Patient Rights and Responsibilities

A booklet of these patient rights is available upon request.

We know that meeting your health care needs requires trust between you and the Sanford Health care team. We understand that as a patient, you have the right to certain protections that guarantee your privacy, the right to make informed decisions about your care, and the right to a safe and comfortable environment. Sanford Health is committed to providing you care that is safe, effective, patient-centered, respect-human-dignity, equitable, and timely.

You have the right to be treated with kindness
Your care will be provided with kindness and respect.

You have the right to be treated with respect and without regard for your: • Race • Age • Gender • National origin • Sexual orientation • Religion • Ethnic origin • Social status • Marital status • Place of birth

You have the right to a safe environment
Sanford Health is committed to providing a safe and comfortable environment for you while you are a patient at Sanford Health. In doing so, we respect your right to: • Be cared for in a safe environment. • Have care and services that are within professional standards of practice. • Freedom from maltreatment (abuse or neglect). • Be cared for in a safe environment. • Have care and services that are within professional standards of practice. • Freedom from maltreatment (abuse or neglect).

You have the right to confidentiality
You have the right to confidentiality regarding your health information. If you believe Sanford Health has failed to provide services based on effective communication or language services, or discriminated in another way on the basis of your communication disability, you may contact Sanford Health’s Joint Commission accredited for this purpose. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the portal at https://www.hhs.gov/ocr/.

You have the right to be involved in your care
You have the right to: • Ask for no guests to visit you. • Have a person of your same sex in the room with you and your talks with your provider and staff. • Be told of what may happen if you refuse the procedure or treatment. • Have your spiritual and/or cultural needs met. • Be told of what may happen if you refuse the procedure or treatment. • Have your spiritual and/or cultural needs met. • Be told of what may happen if you refuse the procedure or treatment. • Have your spiritual and/or cultural needs met.

You have the right to information about your treatment
You have the right to receive from your doctor or other provider information that is needed to make an informed decision. You may be asked to sign a written consent test and/or a medical record release to the responsible party. You should ask: • Information about Admissions. • Prepare an Admissions Plan. • Have your spiritual and/or cultural needs met. • Be told of what may happen if you refuse the procedure or treatment. • Have your spiritual and/or cultural needs met.

You have the right to make decisions about your care
You have the right to make decisions about your care. We encourage you to make informed decisions about your care. This will be made as an informed decision. You may be asked to sign a written consent test and/or a medical record release to the responsible party. You should ask: • Be told of the risks and benefits that you are asked to sign. • Are you aware of the serious complications that could occur if you are asked to sign.

You have the right to have staff knock on the door and ask to come into your room.

You have the right to receive copies of your medical records within a reasonable time frame.

You have the right to request an itemized bill from them.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the portal at https://www.hhs.gov/ocr/.

You have the right to be involved in your care
You have the right to be involved in your care. We encourage you to participate in the religious worship of your choice. You may be asked to sign a written consent test and/or a medical record release to the responsible party. You should ask: • Participate in the religious worship of your choice. • Be told of the risks and benefits that you are asked to sign.

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