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**We want your feedback**

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OHSU Health Hillsboro Medical Center (formerly OHSU Tuality Healthcare) is committed to being a safe, respectful and welcoming place for people of all ages, cultures, abilities, ethnicities, genders, national origins, races, colors, religions, sexual orientations and ideas. All are welcome. OHSU Health Hillsboro Medical Center will not discriminate against you.

For this reason, OHSU Health Hillsboro Medical Center will not honor patient requests to refuse involvement of specific healthcare or service personnel in their care based on race, ethnicity or creed. We are committed to providing care to all of our patients and protecting our employees from bias or bigotry.

OHSU Health Hillsboro Medical Center regularly sends patient satisfaction surveys to individuals to help us gauge our quality of care and service and make necessary improvements. You may receive one of these surveys in the mail or via phone in the coming weeks.

We ask that you complete the surveys so that we may continue to grow as an organization that puts patient care excellence first. If you have concerns or questions about the rights and responsibilities listed here, or if you have comments about care at OHSU Health Hillsboro Medical Center, please talk to your physician, nurse, or contact OHSU Health Hillsboro Medical Center Patient Relations at: 503-681-4357 or the OHSU Health Hillsboro Medical Center Administration Nursing Supervisor at 503-681-1255.

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**As a patient, you have the right to:**

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- Be treated with dignity and respect.
- Receive care delivered in a way that is free from harassment, abuse, neglect or discrimination based on race, color, ethnicity, national origin, culture, language, religion, gender, sexual orientation, gender identity or expression, age, physical or mental disability, socioeconomic status, ability to pay, marital status, military or reserve status or any other status protected by law.
- Informed consent: Make informed decisions regarding your health care and participate in developing a care plan.
- Prepare an Advance Directive, including organ donation choices, to tell your health care providers about the care you do and do not want to receive and have the people who provide care comply with these directives.
- Receive treatment that is not conditioned on having a POLST, Advance Directive, or similar instruction related to the administration of withholding or withdrawing of life sustaining procedures or artificially administered nutrition and hydration. This means you can get care even if you decide not to fill out a form telling us about your future medical care wishes and end-of-life planning.
- Designate a support person to be present with you, if you have a disability, for any discussion in which you are asked to consider electing hospice care or sign an Advance Directive or other instrument allowing the withholding or withdrawing of life sustaining procedures or artificially administered nutrition or hydration, unless you request to have the discussion outside the presence of a support person. This means you can have a support person (family, friend, paid assistant, etc.) with you during talks about hospice care or when you are signing documents about your future medical care wishes and end-of-life-planning (Advance Directives and POLST forms). If you have a disability, OHSU Health Hillsboro Medical Center will make sure that you have this person with you unless you tell us that you do not want them there.
- Informed refusal: Refuse treatment and be informed of the consequences.
- Be informed about the outcomes of care, including unanticipated outcomes.
- Know the names of people participating in your health care and know the provider coordinating your care.
- Receive information in a language and manner that you can understand (including vision, hearing, speech or mental limitations)
- Know about all treatment choices regardless of cost or coverage by a benefit plan.
- Information contained in your medical record.
- Confidentiality in regard to your records and communication, as described in the "Privacy Notice" presented to all patients.
- Supporting mutual consideration and respect by maintaining civil language and conduct in interaction with staff and licensed independent practitioners.
- Participate in ethical questions that arise in the course of care, including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawal of life-sustaining treatment, and participation in investigational studies, clinical trials, or educational projects.
- Understand the need for a transfer to another facility, and of the alternatives to such a transfer.
- Tell us your complaints and receive a response without affecting the quality of care you receive.
- Be informed at the start of services and periodically thereafter of rights and procedures for reporting abuse, and to have these rights readily accessible to you, and made available to your guardian and any representative designated by you.
- Tell us who plays a significant role in your life that you want to visit you or your child, including those not legally related to you, such as non-registered domestic partner, significant other, foster parents, step parents, same sex partner or parents and friends.
- Identify, or have your representative identify, three support people to have one present with you at all times in the hospital and/or emergency department if you have a disability, including physical, intellectual, behavioral or cognitive impairment, deafness, hearing loss or other communication barrier, blindness, autism or dementia. A support person may be a family member, guardian, personal care assistant or other paid or unpaid attendant selected to physically or emotionally assist you or ensure effective communication with you. This means that if you have a disability, you can tell us the names of three support people, and one of them can be at your bedside when you are in the hospital.
- Examine your bill and have it explained, regardless of the source of payment.
- Appropriate assessment and management of pain.
- Receive care in a safe environment, free from abuse or harassment, and access to a patient advocate or protective services if needed.
- Be free from restraint/seclusion unless required for medical treatment or patient safety.
- Respect for spiritual beliefs, and support from chaplain staff or other spiritual services.
- Have family, friends and your physician notified upon admission to the hospital.

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**As a patient, you have the responsibility to:**

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- Give accurate information regarding your medical history.
- Notify your caregiver of any unexpected health changes.
- Actively participate in decisions regarding your health care unless you give that responsibility to a designated family or friend.
- Ask questions when you do not understand what you have been told, or what you are expected to do.
- Follow the treatment plan agreed upon with your caregiver.
- Inform your caregiver if you do not intend to follow your treatment plan.
- Accept the consequences for the outcome if you or your representative refuses treatment or fails to properly follow instructions.
- Respect the rights of others and observe the rules of common courtesy.

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**Additional information**

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OHSU Health Hillsboro Medical Center will make every effort to resolve your complaints or concerns. More detailed information is available in the Patient Information Guide which is available in English and Spanish in all hospital rooms. You may also file a grievance with these agencies regarding quality-of-care issues or concerns about premature discharge:

Oregon, Health Care Regulation and Quality Improvement  
800 N.E. Oregon St., Suite 305  
Portland, OR 97232  
971-673-0540  
Email: [mailbox.hclc@state.or.us](mailto:mailbox.hclc@state.or.us)  
KEPRO  
777 East Park Drive  
Harrisburg, PA 17111  
1 888 305 6759

Disability Rights Oregon  
610 SW Broadway, Suite 200, Portland OR 97205  
503-243-2081 or 1-800-452-1694  
Fax: 503-243-1738

The Joint Commission, Office of Quality and Patient Safety  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
1-800-994-6610  
Fax: 630-792-5636  
Email: [patientsafetyreport@jointcommission](mailto:patientsafetyreport@jointcommission)