



West Calcasieu Cameron Hospital  
*Your Need, Our Commitment.*

At West Calcasieu Cameron Hospital, we strive to provide you and your family members with exceptional healthcare. As our patient, we are committed to respecting and protecting your patient rights and your privacy. Our policies regarding these issues can be found below.

## Patient Rights

### **Access**

- You have the right to equal access to care.
- You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- We will respect your religious, cultural and personal beliefs and traditions.
- We will not discriminate against you.

### **Decision Making**

- You have the right to participate in the development and implementation of your care plan.
- You have the right to be involved in all aspects of the care you receive.
- You have the right to have your family participate in decisions regarding your care.

### **Knowledge**

- You (or your designee) have the right to make informed decisions regarding your care.
- Your doctor will inform you of risks, benefits and alternatives prior to any invasive procedures.
- If you are asked to participate in a research project, you have the right to be given information describing the expected benefits, potential discomforts, and any alternatives that might benefit you. Your doctors will be honest and truthful about any experimental procedures. You have the right to refuse to participate in research projects, and your care will not be compromised.
- You have the right to be informed of your health status, to be involved in your care planning & treatment, and to request or refuse treatment.
- Your right to treatment or service is respected and supported.
- You have the right to request transfer to another hospital. If you desire to be moved to another facility, we will assist you in safely transferring to that healthcare facility.

### **Advance Directives**

- You have the right to formulate an Advance Directive, and to have the hospital staff and doctors comply with your wishes.

- The hospital will provide you with information regarding Advance Directives and will assist you with the development of an Advance Directive.
- The hospital will provide you with information regarding Organ Donation and will assist you with decisions concerning the donation of organs.
- We will honor your wishes regarding your end of life decisions.
- You have the right to Pastoral care and other spiritual services.

### ***Safety and Security***

- You have the right to receive care in a safe setting.
- You have the right to be free from all forms of harassment.
- You have the right to a secure environment.
- We will keep you safe and protect you from verbal/physical abuse.
- You have the right to access protective services.
- You have the right to be free from restraints of any form that are not medically necessary.

### ***Comfort***

- You have the right to appropriate assessment and management of pain.

### ***Communication***

- You have the right to communication.
- If your mail, telephone, etc., is restricted, please be mindful that such action has been taken to ensure that you receive the rest that you need.
- You have the right to request an itemized copy of your bill, an examination and an explanation of your account regardless of your source of payment.
- You have the right to receive a printed copy of these rights.

### ***Medical Ethics***

Now, more than ever, patients, their families, physicians and caregivers face difficult and complex decisions about treatment options, artificial support, living wills and quality of life.

Your doctor is the first person to consult about patient care issues. However, if you need more help, our Medical Ethics Committee will work with you and your doctor to provide you with assistance and guidance. Doctors, nurses, allied health professionals, hospital administrative staff and local clergy members comprise this committee.

For more information or for assistance from the medical ethics committee, you may contact any of the following:

- Nursing Administration - (337) 527-4281
- Compliance Office – (337) 528-7891
- Nursing Supervisor after hours (Operator will assist at (337) 527-7034)
- Your health care provider.

### ***Visitation Rights***

West Calcasieu Cameron Hospital shall not restrict, limit or deny patient visitation privileges on the basis of race, color, national origin, sex, gender identity, sexual orientation, or disability.

It is your right as a patient (or as the patient's support person where appropriate) to receive visitors whom you designate. This may include, but not be limited to, a spouse, a domestic partner, another family member, or a friend. You have the right to deny or revoke visitation of visitors you previously consented to at any time during your stay.

All visitors designated by the patient (or the Support Person when appropriate) shall enjoy visitation privileges that are consistent with patient preferences

Our goal is to protect your health and safety. To achieve this there may be times where WCCH may impose clinical restrictions on visitation rights. When restricting visitation, WCCH shall explain to the patient (or Support Person as applicable) the reasons for the restrictions or limitations on visitation.

### ***Accreditation***

West Calcasieu Cameron Hospital is accredited by The Joint Commission. The Board of Commissioners, Medical Staff, Hospital Leadership and employees of WCCH are committed to providing our community with safe, high quality health services with an emphasis on wellness and health promotion. It is through our ongoing performance improvement process that we continuously evaluate and improve the safety and quality of care we provide.

## **AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS**

### **AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:**

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the care you receive. It is important to us to address any concerns you may have regarding patient care and safety promptly. If you identify a quality or safety concern, or if you have a complaint or grievance, please contact our Patient Relations Director by calling (337) 527-4144.

All concerns brought to our attention are investigated through our complaint/ grievance process. Most grievances (serious complaints) will be resolved within 7 business days. All grievances will receive written notification as soon as possible, but not to exceed 30 days of the hospital's determination regarding the grievance. This written notification will include a hospital name and contact number, steps taken on behalf of the patient or family to investigate the grievance, the results of the grievance process and the date of completion.

If the investigation or resolution cannot be accomplished in the 7 business day timeframe, we will contact the patient or family to let them know that we are still working on resolving the concern. We will follow up with a written response within 30 days. All other complaints will be resolved within 10

working days. You may contact the Joint Commission by calling 800-994-6610 or by e-mailing them at [complaint@jointcommission.org](mailto:complaint@jointcommission.org), or you may contact the Louisiana Department of Health and Hospitals at 866-280-7737.

## **YOUR MEDICARE DISCHARGE RIGHTS**

**Planning For Your Discharge:** During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

### **If you think you are being discharged too soon:**

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
- **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
- If you do this, you will not have to pay for the services you receive during the appeal (except for charges like co-pays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.

## **STEPS TO APPEAL YOUR DISCHARGE**

**STEP 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like co-pays and deductibles).

- Here is the contact information for the QIO: **Louisiana Health Care Review -1-800-433-4958**
- You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is: **West Calcasieu Cameron Hospital – Provider #190013.**

**STEP 2:** You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.

**STEP 3:** The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.

**STEP 4:** The QIO will review your medical records and other important information about your case.

**STEP 5:** The QIO will notify you of its decision within 1 day after it receives all necessary information.

- If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
- If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

## **IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS**

You can still ask the QIO or your plan (if you belong to one) for a review of your case:

- If you have Original Medicare: Call the QIO listed above.
- If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.

If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date. For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048. To speak with someone at the hospital about this notice, call a **Care Manager at (337) 528-7899 or Nursing Supervisor at (337) 527-4346.**

# **Key Points on Notice of Privacy Practices**

**Your Information. Your Rights.  
Our Responsibilities.**

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**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### ***Your Rights***

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### ***Your Choices***

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

## ***Our Uses and Disclosures***

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## ***Your Rights***

When it comes to your health information, you have certain rights. **This section explains your rights and some of our responsibilities to help you.**

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information regarding the Privacy Officer found on the last page of this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### ***Your Choices***

For certain health information, you can tell us your choices about what we share. **If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.**

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## ***Our Uses and Disclosures***

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

**We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:



- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### **Do research**

We can use or share your information for health research.

#### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

#### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### ***Our Responsibilities***

- **We are required by law to maintain the privacy and security of your protected health information.**
- **We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.**

- **We must follow the duties and privacy practices described in this notice and give you a copy of it.**
- **We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see:**  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

***Changes to the Terms of this Notice***

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of this Notice: September 23, 2013

The hospital will abide by the terms of this notice. The hospital reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. The current notice will be available from the Admitting Office, from the Privacy Officer, on the website, and posted throughout the hospital.

You have the right to complain to the hospital if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the hospital.

West Calcasieu Cameron Hospital  
Attn: Privacy Officer  
701 Cypress St.  
Sulphur, LA 70663

All complaints will be investigated. No personal issue will be raised for filing a complaint with the hospital.

Your protected healthcare information may NOT be released for any other purpose than that which is identified in this notice.

Your protected healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release protected healthcare information at any time.

For further information about this Privacy Notice, please contact the hospital's Privacy Officer at (337) 528-7891 or you may call the Compliance Confidential Line at (337) 528-4168.