Patient Handbook

Information every patient should know about their rights and quality of care

https://mainehealth.org/lincolnhealth
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*Where this document uses the term provider it includes physicians, physician assistants, advanced practice registered nurses, midwives, and therapists.

If you have ANY questions about the contents of this book

**PLEASE ASK**

We want you to be comfortable and to fully understand your care.

An electronic copy of this publication is available as a PDF file at:

https://mainehealth.org/lincolnhealth

PDF files may be read with a free software application, Adobe Acrobat Reader, available for download at:

http://get.adobe.com/reader/
I. Your Rights as a Patient

As a patient of LincolnHealth which includes LincolnHealth’s Miles and St Andrews campuses and Lincoln Medical Partners offices, your rights are very important to us. You and/or your support person will be notified of your rights whenever possible before we provide you with health care services and/or discontinue your care.

Our providers, nurses and other staff are committed to working with you, your family and/or support person to meet your health care needs while respecting your values. We want you to have the same care and attention we would want for ourselves.

This document will help explain your rights as a patient, including how you can expect to be treated during your hospital stay. It will also cover what we need from you in order to provide you with the best possible care.

*If you are admitted as a Swing and/or Skilled patient, you will be provided with an additional set of Patient Rights.

Nondiscrimination Policy

As a recipient of Federal financial assistance, our hospital and provider office practices does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion, creed, etc. in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by our hospital and provider office practices directly or through a contractor or any other entity with which our hospital and provider office practices arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91, (and state laws or corporate policies, etc.).

Additionally, in accordance with Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116, our hospital and provider office practices does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of sex including gender identity in admission to, participation in, or receipt of the services and benefits under any of its health programs and activities, and in staff and employee assignments, whether carried out by our hospital and provider office practices directly or through a contractor or any other entity with which our hospital arranges to carry out its programs and activities.

In case of questions, please contact:

Corporate Compliance Office
Telephone: 1-207-633-8402
Notice of Program Accessibility

The regulation implementing Section 504 requires that an agency/facility "...adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons." (45 C.F.R. §84.22(f))

Our hospital and provider office practices and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
  - Qualified sign language interpreters for persons who are deaf or hard of hearing.
  - A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
  - Readers and taped material for the blind and large print materials for the visually impaired.
  - Flash cards, alphabet boards and other communication boards.
  - Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your nurse know.

High Quality Hospital Care

Our first priority is to provide you with the care you need, when you need it, with skill, compassion, and respect. Please tell your caregivers if you are in pain or if you have concerns about your care.

You have the right to request that your family member, support person and/or personal provider be notified if you are admitted to our hospital.

You have the right to know the identity of our providers, nurses and/or others involved in your care, and you have the right to know if they are students, residents or trainees.

We are committed to understanding and responding to the needs, preferences, concerns and grievances of our patients, their families and/or support person. We do so by:

- Complying with LincolnHealth’s policy to not discriminate on the basis of disability. Please see the above section labeled “Nondiscrimination Policy” for Federal requirements & Corporate Compliance telephone number.
- Complying with LincolnHealth’s internal grievance procedure providing prompt and equitable resolution of complaints.
- Encouraging each patient and/or their support person to express any and all concerns.
- Ensuring that at no time will a concern or grievance be used as a threat of discrimination, reprisal, and/or to deny a patient current or future access to services.
- Posting “Addressing Your Concerns” signs in all inpatient and ambulatory patient care areas.
Informing patients that they have the right to have their grievances reviewed in person, by telephone, or in writing by a staff member, nurse manager, patient advocate or member of the hospital administration team. The appropriate persons will respond to the patient/family and/or support person in a timely manner. Staff members closest to the problem will address the issues quickly with clear and consistent information.

**Safe Environment**

It is your right to receive care in a safe setting. We work hard to keep you safe and use policies and procedures to ensure your safety while under our care.

Our commitment includes preventing abuse and harassment. Our hospital prohibits the use of restraints and seclusion unless medically necessary.

Despite our commitment to patient safety and quality care, there are times when patients acquire conditions or experience serious adverse events while they are hospitalized. LincolnHealth will not intentionally bill for care related to hospital acquired conditions and/or serious adverse events.

Please be assured that if anything unexpected or significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.

It is important to us that your valuables are kept safe and therefore we discourage you from bringing them to the hospital. LincolnHealth does not have the ability to offer individual safes for patient use and therefore, we cannot be responsible for any personal items or valuables kept in the room, or at the bedside. As a patient, you assume responsibility for all personal items brought to the hospital, and those valuables which are elected to be kept at the bedside.

**Notice of Visitation Rights**

All hospitals are required to inform each patient, the patient’s family and/or support person of a patient’s rights as they relate to visitation in advance of care furnished. These rights include:

1. Choosing who may or may not visit you.
2. We treat all visitors equally. We do not restrict or deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, same sex domestic partners, gender identity or disability.
3. We will work with you to ensure that all visitors enjoy full and equal visitation privileges consistent with patient preference.
4. Your needs as a patient will be accommodated whenever possible if a request is made to allow at least one visitor to remain in your room to provide support and comfort.
5. If any clinical restrictions are made, the restriction will be communicated to the patient, family and/or support person as well as the reason for the restriction. It is impossible to delineate or anticipate every clinical reason that would warrant a restriction or limitation, however, some care restrictions may include:
   a. When the patient is undergoing care interventions.
   b. When there may be an infection control issue.
   c. When the visitor presence may interfere with the care of the patient and/or the care of another patient.
   d. When there is disruptive, threatening or violent behavior of any kind from the visitor and/or patient.
   e. When the patient has a need for privacy or rest, especially during testing or procedures.
f. If there is a court order limiting or restricting contact.
g. If there are substance abuse protocols requiring restricted visitation in the plan of care.
h. If behavior occurs that presents a direct risk or threat to the patient, other patients, staff or
visitors.

6. As a patient, you may withdraw or deny, either orally or in writing the designation of visitation at
any time. The name(s) of the designated visitor(s) will be noted in your medical record along with
the date, as well as the change.

7. If a patient is a minor and/or deemed incompetent to make healthcare decisions, then a representative
(guardian, parent and/or durable power of attorney) will decide who may or may not visit the patient.

8. There are no minimum age requirements for children visitors.

9. You have the right to request a copy of our Visitation Policy and can do so by contacting:

Patient Advocate at (207) 563-4303

* We reserve the right to limit visitation as necessary in any other circumstances.

Involvement in Your Care
You and your provider often make decisions about your care before you go to the hospital. At other times,
especially during emergencies, decisions are made in the hospital. The decision making process should
include:

1. Providing Language Interpreters
   An interpreter and/or other appropriate aids will be offered at no cost when necessary for effective
   communication including, but not limited to, the following circumstances:
   - obtaining informed consent or permission for treatment;
   - determination of a patient’s medical history or description of ailment or injury;
   - explaining diagnosis or prognosis of an ailment or injury;
   - explaining the administration and side effects of medications;
   - explaining follow-up care or treatment;
   - explaining and discussing advance directives;
   - discussing billing and insurance issues; and
   - discharge planning.

2. Discussing Your Medical Condition & Information About Medically Appropriate Treatment
   Choices
   You and/or your support person have the right to make informed decisions about your care. To make
   informed decisions with your doctor, you need to understand:
   - The benefits and risks of each treatment.
   - Whether your treatment is experimental or part of a research study.
   - What you can reasonably expect from your treatment and any long-term effects it might have
     on your quality of life.
   - What you and your family and/or support person will need to do after you leave the hospital.
   - The financial consequences of using uncovered services or out-of-network providers.
   - Please tell your caregivers if you need more information about treatment choices.

3. Discussing Your Treatment Plan
   When you enter the hospital, you will sign a general consent to treatment form. In some cases, such
   as surgery or experimental treatment, you may be asked to confirm in writing that you understand
   what is planned and agree to it.
This process protects your right to consent to, or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

4. **Getting Information From You**
   Your caregivers need complete and correct information about your health and coverage so they can make good decisions about your care, including:
   - Past illnesses, surgeries or hospital stays;
   - Past allergic reactions;
   - Any medicines or dietary supplements (such as vitamins and herbs) that you are taking; and
   - Any network or admission requirements under your health plan.

5. **Understanding Your Health Care Goals and Values**
   You have the right to participate in the development and implementation of your plan of care which includes, but is not limited to, inpatient or outpatient care, medications, pain management and discharge planning. You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your provider, your family and your care team knows your wishes.

6. **Understanding Who Should Make Decisions When You Are Unable to Make Them For Yourself**
   We respect every patient’s right to formulate an advanced directive including a mental health advanced directive and we will honor the intent of that directive to the extent permitted by law and hospital policy.

   We will not discriminate against any individual based upon whether or not the individual has executed an advanced directive.

   A health care “power of attorney” states who should speak for you if you become unable to make health care decisions for yourself. A “living will” or “advance directive” states your wishes about end-of-life care. If you have signed such a document, please give copies to your doctor, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.

   You may request a copy of our Advance Directive Policy and/or State of Maine Advanced Directive including mental health advanced directive forms by contacting:

   **LincolnHealth Social Services Department**
   Telephone: (207) 563-4457

7. **Protection of Your Privacy and Access to Your Healthcare Information**
   We respect the confidentiality of your relationship with your provider and other caregivers. Sensitive information, including your health care record is part of that relationship.

   State and Federal laws and hospital policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information about your care from our records.
You have the right to access information in your health care record within a reasonable time frame and we will meet your request as quickly as our system permits. You will need to submit a written request for copies of your health care records after you have been discharged from the hospital. Please contact:

**Health Information Services Department**

Telephone: (207) 563-4453

8. **Preparing You and Your Family for When You Leave the Hospital**
You, your family and/or your support person play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans.

You may have a support person who assists you with care at home. You can expect us to help identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals.

Our hospital will provide you with a list of licensed providers of care and services prior to discharge. The list includes but is not limited to home care agencies, home medical equipment providers, assisted living facilities, skilled nursing and rehabilitation facilities, and long-term care facilities. The list clearly identifies all providers and facilities in which we have direct or indirect financial interest.

With your consent, we will share information about your care and coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

9. **Help With Your Bill and Filing Insurance Claims**
Our staff will file claims for you with health care insurers or programs such as Medicare and Medicaid. They also will help your doctor with needed documentation.

Medical bills and insurance coverage are often confusing. If you have questions about your hospital bill, please contact:

**Patient Financial Services**

Telephone: (207) 887-5100 or
Toll Free at (866) 804-2499

If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, our financial counselors will try to help you and your family find financial help or make other arrangements. We may need your help with collecting necessary information and other requirements to obtain coverage or assistance.

You also have the right to request an itemized bill at discharge or anytime within 7 years of discharge. The billing department will honor your request and send you the itemized bill within 30 days of the receipt of your request.
II. Addressing Your Concerns

Our staff is committed to providing the highest quality care. If you should have questions or concerns about your care, please discuss them with your physician, nurse, department manager, or the Patient Advocate.

Our Patient Advocate will:
- Listen to, investigate, and make every effort to resolve your concerns;
- Help you, your family, or an individual of your choice understand your rights as a patient;
- Serve as a resource to help you understand hospital practices concerning your care; and
- Help you get the information you need and want about your care.

Please ask for the Department Manager or Patient Advocate if you have any questions or concerns that cannot be addressed by your physician or nurses. We encourage you to call as soon as questions or concerns arise.

PATIENT ADVOCATE
Telephone: (207) 563-4303 (primary) or
Telephone: (207) 563-4839 (secondary)

If no one is available at the time of your call, please leave a detailed message on our confidential voice mail. Please include your name and a telephone number and we will return your call at the earliest opportunity.

III. Other Alternatives to Address Your Concerns

You also have the right to lodge a grievance or complaint about your hospital staff or the care you received while at the hospital directly with the Maine Department of Human Services Division of Licensing and Regulatory Services.

Maine State Department of Human Services
Division of Licensing and Regulatory Services
State House Station 11
Augusta, ME 04333

Telephone: (800) 791-4080, please leave a voice message after 5:00 P.M.
TDD number: Maine Relay 711 (24 hrs. /7days week)
Website: http://www.maine.gov/dhhs/dlrs/complaint/home.html

Questions About Your Bill
NOTE: The Maine Department of Human Services Division of Licensing and Regulatory Services does not address concerns about your hospital bill or provider bill. If you require assistance regarding medical bills, please call the appropriate number, which will connect you with a representative from the Patient Accounts Department:

Patient Financial Services
Telephone: (207) 887-5100 or
Toll Free at (866) 804-2499
IV. Medicare Appeals and or Quality of Care Concerns

Quality Improvement Organizations, under their contracts with the Centers for Medicare & Medicaid Services (CMS), work to ensure people with Medicare receive the best care possible.

If you have a concern about the quality of care provided in Maine, New Hampshire or Vermont to you or someone else who is a Medicare beneficiary, you can contact:

**Beneficiary & Family Centered Care Quality Improvement Organizations (BFCC-QIO):**

Livanta, LLC  
BFCC-QIO Area 1  
9090 Junction Drive, Suite 10  
Annapolis Junction, MD 20701

Telephone: 1-877-588-1123  
TTY: 1-855-887-6668  
Fax for Quality of Care: 1-844-420-6672  
Fax for Appeals: 1-855-694-2929  
Website: [https://bfccqioarea1.com/states/me.html](https://bfccqioarea1.com/states/me.html)

**Your concerns can be about care provided by:**
- Hospitals
- Skilled Nursing/Rehabilitation Facilities
- Home Health Agencies
- Providers
- Ambulatory Surgical Centers
- Community Mental Health Centers

**Examples of issues that can be reviewed:**
- Were all necessary health care services provided to the patient?  
- Did the health care services provided meet recognized standards of quality?  
- Were medical services provided in the most appropriate health care setting, such as an inpatient hospital stay, outpatient department or a skilled nursing facility?  
- Was the patient medically stable at the time of discharge?

V. Other Information & References

This booklet is provided free of charge to all patients of LincolnHealth facilities. Visitors may also obtain a copy upon request.

Patients may choose whether or not to keep the material, but will be required to sign a release form stating that they were provided with this comprehensive information about their rights and or how to file a concern.
Interested parties may also download this booklet in PDF form from our website at:

https://mainehealth.org/lincolnhealth

In accordance with the American Recovery and Reinvestment Act of 2009, an electronic version of each patient’s hospital discharge instructions is available to him or her upon request.

The Patient and Consumer Health Portal engages patients in their care by giving them access to some of their health information online at:

https://mychart.mainehealth.org

References

- **American Hospital Association**  
  www.aha.org

- **Maine Department of Health and Human Services**, Rules for the Licensing of Hospitals:  
  http://www.maine.gov/sos/cec/rules/10/144/144c112.doc

- **CMS State Operations Manual**  
  Survey Protocols, Regulations and Interpretive Guidelines for Hospitals:  

- **CMS State Operations Manual**  
  Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs  

- **U.S. Department of Health & Human Services**:  
  http://www.hhs.gov/ocr/civilrights/clearance/index.html

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