

## Welcome to Vista Plains Health

### As a patient, you have a right to:

- Quality care provided by competent personnel in a considerate, respectful, and safe environment.
- Confidentiality and personal privacy.
- Make informed decisions about your care, including requesting or refusing treatment.
- Actively participate in decision making and in developing and implementing your treatment, plan of care, discharge plan, and pain management plan.
- Access your medical records.
- Be free from seclusion and restraints, unless medically necessary.
- Be free from discrimination, abuse, or harassment.
- Formulate and advanced directive.
- Appoint a personal representative of your choice.
- Have a family member/friend and your doctor notified when you are admitted to the hospital.
- Receive a complete explanation of our charges and your bill.
- Consult with another physical or request transfer to another facility.
- Voice complaints without fear of reprisal and receive a timely response to your complaints.
  - To voice a complaint related to your care, call the Quality Officer at 406 632-3181.
  - You can also contact:
    - Montana Department of Public Health and Human Services: 406 444-2037 or 1-800-762-4618 or visit [dphhs.mt.gov/qad](http://dphhs.mt.gov/qad)
    - U.S. Department of Health and Human Services: 1-800-633-4227

### As a patient, you are responsible for:

- Share complete and accurate medical history and information.
- Cooperate in your care and ask questions if you do not understand.
- Actively participate in your care and follow instructions and medical orders.
- Respect the needs, rights, and property of other patients, family members, and caregivers.
- Have family members or personal representatives authorize care if you are unable to communicate.
- Take only the drugs prescribed by our healthcare team and promote the healing process by refraining from alcohol or toxic substances during your care.
- Know the extent of your insurance coverage and insurance requirements such as pre-authorization, deductibles, and co-payments.
- Meet your financial obligations.
- Refrain from physical, verbal, or otherwise abusive, discriminatory, or harassing behavior towards other patients, visitors, and hospital personnel.

## Five Steps to Safer Healthcare

1. Ask questions if you have doubts or concerns.
2. Keep and bring a list of ALL the medicines you take.
3. Get the results of any test or procedure.
4. Talk to your doctor about which hospital is best for your health needs.
5. Make sure you understand what will happen if you need surgery.

U.S. Department of Health & Human Services in partnership with the American Hospital Association and the American Medical Association.

## Non-Discrimination

Vista Plains Health is a not-for-profit health care organization committed to providing care to all persons regardless of race, creed, color, gender, age, national origin, disability, sexual orientation, or gender identity/expression. We accept persons covered by Medicaid and Medicare and we offer financial assistance to those in financial need.

- This facility provides emergency services and does not deny those services to a person who needs them but cannot pay for them.

If you believe you have been discriminated against by Vista Plains Health, contact the Quality Officer at 406 632-3181 or the Office of Civil Rights at 1-800-368-1019, TDD 1-800-537-7697, or [hhs.gov/ocr](http://hhs.gov/ocr).

For a detailed listing of your patient rights and responsibilities, please request this from a member of our staff or visit [vistaplains.org](http://vistaplains.org)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-465-5885 (TTY: 1-800-537-7697) o hable con su proveedor.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-465-5885 (TTY: 1-800-537-7697) an oder sprechen Sie mit Ihrem Provider.

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-844-465-5885 (TTY: 1-800-537-7697) 或與您的提供者討論。」

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-465-5885 (TTY: 1-800-537-7697) までお電話ください。または、ご利用の事業者にご相談ください。

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-465-5885 (TTY: 1-800-537-7697) o makipag-usap sa iyong provider.

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-465-5885 (TTY: 1-800-537-7697) ou parlez à votre fournisseur.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-465-5885 (TTY: 1-800-537-7697) или обратитесь к своему поставщику услуг.

주요: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-465-5885 (TTY: 1-800-537-7697) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

(أو اتصل على الرقم كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتيسقات يمكن الوصول إليها مجاناً. إذا كنت تتحدث اللغة العربية، فستوفر لك خدمات المساعدة اللغوية المجانية. تبييه: تحدث إلى مقدم الخدمة".

หมายเหตุ: หากคุณใช้ภาษาไทย เรายินบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-844-465-5885 (TTY: 1-800-537-7697) หรือปรึกษาผู้ให้บริการของคุณ

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng để tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-465-5885 (Người khuyết tật: 1-800-537-7697) hoặc trao đổi với người cung cấp dịch vụ của bạn.

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-465-5885 (TTY: 1-800-537-7697) або зверніться до свого постачальника».

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-844-465-5885 (tty: 1-800-537-7697) o parla con il tuo fornitore.

MERK: Hvis du snakker norsk, er gratis språktjenester tilgjengelige. Hvis du trenger andre hjelpemidler eller tjenester for å gjøre informasjonen tilgjengelig for deg, finnes dette også kostnadsfritt. Ring 1-844-465-5885 (teksttelefon: 1-800-537-7697) eller snakk med leverandøren din.

Wenn du Deutsch schwetscht, Kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-844-465-5885 (TTY: 1-800-537-7697).