

## PATIENT RIGHTS AND RESPONSIBILITIES

### Patient Rights

- Dignified and respectful treatment including reasonable responses to requests
- Complete and understandable information about your diagnosis, treatment, and expected recovery
- Appropriate assessment and management of pain
- Access to names of anyone directly involved in your care
- Informed consent prior to any procedure
- Respect for your privacy including confidentiality of your patient information
- Access to your medical records
- Participation in decision making including the right to refuse treatment
- May leave the hospital at any time unless state statutes prohibit
- Examine your hospital bill and receive an explanation
- Initiate advance directives or do-not-resuscitate (DNR) orders
- Safe treatment and services
- Right to access the ethics committee for issues of concern
- Have your complaints reviewed by the hospital
- Right to care without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression

### Patient Responsibilities

- Respect the rights of other patients and hospital personnel
- Provide accurate, complete information about your symptoms, past illnesses, prior hospitalizations, medications, or any other matters relating to your health
- Report any changes in your health to those providing for your care
- Make known whether you clearly understand your treatment and what is expected of you
- Express your concerns to your health care provider
- Follow your prescribed treatment plan and the instructions of nurses and other hospital staff as they implement your plan of care
- Keep your scheduled appointments or, when unable to do so, notify the appropriate parties
- Take responsibility for your outcomes when refusing treatment or choosing not to follow your physician's treatment plan
- Fulfill financial obligations of you healthcare as promptly as possible

# MEDDAC ALASKA

### - Mission -

**Provide United States Army Forces in Alaska with sustained health service support and force health protection to enable Total Force Readiness, promoting health and inspiring trust within our Military Community through high reliable healthcare delivery.**

### - Vision -

**MEDDAC-Alaska is the premier healthcare delivery platform, providing expeditionary, responsive and medically ready and ready medical forces in support of USARAK and USAMDC missions to fight and win - anytime, anywhere.**

If you have any questions or concerns, please contact the Clinic OIC / NCOIC or Patient Advocate.

Translator service is available 24 hours a day.

Our facility is accredited by the Joint Commission.  
[www.jointcommission.org](http://www.jointcommission.org)

Bassett Army Community Hospital does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability.



## Interactive Customer Evaluation Inpatient Satisfaction Survey



Please fill out and return to the nearest survey box

Or fill out online at

[https://ice.disa.mil/index.cfm?fa=site&site\\_id=360](https://ice.disa.mil/index.cfm?fa=site&site_id=360)

Ft Wainwright  
907-361-5291

Ft Richardson  
907-384-8163



**USA MEDDAC – ALASKA**  
**Interactive Customer Evaluation (ICE)**  
Please take a moment to complete this survey. Your comments will help us to improve our service to you.

Date: \_\_\_\_\_ Name/ Phone Number/email (Optional) \_\_\_\_\_

Name of Unit: \_\_\_\_\_ How many days were you in the hospital? \_\_\_\_\_

Would you like our patient advocate to follow up with you? Yes No

	<u>Excellent</u>	<u>Good</u>	<u>OK</u>	<u>Poor</u>	<u>Awful</u>	<u>N/A</u>
1. Did our service meet your needs?.....	5	4	3	2	1	0
2. How was the care you received?.....	5	4	3	2	1	0
3. Timeliness of services provided?.....	5	4	3	2	1	0
4. Did your provider explain the purpose and use of your medications?.....	5	4	3	2	1	0
5. If you had/have pain, how satisfied were you with your pain management?.....	5	4	3	2	1	0
6. How satisfied were you with the staff members who cared for you (staff member's attitude)?.....	5	4	3	2	1	0
7. How satisfied were you with the education you received regarding your condition?.....	5	4	3	2	1	0
8. How satisfied were you with:						
a. The radiology service?.....	5	4	3	2	1	0
b. The laboratory service?.....	5	4	3	2	1	0
c. The meals you were served?.....	5	4	3	2	1	0
d. Social Work Services?.....	5	4	3	2	1	0
e. The cleanliness of your room?.....	5	4	3	2	1	0
f. Facility appearance?.....	5	4	3	2	1	0

9. While caring for you, did you see your physician or nurse wash their hands or use a hand sanitizer?..... Yes No
10. Did you feel safe in our facility? ..... Yes No  
If you did not feel safe, why? \_\_\_\_\_
11. Did a staff member check your name band or ID card and ask your name prior to giving you any medication, drawing blood, or starting a procedure?..... Yes No
12. Did the staff member ask you what medications you were currently taking?..... Yes No
13. Did the staff member ask you if you were taking any herbal or over the counter medication?..... Yes No

Would you like to thank a particular staff member for the care they provided?

Status (Circle one):  
Active Duty    Family Member    Reserves    National Guard    Retired    Veteran    Civilian Employee    Other

Please share any comments or suggestions you have about your visit: \_\_\_\_\_

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Thank you for sharing your time and feedback with us. Please place this survey in the comment box in the reception area or hand it to a staff member.