



# Patient Services Guide

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Improving the health of our community in all we do.

# WELCOME FROM THE CEO

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*Carol A. Buell*

“We are committed to providing our communities convenient access to personalized, high-quality care.”

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# MYCHART

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Visit [nghs.com/mychart](https://nghs.com/mychart) for more information or to sign up.

## PATIENT/FAMILY REQUESTS FOR PHOTOGRAPHING AND/ OR VIDEOTAPING

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# GETTING SETTLED

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See the latest Visitation Guidelines at [nghs.com/visitation](https://nghs.com/visitation).

# GOOD QUESTIONS FOR YOUR GOOD HEALTH

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Ask  
Good Questions  
for Your Good Health. Me3



# YOUR CARE TEAM

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 Visit [doctors.nghs.com](https://doctors.nghs.com) to learn more about our physicians and advanced practice providers or schedule a follow-up appointment.



# MANAGING YOUR PAIN

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Visit [www.nghs.com/spiritual-care](http://www.nghs.com/spiritual-care) to learn more



**BUILDING**  
**SAFETY**  
**CHAMPS**

SAFETY BEHAVIORS AND ERROR PREVENTION TOOLS

**SAFETY PROGRAM**

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# PARTNERING FOR SAFETY

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## TRUTH

Your hands can spread germs.

### THE NITTY GRITTY:

Make sure you and your visitors are cleaning your hands at these important times:




Use alcohol-based hand sanitizer:



# IMMUNIZATIONS

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 The latest information about eligibility, doses, boosters, treatments and more is available at [nghs.com/covid-19](https://nghs.com/covid-19).







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## **AGGRESSIVE BEHAVIOR WILL NOT BE TOLERATED**

This is a healing environment. There is zero tolerance for any and all forms of aggression. Examples of aggressive behavior include:

- Physical assault
- Verbal harassment
- Abusive language
- Sexual language
- Threats

Incidents may result in security action and/or removal from this facility. For help or concerns, contact the Patient Experience team. (See page 30.)



# ROAD TO RECOVERY

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# HOSPITAL BILLING AND INSURANCE

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Visit [nghs.com/price-estimates](https://nghs.com/price-estimates) or call **770-219-7678** to get a price estimate for your care.



For a complete list of insurance plans accepted at NGHS, visit [nghs.com/insurance](https://nghs.com/insurance).



Visit [nghs.com/financial-assistance](https://nghs.com/financial-assistance) to learn more.

# PATIENT/FAMILY DECISIONS

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To learn more, visit [nghs.com/respecting-choices](https://www.nghs.com/respecting-choices).



# DISCRIMINATION IS AGAINST THE LAW

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If you need these services, contact NGHS' Department of Patient Experience:  
**770-219-1689**

**NGHS Patient Experience**

743 Spring Street

Gainesville, GA 30501

Telephone Number: **770-219-2998**, (TTY: **1-800-255-0135**)

(VRS: **1-888-888-1116**),

Fax: **770-219-1895**, or

Email: [patient.experience@nghs.com](mailto:patient.experience@nghs.com).

You can file a grievance in person, by mail, fax, email or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Washington, D.C. 20201

Phone: **1-800-868-1019**

TDD: **1-800-537-7697**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116) 번으로 전화해 주십시오.

注意: 如果您使用繁體中文, 您可以免費獲得語言輔助服務。請致電770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116)。

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክሳተሎ ቁጥር ይደውሉ 770-219-1689 (መስማት ለተሳናቸው: 1-800-255-0135) (VRS: 888-888-1116)።

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116). पर कॉल करें।

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 770-219-1689 (телетайп: 1-800-255-0135) (VRS: 1-888-888-1116).

- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 770-219-1689 (رقم 1-800-255-0135) والبكم الصم ه: (1-888-888-1116).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگنیرید تماس با. باشد می ف. 770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。770-219-1689 (TTY: 1-800-255-0135) (VRS: 1-888-888-1116) まで、お電話でご連絡ください。

# PATIENT RIGHTS

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## **Access to Care**

- To receive considerate and respectful care without discrimination based on race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression; and with recognition of all state-sanctioned marriages and spouses for purposes of compliance with the Conditions of Participation, regardless of any laws to the contrary of the state or locality where the organization is located.
- To expect competent care.
- To consult with a specialist at your own request and expense.

## **Personal Privacy/Visitation**

- To have your personal dignity and privacy respected.
- To personal and informational privacy within the law.
- To appoint a designated legal representative who will participate in your care and make decisions on your behalf should you be unable or unwilling to do so.
- To have a support person present during your care, provided it does not infringe on the rights and safety of others or interfere with care processes if you have a disability as defined by the Americans with Disabilities Act (ADA).
- To receive visitors of your choosing and withdraw or deny your consent to receive such visitors at any time.
- To communicate by phone and/or in writing with those who cannot visit.
- To be informed of your visitation rights, including any clinical restrictions or limitations on such rights.
- To identify someone who may allow visitors on your behalf if you become incapacitated.

## **Security**

- To receive care in a safe setting and to be free from all forms of abuse or harassment.
- Be free from restraints of any form that are not medically necessary.

## **Communication**

- To receive information, you can understand.
- To access an interpreter and/or translation service at no charge.
- To be informed about and in agreement with the need to transfer to another facility and to be accepted at the receiving facility prior to that transfer.

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## **Access to Information**

- To know the organization's rules regulating your care and conduct.
- To have your physician and/or family member(s) and/or a representative of your choice notified of your hospital admission.
- To know the names and professional titles of your caregivers and to know which physician or other provider is primarily responsible for your care.
- To know that Northeast Georgia Health System facilities are teaching facilities and that some of your caregivers may be in training.
- To ask your caregivers if they are in training.
- To obtain complete and current information about your diagnosis (to the degree known).
- To understand your treatment and prognosis, as well as any continuing health care requirements following discharge.
- To request a referral to a specialist when applicable.
- To be involved in the development, implementation and revision of your treatment and discharge plans, when applicable.
- To make informed decisions regarding your care, including the right to request or refuse treatment.
- To make advance directives for end of life care and have medical providers who will follow them.
- To access information contained in your medical records within a reasonable time frame and without unnecessary barriers.
- To receive an itemized and detailed explanation of your total bill for services rendered, regardless of the source of payment.
- To say yes or no to experimental treatments, to be advised when a physician is considering you to be part of a medical research program or donor program, and to refuse or withdraw at any time without consequence to your care.
- To access a financial navigator for assistance with financial questions and/or financial aid.

## **Pain Management**

- To have pain assessed and managed appropriately.
- To participate in the development and implementation of the plan for pain management.

## **Concerns, Complaints and Grievances**

- To receive information about the organization's mechanism for the initiation, review and resolution of patient complaints/grievances, through the Patient Services Guide information booklet or other similar written material or public postings.
- To voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.
- To report a grievance relating to patient care and be informed as to the organization's resolution of such, including a written notification by the organization's representative listing the steps taken to investigate, the results of the process, and the date the process was completed.

# PATIENT RESPONSIBILITIES

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- To provide accurate and complete information about your health, including present complaints, past illnesses, hospitalizations and medications.
- To inform us of changes in your condition or symptoms, including pain.
- To ask questions about any part of your care or treatment you do not understand.
- To speak up about your concerns to any employee as soon as possible.
- To follow treatment plans recommended by the physician and/or advanced practice professional primarily responsible for your care.
- To understand that if you refuse treatment or do not follow the physician's instructions, you must accept the consequences
- To pay your bills or make arrangements to meet the financial obligations arising from your health care as promptly as possible.
- To follow our rules regulating your care and conduct.
- To keep your scheduled appointments or let us know if you are unable to keep them.
- To respect the rights and property of others.
- To treat organizational personnel with respect and consideration, providing a safe environment in which care is given and avoiding abusive behavior which could result in dismissal from a physician practice.
- To respect our request that all NGHS facilities remain smoke and vape free.
- To provide a current copy of your advance directive if you have one.
- To follow ADA regulations if a service animal accompanies you in our facility.

# PATIENT EXPERIENCE IS OUR PRIORITY

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# MyChart

Stay **connected** to your **health**



Manage your appointments



Access your family's records



Get your test and lab results



Manage your medications and request refills



Stay in touch with your provider



Pay your bills

[www.nghs.com/MyChart](http://www.nghs.com/MyChart)

Download the  app to access important health information 24/7

Ask about  
**MyChart**  
today!

