EMERGENCY DEPARTMENT NOTICE

PATIENT INFORMATION

This is an emergency medical facility that treats emergency medical conditions.

We will screen and treat you regardless of your ability to pay.

You have a right to ask questions regarding your treatment options and costs.

You have the right to reject treatment. However, we encourage you to defer your questions until after we screen you for an emergency medical condition.

See the back of this page for more patient rights and responsibilities

This facility also contains a primary care clinic that operates Monday, Tuesday, Thursday and Friday 8am – 5pm, Wednesday 9am – 5pm and Saturdays 9am – 3pm. Primary Care is by appointment only. Not all conditions are appropriately treated in Primary Care.

I acknowledge that ________________________________________________________
(Patient’s name and date of birth)
will receive treatment at the Telluride Regional Medical Center Emergency Department.

_______________________________________________                 ____________
Signature of patient or responsible party                                               Today’s date

_______________________________________________
Printed name of patient or responsible party
PATIENT RIGHTS AND RESPONSIBILITIES

Patient’s Rights:

• To have the right to receive prompt and reasonable responses to questions and requests
• To have the right to reject treatment.
• To fair treatment, regardless of race, ethnicity, creed, religious belief, sexual orientation, gender, age, health status, or source of payment for care.
• To have your treatment and other patient information kept private. Only by law may records be released without patient permission.
• To be treated with dignity and respect
• To access care easily and in a timely fashion.
• To a candid discussion about all their treatment choices, regardless of cost or coverage by their benefit plan.
• To share in developing your care plan.
• To the delivery of services in a culturally competent manner.
• To information about the organization, its providers, services, and role in the treatment process.
• To information about provider work history and training.
• To information about clinical guidelines used in providing and managing your care.
• To know about advocacy and community groups and prevention services.
• To freely file a complaint, grievance, or appeal, and to learn how to do so.
• To know about laws that relate to their rights and responsibilities.
• To know your rights and responsibilities in the treatment process, and to make recommendations regarding the organization’s rights and responsibilities policy

Patient’s Responsibilities:

• To treat those giving you care with dignity and respect.
• To give providers the information they need, in order to provide the best possible care.
• To ask your providers questions about your care.
• To help develop and follow the agreed-upon treatment plans for your care, including the agreed-upon medication plan.
• To let your provider know when the treatment plan no longer works for you.
• To tell your provider about medication changes, including medications given to you by others.
• To keep your appointments. You should call your provider as soon as possible if you need to cancel visits.
• To let your provider/billing department know about problems with paying fees.
• To not to take actions that could harm others.
• To report fraud and abuse. To openly report concerns about the quality of care.
• To let your provider know about any changes to your contact information (name, address, phone, etc.)
• To understand and help develop plans and goals to improve your health