

Rex Outpatient Rehabilitation
Rex Sleep Disorders Center
Departments of Rex Hospital
Garner, NC

patient identification

Patient Rights and Responsibilities

You have the right at Rex Hospital, Inc. and Rex Physicians, LLC (“Rex”) to:

1. Receive care that is free of discrimination and is respectful of your personal privacy, personal value, dignity, and beliefs. Rex prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.
2. Be cared for in a safe and respectful environment.
3. Receive private and confidential treatment.
4. Confidentiality, privacy, and security of your healthcare information.
5. Be involved in the decisions about your treatment/care plan, discharge plan, and pain management plan.
6. Receive full information about the risks, benefits, and alternatives to your plan of care given to you in a way you can understand and through the use of an interpreter, if needed.
7. Request or refuse care/treatment to the extent permitted by law. Your care provider will explain the medical consequences of refusing recommended treatment.
8. Agree or refuse the use of recording, films, or other pictures to be used for reasons other than your care.
9. Have a family member or representative of your choice and your own physician notified of your admission to Rex.
10. Have a family member, friend or other individual to be present with you for emotional support during your stay at Rex unless their presence infringes on others' rights, safety or is medically or therapeutically contraindicated as directed per the Rex visitation policy.
11. Receive information about advance directives (Living Will, Healthcare Power of Attorney), obtain assistance in completion of advance directives, and have advance directives honored once legally executed and available on the medical record.
12. Be involved in end of life care decisions to include withholding life sustaining treatments, resuscitative services, and organ/ tissue donation.
13. Know the name and role of your care providers (doctor, nurse, etc.) and know who is primarily responsible for your care.
14. Request to see information contained in your medical record, and request changes to be made in your medical record.

15. Know to whom your information has been disclosed.
16. Be free from abuse, neglect and harassment and to receive our help in contacting advocacy or protective services.
17. Be free from restraint and seclusion that is not medically required or is used inappropriately.
18. Receive medically necessary treatment regardless of your ability to pay.
19. Be informed of charges and your financial responsibility. Receive financial counseling if requested.
20. Participate in or decline to participate in research. You may decline at any time without compromising your care or treatment.
21. Receive copies of your Rex bills and an explanation of charges. Be informed that Rex contracts with Raleigh Emergency Medicine, Raleigh Radiology, Rex Pathology Associates, Rex/UNC Radiation Oncology, American Anesthesiology of NC and UNC Neonatology to provide services to our patients. These physicians are independent practitioners and not employees of Rex.
22. Have your compliments, concerns, and complaints/grievances addressed. Your concerns will not affect your access to care, treatments, or services. Please direct your comments to the staff delivering your care, the department management, or call 784-3100 for operator assistance. You may also call The Joint Commission at 1-800-994-6610 or the Division of Health Services Regulation at 1-800-624-3004.

Your responsibilities are to:

1. Provide us as much information about your health and medical history as possible.
2. Ask questions when you do not understand.
3. Follow instructions for your care. If you are unable or unwilling to follow instructions, you need to tell us. You are responsible for the outcomes of not following your plan of care.
4. Act in a manner that is respectful of other patients, staff, and facility property.
5. Meet your financial responsibility to the facility to pay for your care (after any insurance payments have been made) or ask for financial assistance.
6. Follow this facility's rules and regulations.

Patient Signature

Date