

Patient Rights Handbook

Information every patient should know about their rights and quality of care



LincolnHealth
MaineHealth

<https://mainehealth.org/lincolnhealth>

If you have ANY questions
about the contents of this book

PLEASE ASK

We want you to be comfortable
and to fully understand your care.

Information about this Book

Where this document uses the term provider, it includes physicians, physician assistants, advanced practice registered nurses, midwives, and therapists.

This booklet is provided free of charge to all patients of LincolnHealth facilities. Visitors may also obtain a copy upon request.

Patients may choose whether or not to keep the material, but will be required to sign a release form stating that they were provided with this comprehensive information about their rights and or how to file a concern.

In accordance with the American Recovery and Reinvestment Act of 2009, an electronic version of each patient's hospital discharge instructions is available to him or her upon request.

An electronic copy of this publication is available as a PDF file at:

<https://mainehealth.org/lincolnhealth>

PDF files may be read with a free software application, Adobe Acrobat Reader, available for download at:

<http://get.adobe.com/reader/>

MyChart: MyChart is a secure, online tool that lets you connect with your MaineHealth provider and manage your health information. It is free and easy to use, and you have access 24 hours a day from your computer, tablet, or mobile device. Use MyChart to request a prescription refill, send a message to your provider, or view lab and test results.

<https://mychart.mainehealth.org>

References:

- **American Hospital Association**
www.aha.org
- **Maine Department of Health and Human Services, Rules for the Licensing of Hospitals:**
<http://www.maine.gov/sos/cec/rules/10/144/144c112.doc>
- **CMS State Operations Manual**
Survey Protocols, Regulations and Interpretive Guidelines for Hospitals:
http://www.cms.gov/manuals/downloads/som107ap_a_hospitals.pdf
- **CMS State Operations Manual**
Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf
- **U.S. Department of Health & Human Services:**
<http://www.hhs.gov/ocr/civilrights/clearance/index.html>

Table of Contents

Table of Contents for Inpatient and Outpatient Rights	
	Information about this Book & References 2
I.	Your Rights as a Patient..... 4
II.	Addressing Your Concerns 10
III.	Other Alternatives to Addressing Your Concerns 11
IV.	Medicare Appeals and or Quality of Care Concerns 11
	My Notes..... 20

Table of Contents for Swing Patient Rights	
	Information about this Book & References 2
A.	Rights as a Swing Patient 13
B.	Exercising Your Rights 13
C.	Planning and Implementing Your Care 13
D.	Choice of Provider 14
E.	Respect and Dignity 14
F.	Self Determination 14
G.	Information and Communication 15
H.	Privacy and Confidentiality 15
I.	Transfer and Discharge 15
J.	Freedom from Abuse, Neglect and Exploitation 18
K.	Items and Services Included in Daily Room Rate. 19
	My Notes..... 20

Inpatient and Outpatient Rights	
	Information about this Book & References 2
I.	Your Rights as a patient..... 4
II.	Addressing Your Concerns..... 10
III.	Other Alternatives to Addressing Your Concerns 11
IV.	Medicare Appeals and or Quality of Care Concerns 11
	My Notes 20

I. YOUR RIGHTS AS A PATIENT

As a patient of LincolnHealth, which includes LincolnHealth’s Miles and St Andrews campuses and Lincoln Medical Partners offices, your rights, are very important to us. You and/or your support person will be notified of your rights whenever possible before we provide you with health care services and/or discontinue your care.

Our providers, nurses and other staff are committed to working with you, your family and/or support person to meet your health care needs while respecting your values. We want you to have the same care and attention we would want for ourselves.

This document will help explain your rights as a patient, including how you can expect to be treated during your hospital stay. It will also cover what we need from you in order to provide you with the best possible care.

*If you are admitted as a Swing and/or Skilled patient, you will be provided with an additional set of Patient Rights, which are found on pages 12-19.

Nondiscrimination Policy

As a recipient of Federal financial assistance, our hospital and provider office practices does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, *sex*, sexual orientation, gender identity, religion, creed, etc. in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by our hospital and provider office practices directly or through a contractor or any other entity with which our hospital and provider office practices arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91, (and state laws or corporate policies, etc.).

Additionally, in accordance with Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116, our hospital and provider office practices does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of sex including gender identity in admission to, participation in, or receipt of the services and benefits under any of its health programs and activities, and in staff and employee assignments, whether carried out by our hospital and provider office practices directly or through a contractor or any other entity with which our hospital arranges to carry out its programs and activities.

In case of questions, please contact:

MaineHealth Corporate Compliance HelpLine

Telephone: 207-662-4646

Civil Rights Complaint

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, if you believe you were discriminated against (race, color, national origin, disability, age, or sex) or your (or someone else's) civil rights, conscience rights, religious freedom rights, or privacy/security of health information (HIPAA) were violated.

If you have any questions or need help filing a civil rights, conscience rights or religious freedom, or health information privacy complaint, you may contact the below:

U.S. Department of Health and Human Services, Office for Civil Rights

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

Customer Response Center Toll-free: 800-368-1019

TDD: 800-537-7697

Email: OCRMail@hhs.gov

Complaint forms are available at

Website: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Notice of Program Accessibility

The regulation implementing Section 504 requires that an agency/facility "*...adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons.*" (45 C.F.R. §84.22(f))

Our hospital and provider office practices and all of its 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 include:

- Convenient off-street parking designated specifically for disabled persons.
- 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 include:
 - Qualified sign language interpreters for persons who are deaf or hard of hearing.
 - 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.
 - Readers and taped material for the blind and large print materials for the visually impaired.
 - Flash cards, alphabet boards and other communication boards.
 - 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.

High Quality Hospital Care

Our first priority is to provide you with the care you need, when you need it, with skill, compassion, and respect. Please tell your caregivers if you are in pain or if you have concerns about your care.

You have the right to request that your family member, support person and/or personal provider be notified if you are admitted to our hospital.

You have the right to know the identity of our providers, nurses and/or others involved in your care, and you have the right to know if they are students, residents or trainees.

We are committed to understanding and responding to the needs, preferences, concerns and grievances of our patients, their families and/or support person. We do so by:

- Complying with LincolnHealth's policy to not discriminate on the basis of disability. Please see the above section labeled "Nondiscrimination Policy" for Federal requirements & Compliance telephone number.
- Complying with LincolnHealth's internal grievance procedure providing prompt and equitable resolution of complaints.
- Encouraging each patient and/or their support person to express any and all concerns.
- Ensuring that at no time will a concern or grievance be used as a threat of discrimination, reprisal, and/or to deny a patient current or future access to services.
- Posting "Addressing Your Concerns" signs in all inpatient and ambulatory patient care areas.
- Informing patients that they have the right to have their grievances reviewed in person, by telephone, or in writing by a staff member, nurse manager, patient advocate or member of the hospital administration team. The appropriate persons will respond to the patient/family and/or support person in a timely manner. Staff members closest to the problem will address the issues quickly with clear and consistent information.

Safe Environment

It is your right to receive care in a safe setting. We work hard to keep you safe and use policies and procedures to ensure your safety while under our care.

Our commitment includes preventing abuse and harassment. Our hospital prohibits the use of restraints and seclusion unless medically necessary.

Despite our commitment to patient safety and quality care, there are times when patients acquire conditions or experience serious adverse events while they are hospitalized. LincolnHealth will not intentionally bill for care related to hospital acquired conditions and/or serious adverse events.

Please be assured that if anything unexpected or significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.

It is important to us that your valuables are kept safe and therefore we discourage you from bringing them to the hospital. LincolnHealth does not have the ability to offer individual safes for patient use and therefore, we cannot be responsible for any personal items or valuables kept in the room, or at the bedside. As a patient, you assume responsibility for all personal items brought to the hospital, and those valuables, which are elected to be kept at the bedside.

Notice of Visitation Rights

All hospitals are required to inform each patient, the patient's family and/or support person of a patient's rights as they relate to visitation in advance of care furnished. These rights include:

1. Choosing who may or may not visit you.
2. We treat all visitors equally. We do not restrict or deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, same sex domestic partners, gender identity or disability.
3. We will work with you to ensure that all visitors enjoy full and equal visitation privileges consistent with patient preference.
4. Your needs as a patient will be accommodated whenever possible if a request is made to allow at least one visitor to remain in your room to provide support and comfort.
5. If any clinical restrictions are made, the restriction will be communicated to the patient, family and/or support person as well as the reason for the restriction. It is impossible to delineate or anticipate every clinical reason that would warrant a restriction or limitation, however, some care restrictions may include:
 - a. When the patient is undergoing care interventions.
 - b. When there may be an infection control issue.
 - c. When the visitor presence may interfere with the care of the patient and/or the care of another patient.
 - d. When there is disruptive, threatening or violent behavior of any kind from the visitor and/or patient.
 - e. When the patient has a need for privacy or rest, especially during testing or procedures.
 - f. If there, is a court order limiting or restricting contact.
 - g. If there are substance abuse protocols requiring restricted visitation in the plan of care.
 - h. If behavior occurs that presents a direct risk or threat to the patient, other patients, staff or visitors.
6. As a patient, you may withdraw or deny, either orally or in writing the designation of visitation at any time. The name(s) of the designated visitor(s) will be noted in your medical record along with the date, as well as the change.
7. If a patient is a minor and/or deemed incompetent to make healthcare decisions, then a representative (guardian, parent and/or durable power of attorney) will decide who may or may not visit the patient.
8. There are no minimum age requirements for children visitors.
9. You have the right to request a copy of our Visitation Policy and can do so by contacting:

LincolnHealth Patient Advocate

Telephone: 207-633-1923 (primary) or

Telephone: 207-563-4839 (secondary)

** We reserve the right to limit visitation as necessary in any other circumstances.*

Involvement in Your Care

You and your provider often make decisions about your care before you go to the hospital. At other times, especially during emergencies, decisions are made in the hospital. The decision making process should include:

1. Providing Language Interpreters

An interpreter and/or other appropriate aids will be offered at no cost when necessary for effective communication including, but not limited to, the following circumstances:

- obtaining informed consent or permission for treatment;
- determination of a patient's medical history or description of ailment or injury;
- explaining diagnosis or prognosis of an ailment or injury;
- explaining the administration and side effects of medications;
- explaining follow-up care or treatment;
- explaining and discussing advance directives;
- discussing billing and insurance issues; and
- discharge planning.

2. Discussing Your Medical Condition & Information About Medically Appropriate Treatment Choices

You and/or your support person have the right to make informed decisions about your care. To make informed decisions with your doctor, you need to understand:

- The benefits and risks of each treatment.
- Whether your treatment is experimental or part of a research study.
- What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
- What you and your family and/or support person will need to do after you leave the hospital.
- The financial consequences of using uncovered services or out-of-network providers.
- Please tell your caregivers if you need more information about treatment choices.

3. Discussing Your Treatment Plan

When you enter the hospital, you will sign a general consent to treatment form. In some cases, such as surgery or experimental treatment (LincolnHealth does not participate in experimental treatment), you may be asked to confirm in writing that you understand what is planned and agree to it.

This process protects your right to consent to, or refuse a treatment. Your provider will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

4. Getting Information From You

Your caregivers need complete and correct information about your health and coverage so they can make good decisions about your care, including:

- Past illnesses, surgeries or hospital stays;
- Past allergic reactions;
- Any medicines or dietary supplements (such as vitamins and herbs) that you are taking; and
- Any network or admission requirements under your health plan.

5. Understanding Your Health Care Goals and Values

You have the right to participate in the development and implementation of your plan of care which includes, but is not limited to, inpatient or outpatient care, medications, pain management and

discharge planning. You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your provider, your family and your care team knows your wishes.

6. Understanding Who Should Make Decisions When You Are Unable to Make Them For Yourself

We respect every patient's right to formulate an advanced directive including a mental health advanced directive and we will honor the intent of that directive to the extent permitted by law and hospital policy.

We will not discriminate against any individual based upon whether or not the individual has executed an advanced directive.

A health care "power of attorney" states who should speak for you if you become unable to make health care decisions for yourself. A "living will" or "advance directive" states your wishes about end-of-life care. If you have signed such a document, please give copies to your provider, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.

You may request a copy of our Advance Directive Policy and/or State of Maine Advanced Directive including mental health advanced directive forms by contacting:

LincolnHealth Social Services Department
Telephone: 207-563-4457

7. Protection of Your Privacy and Access to Your Healthcare Information

We respect the confidentiality of your relationship with your provider and other caregivers. Sensitive information, including your health care record is part of that relationship.

State and Federal laws and hospital policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information about your care from our records.

You have the right to access information in your health care record within a reasonable time frame and we will meet your request as quickly as our system permits. You will need to submit a written request for copies of your health care records after you have been discharged from the hospital. Please contact:

LincolnHealth Health Information Services Department
Telephone: 207-563-4453

8. Preparing You and Your Family for When You Leave the Hospital

You, your family and/or your support person play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans.

You may have a support person who assists you with care at home. You can expect us to help identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals.

Our hospital will provide you with a list of licensed providers of care and services prior to discharge. The list includes but is not limited to home care agencies, home medical equipment providers, assisted living facilities, skilled nursing and rehabilitation facilities, and long-term care facilities. The list clearly identifies all providers and facilities in which we have direct or indirect financial interest.

With your consent, we will share information about your care and coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

9. Help With Your Bill and Filing Insurance Claims

Our staff will file claims for you with health care insurers or programs such as Medicare and Medicaid. They also will help your doctor with needed documentation.

Medical bills and insurance coverage are often confusing. If you have questions about your hospital bill, please contact:

Patient Financial Services

Telephone: 207-887-5100 or

Toll Free: 866-804-2499

If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, our financial counselors will try to help you and your family find financial help or make other arrangements. We may need your help with collecting necessary information and other requirements to obtain coverage or assistance.

You also have the right to request an itemized bill at discharge or anytime within 7 years of discharge. The billing department will honor your request and send you the itemized bill within 30 days of the receipt of your request.

II. ADDRESSING YOUR CONCERNS

Our staff is committed to providing the highest quality care. If you should have questions or concerns about your care, please discuss them with your provider, nurse, department manager, or the Patient Advocate.

Our Patient Advocate will:

- Listen to, investigate, and make every effort to resolve your concerns;
- Help you, your family, or an individual of your choice understand your rights as a patient;
- Serve as a resource to help you understand hospital practices concerning your care; and
- Help you get the information you need and want about your care.

Please ask for the Department Manager or Patient Advocate if you have any questions or concerns that cannot be addressed by your provider or nurses. We encourage you to call as soon as questions or concerns arise.

LincolnHealth Patient Advocate

Telephone: 207-633-1923 (primary) or

Telephone: 207-563-4839 (secondary)

If no one is available at the time of your call, please leave a detailed message on our confidential voice mail. Please include your name and a telephone number and we will return your call at the earliest opportunity.

III. OTHER ALTERNATIVES TO ADDRESS YOUR CONCERNS

You also have the right to lodge a grievance or complaint about your hospital staff or the care you received while at the hospital directly with the Maine Department of Human Services Division of Licensing and Certification.

**Maine State Department of Human Services
Division of Licensing and Certification**
State House Station 11
Augusta, ME 04333

Telephone: 800-791-4080, leave voice message after 5:00 P.M.
TDD: Maine Relay 711 (24 hours, 7 days a week)
Website: <https://www.maine.gov/dhhs/dlc/complaint/index.shtml>

Questions About Your Bill

NOTE: The Maine Department of Human Services Division of Licensing and Regulatory Services does not address concerns about your hospital bill or provider bill. If you require assistance regarding medical bills, you may contact the below:

Patient Financial Services
Telephone: 207-887-5100 or
Toll Free: 207-804-2499

IV. MEDICARE APPEALS AND OR QUALITY OF CARE CONCERNS

Quality Improvement Organizations, under their contracts with the Centers for Medicare & Medicaid Services (CMS), work to ensure people with Medicare receive the best care possible.

If you have a concern about the quality of care provided in Maine to you or someone else who is a Medicare beneficiary, you can contact your Beneficiary & Family Centered Care Quality Improvement Organizations (BFCC-QIO), you may contact the below:

BFCC-QIO : KEPRO
5700 Lombardo Center Drive
Suite 100
Seven Hills, OH 44131 Telephone Toll Free: 888-319-8452
Telephone Local: 216-447-9604
TTY: 855-843-4776

Your concerns can be about care provided by:

- Hospitals
- Skilled Nursing/Rehabilitation Facilities
- Home Health Agencies
- Providers
- Ambulatory Surgical Centers
- Community Mental Health Centers

Examples of issues that can be reviewed:

- Were all necessary health care services provided to the patient?
- Did the health care services provided meet recognized standards of quality?
- Were medical services provided in the most appropriate health care setting, such as an inpatient hospital stay, outpatient department or a skilled nursing facility?
- Was the patient medically stable at the time of discharge?

Swing Rights

We Will Protect and Promote Your Rights

In addition, to the Patient Handbook, which included information about your rights as a patient which still, apply, there are additional rights that apply to you as a Swing Care Patient and those rights are described in this document.

Should you have any questions about your rights, our Social Workers would be more than happy to answer them and they can be reached at 207-563-4457.

Swing Patient Rights	
	Information about this Book & References 2
A.	Rights as a Swing Patient 13
B.	Exercising Your Rights 13
C.	Planning and Implementing Your Care 13
D.	Choice of Provider 14
E.	Respect and Dignity 14
F.	Self Determination 14
G.	Information and Communication 15
H.	Privacy and Confidentiality 15
I.	Transfer and Discharge 15
J.	Freedom from Abuse, Neglect and Exploitation 18
K.	Items and Services Included in Daily Room Rate. 19
	My Notes. 20

A. YOUR RIGHTS AS A SWING PATIENT

You have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside our hospital. Our hospital will protect and promote your rights, including those specified in this document. You have the right to be:

- Treated with; respect, dignity, and care in a manner and environment that promotes maintenance, or enhancement of your quality of life, recognizing your individuality;
- Provided equal access to quality care regardless of your diagnosis, severity of condition, or payment source;
- Informed orally and in writing in a language that you understand, your rights as a patient of our hospital including any rules or regulations that apply to our hospital; and
- Notified prior to or upon admission and during your stay regarding these rights as well as any amendments/changes to your rights. We will request that you acknowledge the changes to your rights in writing.

B. EXERCISE OF YOUR RIGHTS

You have the right to exercise your rights in our hospital and as a citizen or resident of the United States. You have the right to:

- Exercises your rights and be free of discrimination, interference, coercion, discrimination, and reprisal;
- Designate a representative (a relative, friend, support person) unless you have been appointed a legal-surrogate representative who will act on your behalf. If you have a court-appointed representative, they will exercises your rights to the extent judged necessary by a court of competent jurisdiction, in accordance of State law;
- Upon oral or written request, to access all records pertaining to you including current clinical records within 24 hours (excluding weekends and holidays). After receipt of your records for inspections, you may purchase any part or a complete medical record at a cost not to exceed the community standard rate for photocopying. We will honor this request and provide them to you within 2 working days of advance notice to our hospital;

C. PLANNING AND IMPLEMENTING YOUR CARE

You have the right to be informed of, and participate in your treatment, including the right to:

- Be fully informed in a language you can understand including minimizing the use of technical words, providing interpreters if you are non-English speaking, using sign language when needed, or other interventions, as appropriate of your total health status (i.e. includes functional status, medical care, nursing care, nutritional status, rehabilitation and restorative potential, activities potential, cognitive status, oral health status, psychosocial status, and sensory and physical impairments.), including but not limited to your medical condition;
- Be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish your care;
- Be informed, in advance, of changes to your plan of care;
 - Because we encourage swing patients to actively participate in their rehabilitative care plan, LincolnHealth offers daily Interdisciplinary Care Plan meetings so that you may discuss plans for your care after discharge. Your family members are welcome to attend so that they can understand what is involved in your care as well. The Care Plan meetings are scheduled daily AM and or individually based upon need or request.
- Request, refuse, and/or discontinue treatment;
- Participate in or refuse to participate in experimental research (LincolnHealth does not participate in experimental research);

- Formulate an Advance Directive (see more detailed information below regarding advanced directives); and
- Be informed of any room changes.

D. HONORING YOUR CHOICE OF AN ATTENDING PROVIDER

You have the right to choose your attending provider and we will honor your choice if:

- Your provider is licensed to practice; and
- Your provider agrees to care for you and meets federal and or state rules, regulations or laws.

We will support you and inform you by:

- Assisting you and provide recommendations in the event that you need to seek an alternative provider to assure that you receive appropriate and adequate care and treatment; and
- Providing you with the name, specialty, and way of contacting the provider and or other primary care professionals responsible for your care.

E. RESPECT AND DIGNITY

You have a right to be treated with respect and dignity, including the right to:

- Retain and use your personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of others; and
- Share a room with your spouse or significant other, if you both are patients and both consent to the arrangement.

F. SELF DETERMINATION

You have right to self-determination and we will support your choice, including but not limited to:

- Visitation. You have the right to have immediate access, and associate and communicate privately with persons of your choice, subject to reasonable clinical and safety restrictions;
 - You may specify at any time, whom you do and do not want to visit you, call you and/or receive information about your presence in the hospital; and
 - You have the right to withdraw or change your visitation consent or telephone communication at any time.
- Perform Services for Our Hospital. You have the right to choose to or refuse to perform services for the hospital. If you choose to perform services for the hospital, we will:
 - Document your desire to work in your Plan of Care;
 - Specify the nature of the services to be performed and whether or not the services are voluntary or paid;
 - Ensure that you are compensated for services and be paid at or above the prevailing rate; and
 - Document your agreement to the work arrangement in your Plan of Care.
- Formulate an Advance Directive
 - Our hospital educates our staff and the community on Advance Directives and “Advanced Health Care Directive Forms” including POLST (Physicians Order For Life Sustaining Treatment) or “Mental Health Advanced Directives”.
 - Written information will be provided to you and or your support person as designated by you concerning your right to make decisions about medical care.
 - When you have executed an “Advanced Health Care Directive Form”, it will be documented in your medical record.
 - Our hospital prohibits discrimination of care based on whether or not an Advance Directive has been executed.

- Our hospital will honor your wishes related to medical care decisions, including the right to accept or refuse medical or surgical treatment and the right to formulate an advance directives.
- Our hospital will provided you and or your support person with a copy of our Advance Directive policy upon request.

G. INFORMATION AND COMMUNICATION

- Mail. You have the right to
 - send and receive mail, and to receive letters, packages and other materials delivered to LincolnHealth through a means other than a postal service, including the right to privacy of such communications; and
 - Access to stationery, postage, and writing implements at your own expense.
- Be Informed of Medicaid/Mainecare Eligibility
You will be informed in writing if you are Medicaid/Maine Care-eligible, at the time of admission to the hospital or when you become eligible for Medicaid/MaineCare including:
 - The items and services that are included in for your stay under the State Medicaid/Mainecare plan and for which you will not be charged;
 - Those other items and services offered and for which you will be charged, and the amount of charges for those services;
 - If you are Medicaid/Maine Care-eligible, you will be informed when changes are made to the items and services specified above; and
 - Be informed before, or at the time of admission, and periodically during your stay, of services available and of charges for those services, including any charges for services not covered under Medicare/Medicaid/Maine Care or by the per diem rate.

H. PRIVACY AND CONFIDENTIALITY

You have the right to personal privacy, which includes accommodations, medical treatment, written, and telephone communications, personal care, visits, and meetings of family, friends or groups. Those rights include:

- Personal privacy, including the right to privacy of your oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to our hospital for you, including those delivered through a means other than a postal service;
- Personal privacy and secure and confidential personal and medical records;
- Refuse the release of personal and medical records except as provided per Critical Access Conditions of Participation or other applicable federal or state laws; and
- Allow representatives of the Office of the State of Maine Long-Term Care Ombudsman to examine your medical, social, and administrative records in accordance with State law.

I. TRANSFER AND DISCHARGE (TO A BED OUTSIDE OF OUR HOSPITAL) NOTIFICATION

You have rights pertaining to transfer and discharge:

- We will permit you to remain in our hospital, and not transfer or discharge you from our hospital unless:
 - It is necessary for your welfare and or your needs cannot be met in our hospital;
 - It is appropriate because your health has improved sufficiently so you no longer need the services provided by our hospital;
 - The safety of individuals in our hospital are endangered due to your clinical or behavioral status;

- The health of individuals in the hospital would otherwise be endangered;
 - You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at our hospital. Nonpayment applies if you do not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and you refuse to pay for your stay. If you become eligible for Medicaid after admission to our, we may charge you only allowable charges under Medicaid; and or
 - Our hospital ceases to operate.
- We will not transfer or discharge you while you have an appeal pending and you have exercised your right to appeal a transfer or discharge notice from our hospital unless the failure to discharge or transfer would endanger your health or safety or other individuals in our hospital. Our hospital will document the danger that failure to transfer or discharge would pose.
- Documentation of the Transfer or Discharge in Your Medical Record.
In the event that our hospital transfers or discharges, you related to any of the above circumstances, we will ensure that the transfer or discharge is documented in your medical record and appropriate information is communicated to the receiving health care institution or provider. That documentation will be made by a provider and will include:
 - The basis for your transfer;
 - Your specific need(s) that cannot be met, by our hospital, our attempts to meet your needs, and the service available at the receiving facility to meet your need(s);
 - Contact information of the provider responsible for your care;
 - Your representative information including their contact information;
 - Advance Directive information;
 - All special instructions or precautions for your ongoing care, as appropriate;
 - Comprehensive care plan goals; and
 - All other necessary information, including a copy of your discharge summary, and any other documentation, as applicable, to ensure a safe and effective transition of care.
- Notice Before Your Transfer or Discharge:
Before your transfer or discharge, our hospital will:
 - Notify you of the transfer or discharge and the reasons for the move in writing and in a language and manner that you understand.
 - Send a copy of the Notice to a representative of the Office of the State Long-Term Care Ombudsman; and
 - Record the reasons for the transfer or discharge in your medical record.
- Timing of the Notice of Transfer or Discharge:
The Notice will be made at least 30 days before you are transferred or discharged or as soon as practicable before transfer or discharge if any of the below conditions apply:
 - The safety of others in our hospital would be endangered;
 - The health of individuals in our hospital would be endangered;
 - Your health improves sufficiently to allow a more immediate transfer or discharge;
 - An immediate transfer or discharge is required by urgent medical needs;
 - You have not been a patient in our hospital for 30 days; and or
 - You are notified in advance of facility closure. Notice in Advance of Hospital Closure:
 - In the case of our hospital closure; our President/Chief Executive Officer or designee will provide written notification prior to the impending closure to:

- The State of Maine, Department of Human Services, Licensing and Regulatory Services
- the State of Maine Long-Term Care Ombudsman,
- you as a patient and your representatives
- The plan will include adequate relocation information.
- Contents of the Transfer or Discharge Notice:
The written notice will include the following:
 - The reason for your transfer or discharge;
 - The effective date of your transfer or discharge;
 - The location to which you are being transferred or discharged;
 - Your appeal rights, and information on how to obtain an appeal form and assistance in completing the form and sending it to:

**State of Maine Department of Human Services
Office of Administrative Hearings**
244 Water Street
11 State House Station
Augusta, Maine 04333
Telephone: (207) 624-5350
TTY: Users: Dial 711 (Maine Relay)
FAX: (207) 287-8448

- The contact information for the:

State of Maine Long Term Care Ombudsman
61 Winthrop Street
Augusta, Maine 04330
Telephone Augusta Area: 207-621-1079
Telephone Toll Free: 1-800-499-0229
Fax: 207-621-0509

- If you have intellectual and developmental disabilities or related disabilities, the contact information for the:

State of Maine Office of Substance Abuse and Mental Health Services
41 Anthony Avenue: 11 State House Station
Augusta, ME 04333-0011
Telephone Main Office: 207-287-2595
Telephone Crisis Number: 1-888-568-1112
TTY: Maine Relay 711
Fax: 207-287-4334 207-287-9152

- Contact information for protection and advocacy :

Office of the Public Advocate
Physical Address: 103 Water Street,
3rd Floor, Hallowell, ME 04347
Postal address: 112 SHS

Augusta, ME 04333-0112
Telephone: 207-624-3687
Fax: 207-287-4300

- If you have a mental disorder or related disabilities, contact information for:

State of Maine Office of Behavioral Health (Substance Abuse & Mental Health Services.)

Region II: District 4=Mid Coast District (Lincoln, Knox, Waldo and Sagadahoc Counties)

91 Camden Street, Suite 103

Rockland, Me 04841

Telephone: 207-596-4302 (voice) or

1-800-432-7802 (voice)

TTY: Maine Relay 711

Fax: 207-596-2304

Telephone Crisis Number 1-888-568-1112

- **Transfer or Discharge Orientation:**
Our hospital will provide and document sufficient preparation and orientation to you to ensure you a safe and orderly transfer or discharge from our hospital. This shall be provided in a form and manner that you can understand.

J. FREEDOM FROM ABUSE, NEGLECT AND EXPLOITATION

- You have the right to be free from verbal, mental, sexual or physical abuse, neglect, misappropriation of your property, exploitation, corporal punishment and involuntary seclusion;
- You have the right to be free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat your medical symptoms. When the use of restraints is indicated, our hospital must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints;
- Our hospital will not employ or otherwise engage/hire individuals who have been found guilty of and or had a finding entered into the State nurse aide registry for abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;
- Our hospital will report to the State Nurse Aide Registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other staff member employed by our hospital;
- Our hospital has written policies and procedures, which include prohibiting and the prevention of abuse, neglect, and exploitation of patients, misappropriation of patient property and investigation of any such allegations.
- All alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of property, are reported and investigated immediately. Reports are made to the Administrator on call or designee, and State of Maine Adult Protective Services as follows:
 - For events resulting in serious bodily injury, our staff will report immediately but no later than two hours of the incident
 - For events that do not result in serious bodily injury, our staff will report immediately but no later than twenty four hours of the incident
- All alleged violations at our hospital are thoroughly investigated;

- Our hospital will prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress; and
- Our hospital will report the results of all investigations to the Administrator on call or designee and to other officials in accordance with State law, within 5 working days of the incident.

K. ITEMS AND SERVICES INCLUDED IN DAILY ROOM RATE

Below is a list of items and services that are covered in your daily room rate. And, while it is not possible to make a complete list, we have included some commonly used or requested items and services that may be billed separately from the daily room rate depending upon your insurance carrier. Our case management staff will be happy to assist you in determining whether your insurance carrier will cover the cost for these separate items and services upon request. To contact a case manager:

LincolnHealth Case Management Department

Telephone: 207-563-4457

Your daily room rate includes the following services:

- Your Room (including linens, bathing and personal hygiene supplies, housekeeping and maintenance)
- Nursing Care
- Meals and Dietary services
- Case Management & Social Services
- Activities

For non-Medicare beneficiaries, the following items may be billed separately by LincolnHealth:

- Dental Services
- Speech and Language Pathology
- Occupational Therapy
- Cardiopulmonary
- Physical Therapy
- Physician Services
- Laboratory Services
- Pharmacy

Items that are billed by a 3rd Party:

- Provider care & services (Lincoln Medical Partners)
- Radiologist Interpretations (Spectrum Medical Group)
- Pathology Services (Nordx)
- Podiatry services
- Ambulance Services
- Audiology Services

My Notes

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to write their notes.

Revised: 06/2019