

YOU HAVE THE RESPONSIBILITY TO (continued):

- Understand your illness and treatment; if you do not, request that additional explanation be provided.
- Accept full responsibility when refusing treatment or not following the physician's instructions.
- Make any concerns, complaints or grievances known to your care provider so they may be resolved in a timely manner by either the immediate health care provider or by hospital administration.
- Show respect for other patients by following hospital rules to assist in the control of noise, smoking and visitation.
- Follow hospital rules and regulations affecting patient care and conduct.
- Be considerate of the property of other persons and the hospital.
- Treat your physician and hospital staff in the same courteous manner that you expect your health care team to treat you.
- Notify appropriate personnel if a language barrier exists or if any assistive devices are required so that these services can be secured.
- Provide the hospital with a copy of your advance directives.
- Ensure that financial obligations for health care are fulfilled as promptly as possible.

CONCERNS REGARDING SAFETY AND QUALITY OF CARE

Please speak to your nurse or physician. You may also speak to the department manager or designee. Should you find that any concern or complaint goes unresolved you may contact Bozeman Health Patient Relations or the State Department of Health and Human Services with your complaint or grievance. You will be provided with the steps of the investigation, results and date of completion.



CONTACT INFORMATION

ACHC Hotline | 855-937-2242

Bozeman Health Patient Relations | 406-414-5168
915 Highland Blvd., Bozeman, MT 59715

Bozeman Health Quality Department | 406-414-1743
915 Highland Blvd., Bozeman, MT 59715

Bozeman Health Compliance Officer | 406-414-5584
915 Highland Blvd., Bozeman, MT 59715

**Department of Public Health and Human Services
Quality Assurance Division** | 406-444-2037
P.O. Box 202953, Helena, MT 59620
• MTSSAD@mt.gov

DNV Healthcare Complaints | 866-496-9647
DNV Healthcare USA Inc., Attn: Hospital Complaints
4435 Aicholtz Road, Suite 900, Cincinnati, OH 45245
• Fax: 281-870-4818
• hospitalcomplaint@dnv.com
• Dnvhealthcareportal.com

Mental Disabilities Board of Visitors | 406-444-3955
P.O. Box 200804, Helena, MT 59620

**Montana Beneficiary and Family Centered Care
Quality Improvement Organization** | 888-317-0891
Acentra Health, Attn: Beneficiary Complaint
5201 West Kennedy Blvd., Suite 900, Tampa, FL 33609

Montana State Ombudsman
• Child and Family | 844-252-4453
• Mental Health System Issues | 406-444-9669
• Older Adults or Long-Term Care | 800-332-2272

INTERPRETIVE SERVICES

Language assistance services are available free of charge. To access this service, dial 1-406-414-5000 (TTY: 771).

Text Telephone (TTY)
Dial 711 to be automatically connected to a TTY operator.

Bozeman Health

BozemanHealth.org

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PATIENT RIGHTS AND RESPONSIBILITIES

A Guide to Your Rights

As a patient at Bozeman Health, you have important rights that ensure you receive the highest quality of health care. All of your rights also apply to any person who has legal responsibility to make decisions regarding your medical care. Every employee is committed to caring for you according to these standards.

As a recipient of federal financial assistance, Bozeman Health complies with applicable federal and state civil rights laws and does not discriminate, exclude, or treat people differently on the basis of their race, religion, color, national origin, age, disability or sex in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Bozeman Health directly, or through any other entity with which Bozeman Health arranges to carry out its programs and activities.

Bozeman Health

YOU HAVE THE RIGHT TO:

- Considerate and respectful care, to be made comfortable, and to have your cultural, psycho-social, spiritual and personal values, preferences and beliefs respected.
- Have a family member (or other representative of your choosing) and your own physician notified of your admission to the hospital in a timely manner.
- Know the names of the physicians, nurses, and other health care professionals who are involved with your care and the role they play in your care.
- Receive information regarding your health status, diagnosis, prognosis, and course of treatment in terms that you can understand. You have the right to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and foregoing or withdrawing life-sustaining treatment.
- Make decisions regarding medical care and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent. Except in an emergency, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternative options for treatment and non-treatment, and the risks and benefits of all options, and the name of the provider who will carry out the procedure or treatment. You may request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against medical advice, to the extent permitted by law. You have the right to be informed of the medical consequences of any of these actions.
- Be advised if the hospital/physician proposes to engage in or perform human experimentation or research affecting your care or treatment. You have the right to refuse to participate in such research projects.
- Reasonable responses to any reasonable requests made for service.
- Appropriate assessment and management of pain.
- Formulate an advance directive. This includes designating a person to make decisions for you in the event you become incapable of understanding a proposed treatment or are unable to communicate your wishes regarding care. Hospital staff and practitioners shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding your medical care on your behalf.
- Respect for personal privacy. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. You have the right to be told the name and reason for the presence of any individual involved in your care. You have the right to have visitors leave prior to an examination and/or when treatment issues are being discussed. Privacy barriers will be used in all semi-private areas.
- Confidential treatment of all communications and records pertaining to your care and stay in the hospital. Basic information that is included in our facility directory, such as your location within the hospital and your general condition may be released unless specifically prohibited in writing by you. Written permission shall be obtained before medical records are made available to anyone not directly concerned with your care, except as otherwise required or permitted by law.
- Access information contained in our records within a reasonable time frame, except when not permitted by law.
- Receive care in a safe environment, free from neglect, exploitation, or sexual, emotional, verbal, physical abuse or harassment.
- Be free from restraints of any form used as a means of coercion, discipline, convenience, or retaliation by staff.
- Continuity of care and to be provided with information regarding the plan of care and any continued health care requirements following your discharge and the identity of the persons providing this care.
- Know any hospital rules or policies that apply to your conduct while a patient.
- Designate visitors of your choosing in accordance with the hospital visitation policy.
- Examine and receive explanation of your hospital bill regardless of source of payment.
- Be informed of any business relationships between the hospital and any health care providers, institutions or businesses that may influence your treatment and care.
- Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, physical or mental disability, age, sexual orientation, gender identity or expression, or marital status, or the source of payment for care.
- Be satisfied with the medical care you receive. You have the right to file a grievance and/or file a complaint with the State Department of Health and Human Services and/or the hospital and be informed of the action taken. (See back page.)
- Be an active participant in your own medical care as long as your actions do not infringe upon the rights of other patients or upon the rights and responsibilities of the hospital.

YOU HAVE THE RESPONSIBILITY TO:

- Provide accurate and complete information regarding present complaints, past illnesses, hospitalizations, medication, and other matters relating to your medical needs.
- Cooperate with the treatment plan recommended by your physician, including instructions by nurses, and allied health personnel as they facilitate the plan of care.
- Report any unexpected changes in your condition or any difficulties or concerns you have as soon as possible.