any questions, please ask your doctor, pharmacist, or dietitian.

NOTICE OF ACCESSIBILITY FOR PERSONS WITH DISABILITIES (Section 504. 45 C.F.R. §84.22 (F))

Our Hospital and all programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features may include:

- Convenient off-street parking designated specifically for disabled person.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments.

There is no additional charge for such aids. Some of these aids may include:

- o Qualified sign language interpreters for persons who are deaf or hard of hearing.
- o A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
- o Readers and taped material for the blind and large print materials for the visually impaired.
- o Flash Cards, Alphabet boards and other communication boards.
- o Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your nurse know.

THE ETHICS COMMITTEE

Sometimes a difficult choice must be made from two or more alternatives, none of which completely provides a satisfactory answer. The Ethics Committee is composed of physicians, hospital staff members, and community members, and it functions as an advisory body to the Hospital regarding ethical and moral issues which arise in the provision of medical care. Access to the Ethics Committee is available to patients and their families upon request. Ask your nurse for access.

MEDICAL SOCIAL WORK

Our Medical Social Work Staff is a part of the total healthcare team that is working to assure that the support and compassionate care our patients and families need during hospitalization is there. We can assist you and your family in dealing with emotional, social and/or economic stresses which may occur as a result of illness and hospitalization.

We are also specialists in identifying the many community, state and federal resources that may be of help to you in the weeks ahead. If you need help in sorting out your needs, ask your nurse to contact a social worker for you.

ORGAN AND TISSUE DONATION

When someone dies, it is often possible for other lives to be saved or made better through the donation of their organs and tissues. We realize that the death of a loved one is a very difficult time and take this into consideration when discussing the

possibility of donation. We are required by law to refer our patients to our local organ donation agency who may discuss the option of organ / tissue donation. Many families have taken comfort in this difficult time in knowing that someone else's life was made better through the donation of their loved ones' organs/tissues.

INFORMED CONSENT

You have the right to be informed about any procedures, tests, or operations to be performed on you. It is expected that the physician will talk with you about the benefits of your treatments and will explain the risks and complications including unanticipated outcomes that could happen, as well as other treatment that could help you.

MEDICAL RECORDS / HEALTH INFORMATION MANAGEMENT

The records of your hospital stay are kept in the hospital Medical Records Department. You have been issued a unique medical record number and all of your records will be compiled into a unit record under that number. If you have a need for a copy of your record for personal use, there is a nominal charge. We will be happy to copy your record for any physician who is to provide continued medical care for your well being at no charge. Although we are staffed seven days a week for the processing of records, we are only open to the public during regular business hours, 8:00 a.m. to 4:00 p.m., Monday through Friday. We are closed evenings, weekends and holidays. Contact the Medical Records Department.

SECURITY / LIFE SAFETY

To ensure the safety and well being of patients, visitors and employees, the hospital continually monitors and tests a wide range of security and life-safety measures. You may hear overhead announcements for drills and other messages. Be assured that your nurse will monitor these announcements and inform you of any pertinent information.

SAFETY FIRST

Your well being is of primary importance to us. For this reason, we have equipped your bed with side rails to keep you safe when you are medicated or asleep. Please ask for assistance if you wish to lower or raise them. When you get out of bed, please don't rely on your bedside table for support.

It can shift under your weight. Also, we ask that you wear non-skid slippers when walking around the unit, and that you request assistance when getting in or out of a bed or chair, unless otherwise instructed by your nurse or doctor.

BEHAVIOR SUPPORT

There may be times during your hospitalization that you feel confused or disoriented due to your illness or the medications you are taking. Our hospital staff is trained to assist you in maintaining a safe environment for yourself and those around you.

If it appears you may cause harm to yourself or others, physical restraints may be considered. Alternate methods shall be attempted prior to the application of restraints. Physical restraints include wrist and/or ankle wraps to ensure your safety and the safety of those caring for you.

Every effort will be made to ensure that your dignity and privacy are respected, and your family will be informed of the necessity to use restraint measures. We are committed to providing a safe hospitalization experience for all patients, and a restraint free environment. Ongoing assessments will be conducted to evaluate alternatives to physical restraints. A restrained patient will be closely monitored to ensure his or her safety. Every effort will be made to remove the restraints as soon as possible.

INFECTION CONTROL

It is important that all visitors adhere to hospital visiting and isolation practices. Visitors with signs of a communicable disease or infection (including colds and flu) should not visit patients who are hospitalized. All visitors should refrain from sitting on the patient's bed, using the patient's bathroom and handling the patient's personal belongings. Remember — handwashing is the single most important means of preventing the spread of infection.

If a patient has certain conditions, special isolation precautions will be initiated and only adult family members will be permitted to visit. To protect patients and guests, all visitors will receive instruction on isolation procedures prior to entering an isolation room, including the use of gloves, gowns, masks and other protective equipment.

FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT “MRSA” (METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS)

WHAT IS MRSA?

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or “*Staph*” is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some Staph are resistant, meaning they cannot be killed by some antibiotics. “*Methicillin-resistant Staphylococcus aureus*” or “*MRSA*” is a type of *Staph* that is resistant to some of the antibiotics that are often used to treat Staph infections.

WHO IS MOST LIKELY TO GET AN MRSA INFECTION?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as “community-associated MRSA” infection, is available from the Centers for Disease Control and Prevention (CDC).

<http://www.cdc.gov/mrsa>

HOW DO I GET AN MRSA INFECTION?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

CAN MRSA INFECTIONS BE TREATED?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

SOME OF THE THINGS THAT HOSPITALS ARE DOING TO PREVENT MRSA INFECTIONS?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully clean hospital rooms and medical equipment.
- Use Contact Precautions when caring for patients with MRSA.

Contact Precautions mean:

- Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
- Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.
- Visitors may also be asked to wear a gown and gloves.
- When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
- Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.
- May test some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient’s nostrils or on the skin.

WHAT CAN I DO TO HELP PREVENT MRSA INFECTIONS?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.
- If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

CAN MY FRIENDS AND FAMILY GET MRSA WHEN THEY VISIT ME?

The chance of getting MRSA while visiting a person who has MRSA is very low.

To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

WHAT DO I NEED TO DO WHEN I GO HOME FROM THE HOSPITAL?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

PATIENT ASSESSMENTS

Each patient will receive an initial nursing assessment upon admission. This information will help us to identify and prioritize your overall treatment plan. The scope, intensity and timeliness of further assessments will be defined by your healthcare team based on your diagnosis, care setting, desire for care and response to previous treatment. An assessment of your discharge planning needs will also begin within 8 hours of your admission. Discharge planning is a collaborative process and will involve you, your family and qualified individuals of the healthcare team.

INTERPRETERS

Because we provide healthcare services to people with culturally diverse backgrounds, our interpreting services include the translation phone or use of an outside company for in-person interpreting. If you need their help in understanding any aspect of your care — or in expressing your concerns — your nurse will arrange for their assistance. There is no charge for this service.

MEDICATIONS

During your hospitalization, all necessary medications will be prescribed for you by your physician. For this reason, you should leave all other prescriptions and over-the-counter preparations at home, unless your physician advised you otherwise. Even a simple aspirin can interfere with the way certain therapies work, so please notify your nurse if you've brought any medications with you. We are interested in all medications you are taking at home, and will ask you what they are as part of your initial assessment. It is always helpful if you have a written list of names, times and doses of medication you are using, including those prescribed by a specialist, such as eye drops or topical creams.

SMOKING

To provide a healthful and comfortable environment for all patients and visitors, we maintain a smoke free environment. Patients and visitors are not allowed to smoke anywhere in the hospital, including the cafeteria, restrooms or lounges. Smoking is also prohibited on the grounds.

PATIENT AND FAMILY EDUCATION

We believe that patient education is one of the most important ways every patient can help their own recovery. Knowing what is wrong with you and what treatments are available, allow you to help make the decisions about your care that you want. We know that everyone has his or her own ways of learning. We want to help you learn about your condition in the easiest way possible. You will be asked questions about how you learn best, if you have any religious or cultural beliefs that will effect our teaching. The types of topics we want to cover include how to be safe, nutrition, how to safely take your medicines, how to use any equipment you need and any questions you have about your diagnosis.

CONDITION REPORTS

When friends call to inquire about your condition, the call will be directed to your room. If you'd prefer that we withhold all information, including your condition and location within the hospital, please notify your nurse. Information will only be given to family members who use the designated code assigned on admission.

YOUR ENVIRONMENT

A big part of getting settled is becoming acquainted with your new surroundings. Your room is where you will spend most of your time, and it is designed to be as cheerful and pleasant as possible, while allowing for comfort and safety. If your accommodations are semi-private, please be considerate of your roommate's needs, and limit your visitors and activities accordingly.

THE CALL SYSTEM

There is a call button at your bedside and a button/pull cord in the bathroom to summon assistance. Just press the button or pull the cord and a staff member will respond in person or by intercom. Please don't hesitate to use it if you have questions or need help.

TELEPHONES

Keeping in touch with loved ones is important, especially when you are ill. For your convenience, there is a private phone on your bedside table. If friends or family want to reach you, they can call and ask the operator to connect them to your room.

TELEVISION

Sometimes the days can seem long, when you are in the hospital. For your comfort, your room is equipped with a television set. To hear television programs, change channels, and tune into radio stations, use the bedside control. Special channels are available in certain areas.

PERSONAL VALUABLES AND BELONGINGS

We cannot be responsible for valuables that you keep in your possession. You should leave your jewelry, cell phones, electronic devices, money (large sum), wallets, and purses at home to ensure their safekeeping.

Please be alert concerning your belongings such as dentures, contact lenses, eyeglasses, hearing aids, and comparable personal belongings. Please store these items carefully when not in use. Never leave them on a meal tray or wrap them in tissue paper. If you

forget to leave your valuables at home and do not wish to entrust them to a friend or relative, they may be deposited in the Hospital safe for safekeeping. Ask your nurse for assistance.

PERSONAL EQUIPMENT

The hospital maintains strict safety requirements on all electrical and battery operated appliances used in the patient care environment. No personal electrical devices are allowed, including hair dryers, curling irons, electric shavers, radios and similar equipment.

MEALTIMES

Breakfast is usually served to our patients by a health team member between 7:30 and 8:30 a.m. Lunch is delivered between 11:30 a.m. and 12:30 p.m. Dinner usually arrives between 4:30 and 6:00 p.m. Snacks are available upon request and are served at 10:00 a.m., 2:00 p.m., and 7:00 p.m., if your diet is not restricted. Check with your hospital for specific meal times.

FOOD & NUTRITION SERVICES

Proper nutrition can be as crucial to your health as the right therapy or medication. In fact, food can play such an important role in your recovery that your diet is personally prescribed by your physician and carefully planned by a registered dietitian. All patients will receive a menu listing several approved selections for breakfast, lunch and dinner. A guest tray is also available upon request. Please feel free to ask your dietitian questions regarding your meals or nutritional needs.

HOUSEKEEPING

Our housekeeping staff makes sure your room is neat and clean each day. They're especially sensitive to your needs for privacy and quiet and try to complete their tasks discreetly, with as little disturbance as possible. If you have any special housekeeping requests, please let one of our staff members know.

MAIL AND FLOWERS

If you are going to be with us for more than a day, your loved ones may want to send you flowers and cards wishing you a speedy recovery. Mail should be addressed to your name and room number. A volunteer or staff member will deliver flowers to your room as soon as they arrive with the exception of specialty areas, such as ICU. Those patients may receive flowers after they are transferred to another nursing unit. Mail will be delivered to your room. If you are not there, it will be left on your bedside table. Mail received after you leave the hospital will be sent to your forwarding address.

VISITOR INFORMATION

VISITING HOURS

Visits from loved ones can be comforting when you are hospitalized. For this reason the Hospital staff members make every effort to provide an environment conducive to the needs of both patients and visitors. Because certain types of high-risk patients may be more prone to acquire infectious diseases than other patients, visitors are restricted by age in certain clinical areas of the hospital. If young children accompany your visitors to the hospital, they should wait in the main lobby under the supervision of a parent or other responsible adult. Children of patients or siblings under thirteen, however, may usually visit with the approval of a patient's nurse.

PARKING

Patients and visitors may park in designated areas.

CAFETERIA

If your visitors would like to drop by our hospital cafeteria please check for specific hours of service. Please refrain from bringing food or drinks in patient care areas.

VISITORS' WAITING AREAS

For the comfort of your loved ones, waiting / lounge areas are available. The Nursing Staff can direct you to the correct waiting / lounge area. It is a good place for them to relax while you're resting, undergoing tests or being examined.

GOING HOME

CASE MANAGEMENT

The Case Management staff are experienced professionals who collaboratively monitor and coordinate your care while assessing your needs on an ongoing basis during your stay. They work closely with your physician and the healthcare team, as well as your insurer, to assure you receive the highest quality care. Your Case Management Staff will work with you and your family to arrange for appropriate post discharge needs.

DISCHARGE PLANNING

The first thing most people think about when they enter a hospital is, "When can I go Home?" Going home from the hospital or to another facility can present special needs and challenges. Please let your nurse or any member of your healthcare team know if you have any special concerns regarding your needs after leaving the hospital as early as possible. Your healthcare team begins thinking and formulating a plan with you for your discharge early in your hospital stay. Let your nurse know if you request a discharge plan evaluation from the Case Manager. You may also request a Case Manager to discuss changes and questions you have about your discharge planning and needs. A variety of healthcare team members will help minimize any problems and assist you in transitioning from one level of care to another. In collaboration with you and your family and the physician, your case manager, discharge planner, social worker and nurse can assist in arranging the appropriate after hospital services you may need. These services may include home healthcare, skilled nursing facilities, and/or resources to enhance the success of your hospital stay.

LEAVING THE HOSPITAL

When you and your doctor decide you are ready, you will leave the hospital to continue your recovery at home or at a transitional facility. Before you go, your physician and nurse will review your discharge papers and discuss your post-hospital care with you and your family. Make sure you understand your physician's instructions. The entire healthcare team is available to assist in answering your questions. Don't forget to arrange for a ride home with a relative or friend well in advance of your discharge.

FINANCIAL MATTERS

YOUR BILL

We know that medical bills can be confusing. In an effort to simplify matters, we will assist you in verifying your insurance and identifying prior authorization requirements, deductibles and copayments. Please be prepared to pay all applicable insurance deductibles, and copayments before you enter the hospital or at the time you are admitted.

After you leave the hospital, we will bill your insurance company directly. Once we have reconciled your account with your insurance company, you will receive a bill for any remaining copayments or deductions, as well as for any noncovered items and services. For your convenience, you may pay by cash, check, Discover, American Express, Visa, or Mastercard. If you have questions about our billing procedures — or inquiries about your hospital bill—we will be happy to answer them. Please call our business office on Monday through Friday, from 8:00 a.m. to 4:30 p.m. Check your hospital for specific hours.

In addition to your hospital bill, you may also receive separate bills from your doctor, anesthesiologist, radiologist, pathologist, and other specialists who cared for you.

MEDICARE

If you are enrolled in Medicare, we will send you a bill only if you have an outstanding deductible amount or have incurred charges for non-covered items or services. This also applies to patients enrolled in supplemental policies. If there are no uninsured items, we will bill Medicare directly and you will not receive a bill from us.

CHARITY CARE & DISCOUNTED PAYMENT PROGRAM

Patients who lack insurance or have inadequate and meet certain low or moderate income requirements may qualify for discounted payments or charity care. Patients should contact the hospital's Business Office.

