



# Patient Rights and Responsibilities

## Quality Care

### **You have the right to:**

- Receive quality care in a safe and secure environment by courteous and skilled doctors and staff who respect your privacy, confidentiality, and dignity.
- Receive care regardless of your age, race, ethnicity, religion, culture, national origin, language, and have your culture, values, beliefs, and preferences respected.
- Receive care regardless of physical or mental disability, education, socio-economic status, sex, sexual orientation, and gender identity or expression.

## Safety

### **You have the right to:**

- Be free from neglect, harassment, misuse, verbal, mental, physical, and sexual abuse.
- Be free from seclusion or restraints unless needed for safety.
- Be heard and voice your concerns, file a complaint or grievance, and receive a response without fear of retaliation.
- Access to available protective and advocacy services.
- Have contact information for reporting a quality-of-care concern to the appropriate State and Federal protection and advocacy services.

## Communication

### **You have the right to:**

- The privacy of your medical information and records, in accordance with state and federal law.
- Receive information in your preferred language, including services for visual and/or auditory needs, including interpreter services free of charge.
- Information about advanced directives and how a person of your choice may be designated to make care decisions in the event you are unable to communicate your wishes.
- Have a family member, friend, and your doctor notified of your admission.
- Take part in making decisions concerning your care including treatment, anticipated outcomes, request for second opinion or consultant, the need for additional services while in the hospital or after discharge.
- Information about your current health status, need for treatment, including information necessary for you or your designee to give informed consent prior to treatment, except in an emergency.
- Refuse care, treatment, or consent.
- Review and inspect your medical record with your caregivers at any time during your stay.
- Receive a copy of your medical records within a reasonable time frame.
- Request and receive a detailed bill for the services you received after discharge.
- Receive discharge instructions and assistance with post discharge medical needs.

## Personal Care

### You have the right to:

- Personal privacy, private conversations.
- Request and have a chaperone present during examinations and treatments and during certain intimate examinations and treatments.
- An emotional support person with you unless prohibited by policy.
- Be notified if something goes wrong and when there is a change in treatment or care.
- Be treated with respect and dignity in a setting that promotes health and well-being.
- Know the names and jobs of the people who care for you.
- Have your advance directive or end-of-life care wishes respected, followed and conflicts addressed.
- Receive visitors of your choice to include but not limited to spouse, domestic partner including same sex partners, family member, or friend without discrimination unless you are provided with an explanation for safety or medical reasons. You can refuse visitors at any time.
- Receive assessment and appropriate treatment for your pain.
- Refuse to allow photographs, videos, films, recordings, or other images of you for purposes other than providing medical care.
- Accept or refuse participation in research and care by students.

### You or your representative have the responsibility to:

- Share accurate and complete health and contact information, including your advance directives or living will.
- Ask questions when you do not understand your condition, treatment, or you do not plan to follow your doctor's advice.
- Be kind, respectful, and considerate of other patients and hospital property and staff.
- Send your valuables home.
- Let us know if you have concerns or questions about your treatment plan and the need for follow up care.
- Make arrangements for meeting your financial responsibilities, provide accurate health insurance information or payment information for billing purposes.
- Inform staff of ways we can improve services or make your family or visitors feel more welcome.

If you feel these rights have been violated, you want to share a care concern or file a grievance, or if we do not live up to your expectations, please contact our patient advocate at **575.556.6339**.

To share a concern with us about the privacy of your health information, please contact our privacy officer at **575.532.4434**

You may also contact any of the following agencies to share a care concern:

Care concerns – The Joint Commission  
Officer of Quality and Patient Safety  
One Renaissance Boulevard, Oakbrook Terrace, IL 60181  
Submit online at [www.jointcommission.org](http://www.jointcommission.org)

**OR New Mexico Department of Health: 1.800.752.8649**

Quality concerns for Medicare Beneficiaries – **Kepro: 1.888.315.0636**

Privacy concerns – Office for Civil Rights  
Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)  
Phone: 1-800-368-1019, TDD: 1-800-537-7697.  
Submit online at [hhs.gov](http://hhs.gov)