
Confidentiality Statement

I, _____, understand that in the performance of my duties as an employee of Salus Solutions, I am/may be required to have access to, and/or be involved in the processing of patient health care information while on contract assignment at various Health Care facilities. I understand that I am obligated to maintain the confidentiality of this information at all times, both at work and off duty. I understand that a violation of confidentiality may result in disciplinary action, including termination. I further understand that I could be subject to legal action for failure to maintain confidentiality of patient information.

Acknowledgement of Understanding Patients Bill of Rights and Responsibilities and Safety

You have the right to:

- Exercise these rights without regard to age, race, color, ancestry, language, creed, religion, gender, sexual orientation, marital status, citizenship, veteran status, physical or mental disability, cultural, economic, educational background or the source of payment.
- Considerate and respectful care and to be made comfortable.
- Request pastoral or spiritual support and guidance.
- Know the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and non-physicians who will see you.
- Receive information about any proposed treatment or procedure in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information will include description of the procedure or treatment, the medically significant risks involved in each treatment, alternate courses of treatment or non-treatment and to know the name of the person who will carry out the procedure or treatment.
- Participate actively in decisions regarding medical care. This includes the right to refuse treatment to the extent permitted by law.
- Consultation with a member of the hospital ethics committee regarding ethical questions or concerns.
- Formulate Advanced Directives and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.
- Have your personal privacy respected, and to have visitors be asked to leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used.
- Be advised as to the reason for the presence of any individual. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly.
- Confidential treatment of all communications and records pertaining to care and your stay in the hospital. Medical records will not be made available to anyone not directly concerned with your care without your written permission (e.g., the Terms and Conditions of Service), except to the extent allowed by law.

- Access to information contained in your clinical records within a reasonable time frame (except in certain circumstances regulated by law).
- Reasonable responses to any reasonable requests made for service.
- Designate visitors of your choosing, whether or not the visitor is related by blood or marriage, unless: no visitors are allowed, or the visitor is considered to be disruptive and/or an endangerment or you indicate that you no longer want this person to visit.
- Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
- Receive assessment and appropriate management of pain, including the right to accept or reject any or all modalities to relieve pain.
- Be informed that there are physicians who specialize in the treatment of pain.
- Be provided with information about accessing protective services (that is: guardianship and advocacy services, conservatorship and child or adult protective services).
- Leave the hospital against the advice of physicians, to the extent permitted by law.
- Reasonable continuity of care and to know in advance the time and location of all appointments as well as the identity of persons providing care.
- Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
- Be informed of continuing health care requirements following discharge from the hospital or after an outpatient visit.
- Examine and receive an explanation of the bill regardless of the source of payment.
- Know which medical unit rules and policies apply to your conduct while a patient.
- Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.
- File a grievance/complaint about care, service or discrimination based on physical or mental disability and be informed of the action taken, with assurance that your future access to and quality of care will not be affected. This may be done in writing or by calling the appropriate hospital department.
- File a complaint with the State Bureau of Licensure & Certification.

You have the responsibility to:

- Make informed decisions. Gather as much information as you need. You may be asked to consent in writing to certain tests, procedures, or operations. Ask questions to fully understand each document you are asked to sign.
- Understand. If the explanation of your medical condition or treatment is not clear, ask such questions as:
 - Why a treatment is recommended?
 - What are the potential benefits or risks?
 - What side effects are involved?
 - What alternatives are available?
 - Will the treatment cause discomfort or pain?

- Be honest. Give accurate, complete medical history and report changes in your health to your medical practitioner. This includes reporting your degree of pain and the effects or limitations of treatment for pain.
- Not engage in rude, inappropriate, abusive or disruptive behavior toward physicians, staff, other patients or visitors.
- Respect others. Be considerate of others by allowing them privacy, limiting visitors, and maintaining a quiet atmosphere. Telephones, televisions, radios, and lights should be used in a manner agreeable to others. Respect the property of others and the hospital.
- Follow the treatment plan. Tell your doctor if you believe you cannot follow through with the treatment plan and why you cannot. Find out about the consequences of refusing treatment or of selecting an alternative treatment not recommended by your medical team.
- Recognize the effect of lifestyle on your personal health.
- You do not have the right to receive treatment and service that are considered medically unnecessary or inappropriate.

My signature below acknowledges receipt and understanding of the Confidentiality Statement, 2010 National Patient Safety Standards/Goals, Banned Abbreviations, Sentinel Event Response, and Patient Rights and Responsibilities:

Name:

Date _____

Employee

Signature _____