

# Patient Responsibilities



You have the right to refuse medical treatment for your child to the extent permitted by law. You also have the right to know how this refusal may impact your child's medical condition.

## Patient Responsibilities

With patient rights come patient responsibilities. The following information is important for you and your family. You have the responsibility to follow the rules and regulations of Boys Town National Research Hospital.

## Communication

You have the responsibility to provide complete and accurate information about present complaints, pain, past illnesses, hospitalizations, medications and other matters relating to your health or your dependent's health.

As a parent, guardian or responsible family member of a hospitalized child or dependent, you have the responsibility to be available to hospital staff for consultation and decision-making.

You have the responsibility to keep appointments and notify your provider, clinic or the hospital when unable to do so.

You have the responsibility to ask questions if you do not understand yours or your dependent's diagnosis, medical treatment or instructions for follow-up care.

You have the responsibility to tell the people involved with your care if you are not satisfied at any time during your stay or appointment.

## Pain Management

You have the responsibility to participate with your health care providers in developing and following a plan of care for pain relief. This includes pain relief options, asking for help when pain begins, helping hospital staff measure your level of pain and notifying staff if pain is not relieved.

## Treatment Plan of Care

You have the responsibility to follow the treatment or plan of care recommended by the practitioner primarily responsible for your care. This may include diet, medication, exercise and follow-up medical appointments. If you refuse treatment or do not follow the plan of care, you are responsible for the consequences that may occur as a result.

## Financial Obligation

You have the responsibility for the cost of your care and treatment and for providing information for billing purposes.

## Respect and Consideration

You have the responsibility to respect the rights, privacy and confidentiality of others.



We believe that these rights can be achieved through cooperation and open communication.

Patients who feel that their rights have not been respected, or who have questions or concerns, should talk to their nurse or physician.

Boys Town National Research Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (402) 498-6540.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (402) 498-6540.

**BOYS TOWN**  
National Research  
Hospital 

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Boys Town, Nebraska 68010  
(on Boys Town campus)

[boystownhospital.org](http://boystownhospital.org)

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# Your Care is Our Concern

## Patient Rights and Responsibilities



**Boys Town National Research Hospital**

# Patient Rights

## Respect and Dignity

You have the right to dignified and respectful treatment based on your cultural and personal values, beliefs and preferences.

## Privacy and Confidentiality

You have the right to personal privacy and confidentiality of all records and communications concerning your treatment to the extent provided by law.

## Information

You have the right to timely review or to request copies of your medical record, including complete and current information concerning diagnosis, treatment and any known prognosis, and to receive information in a manner you understand. You have the right to request amendments to your medical record or request a list of disclosures of your protected health information, as permitted under applicable law.

## Identity

You have the right to choose your provider, to know the names and professional role of individuals providing service and to know which physician or practitioner is primarily responsible for your care.



## Consultation

You have the right, at your own expense, to consult with a specialist or additional physicians. You have the right to request an ethics consult to guide ethical decision-making.

## Communication

You have the right to receive or refuse visitors, mail and telephone calls. You have the right to have a family member or other individual with you for emotional support during your stay. You have the right to interpretive services, as needed.

Boys Town Hospital does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

## Consent

You have the right to participate in your care, to ask questions and be provided information regarding the reason for treatment, associated risks, benefits and alternatives. You have the right to appoint a relative or friend to make health decisions for you.

## Patient Treatment Care Plans

You have the right to participate in the development and implementation of your plan of care, including discharge planning.

You, or your representative, have the right to make informed decisions regarding your care. These rights include being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatment.

You have the right to have a family member or representative and your physician notified promptly of your admission to the hospital.

## Refusal and Limitations of Treatment

You have the right to refuse treatment to the extent permitted by law and to be informed how this refusal may affect your medical condition. You have the right to provide an advance directive, which will be honored to the extent permitted by law and hospital policy.

## Pain Management

You have the right to information about pain, pain relief measures, prevention and pain management.

## Charges

You have the right to review and receive an explanation of your bill(s).

## Transfer and Continuity of Care

You have the right not to be transferred to another health care facility unless you have been given an explanation of the need for the transfer and offered available alternatives. You have the right to be informed by the responsible practitioner or delegate of any continuing health care requirements following discharge from the hospital.

***You have the right to visit your child or call the nursing unit at any time.***

## Safety/Security

You have the right to receive care in a clean, safe and secure environment, free from any form of abuse or harassment. You have the right to be free from restraints that are not medically necessary.

## Religious/Spiritual Services

You have the right to access religious and other spiritual services.

## Concerns and Complaints

You have the right to have your written or verbal concern or complaint related to care or services reviewed by hospital staff. You will receive a response in a timely fashion. This will not affect your future access to care in any way. You have the right to file a grievance with the Boys Town Hospital Risk Manager at 555 N. 30th St., Omaha, NE 68131, (402) 498-6521, the Nebraska Department of Health and Human Services at P.O. Box 94986, Lincoln, NE 68509, (402) 471-0316 or The Joint Commission, Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, (800) 994-6610.

## Parental Rights

You have the right to visit your child or call the nursing unit at any time.

You have the right to receive information needed to give the necessary consent for your child's plan of care.

