

staff member to notify him/her. If your concerns are not addressed in a timely manner, you may file a formal grievance by contacting:

**Physician Group of Utah  
Administrative Office:**

406 W. South Jordan Parkway, Ste. 500  
South Jordan, UT 84095  
Phone: 801-984-3400  
Fax: 801-984-3481  
www.PhysicianGroupUT.com

**State Agency:**

Utah Department of Health,  
Health Facility Licensing  
Phone: 1-800-662-4157 (Toll Free)  
801-538-6158 (Local)

**Mailing Address:**

Utah Dept. of Health  
Health Facility Licensing  
PO Box 144103  
Salt Lake City, UT 84114-4103

You have the right to be informed about pain and relief options. You have the right to be cared for by staff concerned about and committed to pain prevention and management, who respond quickly and efficiently to your requests, and who believe your reports of pain.

You have the right to be free from mental and physical abuse, and to be free from chemical and (except in emergencies) physical restraints except as authorized in writing by a licensed practitioner for a specified and limited period of time or when necessary to protect you from injuring yourself or others.

You have the right to access, request amendment to, and receive an accounting of disclosures regarding your own health information as permitted under applicable law.

This facility considers you a partner in our care. When you are a well-informed participant in your treatment and communicate openly with your physician and other health care professionals, you help make your care as effective as possible. This facility encourages respect for the personal preferences and values of each individual.

This facility is committed to delivery of health services characterized by quality, accessibility, consistency and personalized care. This facility does not discriminate on the basis of race, color, national origin, age, sex, religion, disability or ability to pay.

**Physician Group**  
OF UTAH, INC.

406 West South Jordan Parkway  
Suite #500  
South Jordan, Utah 84095

Phone: 801-984-3400  
Fax: 801-984-3481  
www.PhysicianGroupUT.com

PGU007-0411

**Physician Group**  
OF UTAH, INC.

*A COPY OF THIS NOTICE MAY  
BE PROVIDED UPON REQUEST*

**PATIENTS'  
RIGHTS AND  
RESPONSIBILITIES**



## YOUR RESPONSIBILITIES AS A PATIENT

You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medications, drugs and alcohol.

You are responsible for asking questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment, you are responsible for telling your physician. You are responsible for the outcomes if you do not follow the care, service, or treatment plans.

You and your family should understand the end result of failing to follow the recommended course of treatment, or of using other treatments.

This facility works to provide care efficiently and fairly to all patients in the community. You and your visitors are responsible for being considerate of the needs of other patients, staff, and the facility; not making unnecessary noise, not smoking, not causing problems and promoting a safe environment.

You and your visitors are responsible for respecting the property of others and also the property of the facility.

You are responsible for providing information for insurance purposes and for working with the facility to arrange payment, when needed.

Your health depends not just on your medical care, but in the long-term, on the decisions you make in your daily life. You are responsible for recognizing the effect of lifestyles on your personal health.

You are responsible to ask your doctor or care provider what to expect regarding pain, pain management, and available pain relief options. Your doctor or care provider will develop a pain management plan especially for you; however, it is your responsibility to inform a care giver of your need for pain relief as soon as pain begins, to help your care giver accurately assess your

pain, and to let him or her know if your pain is not relieved. You should immediately inform your care provider if you have any concerns about taking pain medication.



## YOUR RIGHTS AS A PATIENT

You have the right to considerate and respectful care.

You have the right to be well informed about your illness, possible treatments, and likely outcomes, and to discuss this information with your physician and other health care providers. You have the right to know the names and roles of people treating you.

You and, when appropriate, your family, have the right to be informed about the outcomes of care, including unanticipated outcomes.

You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.

You have the right to have an advance directive, such as a Living Will or Special Power of Attorney. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to the hospital, your family, and your physician so that care provided is consistent with these directions. Advance Directives are not honored in an outpatient setting, but any additional information regarding Advance Directives can be provided at your request.

You have the right to privacy. The hospital, your physician, and others caring for you will protect your privacy as much as possible.

You have the right to expect that treatment records are private unless you have given permission to release information or reporting is required or permitted

by law. When records are released to others, such as insurers, emphasis is on the records remaining confidential.

You have the right to expect that this facility will provide you with necessary health care services to the best of its ability. If treatment, referral, or transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.

You have the right to review your medical records and to have the information explained, except when restricted by law.

You have the right to have care in a safe setting and access protective services while you are hospitalized, and to be free from all forms of abuse or harassment.

You have the right to know if this facility has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.

You have the right to consent or decline to take part in research affecting your care. Information regarding potential discomforts, risks and alternatives will be provided to you.

You have the right to be told of realistic care alternatives when hospital care is no longer appropriate. You have the right to know about policies that affect you and your treatment and about charges and payment methods.

You have the right to an accurate medical bill and to timely settlements of conflicts associated with your medical bill.

You have the right to voice your concerns regarding any part of the care you receive at this facility. If you have a concern, you and/or your representative may contact the Manager or Administrator by asking any

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