

Interpreter Services:

If you need an interpreter, Lifespan will provide one free of charge. Please ask your provider, or call 1-401-606-8884.



You have a right to a sign language interpreter if you need one.



TDD/TTY (711) or RI Relay
(1-800-745-5555) phones are also available.
Please ask a Lifespan staff member to assist you.

Concerns:

If you have a concern, or if you believe your rights have been violated, you may make a complaint by calling 1-401-606-8885. After hours, please call the operator at 1-401-444-3500 and ask for the on-site administrator.

You may also report your concern to the Rhode Island Department of Health at 1-401-222-5200, or The Joint Commission at 1-800-994-6610.



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Summary of the Rights and Responsibilities of Lifespan Patients



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This is a summary of your rights and responsibilities as a patient of a Lifespan facility. Please be aware there may be occasions when there are clinical reasons for temporarily restricting patient rights to ensure their safety or the safety of others.

To receive an oral or written translation of this document, please visit Patient Registration or call Interpreter Services at 1-401-606-8884.

You have the right to:

- Kind, safe and respectful care
- Treatment and information without discrimination based on age, color, culture, ethnicity, gender identity or expression, language, national origin, physical or mental disability, race, religion, sex, sexual orientation, socioeconomic status, or source of payment
- Interpreter and translation services at no cost if your English is limited
- The name of any physician, provider, or institution that is responsible for, or involved in, your care or treatment
- Personal privacy and confidentiality of your medical records, in accordance with law and Lifespan's policy
- Participate in your care and make informed decisions, including the right to refuse treatment as permitted by law
- Choose someone to make health care decisions for you
- Make advance directives ("Durable Power of Attorney for Health Care" or "Living Will") and include them in your medical record
- Assessment and management of your pain

- A reasonable response if your health care provider requests medical services for you or if you request additional services
- Freedom from restraints and seclusion that are not medically necessary or that are used as a means of coercion, discipline, convenience, or retaliation by staff
- Give or refuse informed consent to participate in human subjects research as required by law
- Be informed about the reasons and alternatives before you are transferred to another facility
- Receive information about hospice care
- Review your bill and be given an explanation of the charges, regardless of the source of payment; you will be provided with a summarized medical bill within 30 days of discharge, and an itemized bill on request
- Examine and obtain a copy of your medical records, at no charge in certain cases
- Examine the health care facility's rules and regulations that govern your treatment
- The presence of someone whom you choose to give you emotional support, and visits from people you choose, unless it interferes with others' care or your own

You have the responsibility to:

- Provide the health care facility or your physician with information about past illnesses, hospitalizations, medications, allergies, and other matters related to your health care
- Inform the health care facility if you do not understand or will be unable to carry out medical instructions

- Not take any drugs unless they are prescribed by your physician and administered by health care facility staff
- Treat staff and licensed independent practitioners with respect, and use civil language; threats, violence, disrespectful communication, or harassment of other patients, visitors, staff, or provider for any reason, including because of an individual's age, ancestry, color, culture, disability (physical or intellectual), ethnicity, gender, gender identity or expression, language, military/veteran status, national origin, race, religion, sexual orientation, or other aspect of difference will not be tolerated
- Be considerate of other patients and their visitors, particularly respecting privacy, not smoking, and keeping noise at a reasonable level
- Keep all appointments and provide advance notice if you are unable to keep an appointment
- Let health care facility staff know if you have prepared advance directives ("Durable Power of Attorney for Health Care" and/or "Living Will") and provide a copy to the health care facility
- Provide complete insurance information
- Take financial responsibility for paying for all services rendered, either through your insurance, or by personally paying for any services that are not covered by insurance
- Participate in the process of medical education of future health care professionals, as authorized by the health care facility