

# My Hospital Stay: A Patient Rights Checklist

Use this guide to remember your rights and ask the right questions during your hospital stay.

## Section 1: Before You Agree (Informed Consent)

Before any test or procedure, make sure you have a clear conversation.

- **My Doctor Explained:**
  - What is the name of this procedure?
  - Why do I need it?
  - What are the significant risks?
  - What are the likely benefits?
  - What are the alternatives (including doing nothing)?
  - What is the recovery process like?
  - Who will be performing the procedure?
- **My Understanding:**
  - I have asked all my questions.
  - I understand the information given to me.
  - I know I can say "no" or withdraw my consent at any time before the procedure.

## Section 2: Your Privacy (HIPAA Basics)

Your health information is protected by law.

- **Staff should NOT:**
  - Discuss your case in public areas (elevators, cafeteria).
  - Share information with family/friends unless you give permission.
  - Access your chart unless they are part of your care team.
- **You can:**
  - Ask for a copy of the hospital's privacy notice.
  - Designate (in writing) who staff *can* talk to about your care.
  - Report any privacy violation you see or hear.

## Section 3: Your Information (Access to Records)

You have the right to see and get a copy of your medical chart.

- To get your records, you must submit a written request to the "Health Information Management" or "Medical Records" department.
- You have the right to request a correction (amendment) to your chart if you find a factual error. This must also be in writing.
- The hospital can charge a reasonable fee for copying.

## Section 4: If Things Go Wrong (Advocacy & Complaints)

You have the right to file a grievance without fearing it will affect your care.

- **Step 1 (Informal):** Speak to the nurse manager on your unit.
- **Step 2 (Formal):** If unresolved, contact the hospital's **Patient Advocate** or **Patient Relations** office.
- **When filing a formal complaint:**
  - Write it down. Be factual.
  - Include dates, times, and names (if possible).
  - Clearly state what happened and what you want as a resolution.
- **Key Contacts:**
  - Patient Advocate / Relations Office Phone: (Leave blank to fill in)
  - Hospital Compliance Hotline: (Leave blank to fill in)

**Remember: You are the most important member of your healthcare team.**