



Sheridan Memorial Hospital is committed to providing patient-centered care, driven by a partnership between our caring staff and patients in need of our services. Individual patient rights are our guide to encourage patient involvement, which creates the best outcomes for improved health and patient satisfaction.

Your Rights:

1. To receive considerate, respectful care which preserves your dignity and contributes to a positive self-image regardless of race, color, national origin, sex, age, disability (mental or physical), ethnicity, religion, culture, language, socioeconomic status, sexual orientation, or gender identity or expression.
2. To have your cultural and personal values, beliefs and preferences respected and honored by Sheridan Memorial Hospital staff.
3. To receive care in a clean, safe setting free of all forms of abuse, harassment, exploitation or neglect.
4. To have a family member or representative and/or your primary care physician notified promptly upon your admission to Sheridan Memorial Hospital.
5. To receive effective communication in a language you can understand. Interpreters and special equipment are available as needed to ensure meaningful communication.
6. To be informed of the name and profession of all members of your health care team.
7. To be educated on all diagnosis, prognosis, treatment options, expected and unexpected outcomes as well as risks and benefits of treatment.
8. To participate in decisions regarding your plan of care. You may also choose to have family members involved in treatment decisions.
9. To provide or withhold written informed consent prior to all non-emergent procedures.
10. To decline treatment as permitted by law.
11. To be involved in the discharge planning process and be provided aftercare resources as needed.
12. To have your pain assessed/managed and be involved in decisions about treating your pain.
13. To make an advance directive and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can assist you in completing one.
14. To have all reasonable efforts be made to honor your Advance Directive instructions, where its existence and content are made aware and known to your care team in a timely manner.
15. To have family members, friends, spouse, or partner visit during your hospital stay to offer emotional support unless the visitor infringes on the quality of your care or creates safety concerns for you, other patients or staff members. You may also decline visitors at any time.
16. To personal privacy and confidentiality of personal and clinical records through adherence to state and federal laws and hospital policies, as described in the Privacy Notice provided. Please contact our Compliance/Privacy Officer at (307) 672-1000 if you have any questions or concerns about the confidentiality of your health information.
17. To timely access of your medical record, request amendments and obtain information on disclosures of health information within the law.



Patient Rights and Responsibilities

1401 W. 5th Street

Sheridan, Wyoming 82801

(307) 672-1000

18. To be free of seclusion or restraint unless medically necessary or required to ensure your safety or the safety of others.
19. To be provided access to protective and advocacy services.
20. To accept or decline to participate in any medical research studies, or withdraw from participation at any time.
21. To access religious and other spiritual services.
22. To a detailed explanation of your hospital bill.
23. You, your family member or representative may express any concerns about care without fear of retaliation. You may discuss your concerns with a member of your care team or contact our Patient Advocate at (307) 672-1197. If you are a patient at SMH you may also contact the following resources to express your concerns:

Joint Commission Office of Quality Monitoring
 (800) 994-6610 One Renaissance Boulevard, Oakbrook Terrace, IL 60171

Mountain Pacific Quality Health
 (800) 497-8232 3404 Cooney Drive Helena, MT 59602

Wyoming Department of Health - Office of Healthcare Licensing and Survey
 (307) 777-7123 6101 Yellowstone Rd, Ste. 186C, Cheyenne WY 82002

Your Responsibilities:

In order to provide the most effective care, Sheridan Memorial Hospital requests that patients are active participants in their care team, which includes fulfilling the following responsibilities:

1. Provide complete and accurate information including: contact and billing information, medical history, current condition, medications and supplements used and any other matters related to your health.
2. Ensure understanding of your treatment plan. Ask questions and express concerns as they arise.
3. Notify a member of your care team if you are unable to fulfill your treatment plan.
4. Report changes in your condition promptly to a member of your care team.
5. Participate in your pain management treatment plan and communicate the effectiveness of the treatment to your providers.
6. Act respectfully towards other patients and hospital staff.
7. Be responsible for personal belongings you bring to Sheridan Memorial Hospital.
8. Provide an Advance Directive if you have one in place.
9. Follow instructions, policies, rules and regulations in place to support quality care for patients and a safe environment for all individuals in the hospital.
10. Understand the conditions of your insurance plan.
11. Fulfill financial obligations of your hospital bill.