TO: **RESIDENTS, AUTHORIZED REPRESENTATIVES AND FACILITY STAFF**
SUBJECT: **RESIDENT RIGHTS** AND **RESPONSIBILITIES**

This **form** is a summary of your rights **and responsibilities as a** resident of this facility. It is based **on** state **and** federal **law** and **regulations and our written policies and procedures. Residents or other interested persons** can **obtain a complete copy of** the **law from the administrator or the ombudsman program. Additional information is included in our Admission Agreement and other admission documents.**

Under law, the rights and responsibilities **outlined below devolve to your authorized representative if you've** been found **by** your **physician to be medically incapable of understanding these rights, or have been adjudicated** incompetent **by a** district **court.**

Resident rights **are** designed **to promote self-determination and ensure a dignified existence while in a nursing home. While in this facility,** you **have the right:**

(1) EXERCISE OF RIGHTS. To exercise your rights as a citizen of the United States, free from interference, **coercion, discrimination, or reprisal from the facility.**

(2) CHANGES IN COST/SERVICES; EXPLANATION OF CHARGES. To be informed of the services **available, charges for** these services, **and who is responsible to pay for them; to receive 30 days' advance notice of any** changes **in the cost or availability of** services, unless **to do so is beyond the facility's control; and, the right (regardless of** source of **payment), to receive** and **examine an explanation of your monthly bill, if** you **request** it.

(3) FREE CHOICE OF MEDICAL CARE. To exercise decision making rights in all aspects **of your health care, including placement** and **treatment issues such as medication, special diets, or other medical regimens.** You **have a** right **to choose a personal attending physician; to be** fully **informed of** your **total health status; to receive advance notice about** your **care** and **treatment or any changes therein affecting your well-being; to participate in planning your care** and treatment **or changes therein; to** refuse **treatment;** and **to refuse to participate in experimental research.**

(4) FREE FROM RESTRAINTS AND ABUSE. To be free from verbal, sexual, physical or mental abuse, corporal **punishment,** neglect, **involuntary seclusion, or financial exploitation. All physical or chemical restraints must be** ordered **by your doctor to treat your medical symptoms** and **may not be imposed for purposes of discipline or convenience.** Facility **staff shall report to the Department of Health and Environmental Sciences and the Long Term Care** Ombudsman **any suspected incidents of** abuse **under the Montana Elder Abuse Prevention Act.**

(5) **PRIVACY. To privacy in accommodations, medical treatment, personal care, and** visits. **This does not require the provision of a private** room, **but you have the right to privacy in your room or portion of your** room. **If you** are seeking **privacy in your room, staff members should make reasonable efforts to make their presence known when entering.**

(6) CONFIDENTIALITY. To confidentiality of personal **and clinical records, including the right to approve or refuse the** release **of all your records to anyone outside the facility, except when you are** transferred **to another health care facility, or** record **release is required by law or third party payment contract.**

(7) ACCOMMODATION OF NEEDS. To reside and **receive services with reasonable accommodations of your needs** and **preferences, except where your health or safety or** that **of other residents would be endangered, and to receive notice before your room or roommate is changed.**

Resident Acknowledgment

The undersigned acknowledges **that he/she** has been informed **of** the resident r**ights** policies of this facility, has received a copy **of** this document **and has** received en explanation and a copy **of the** admission agreement **(and** related **documents)** which contain information concerning rules and regulations governing resident conduct and responsibilities.

_____ _____
Signature **of** Resident or Authorized Representative Date

Staff **Acknowledgment**

The undersigned acknowledges that he/she has been informed of **the** resident rights policies of this facility, understands the same, and **has** received a copy of this, document.

_____ _____
Signature **of** Staff Date

Physician Statement
Resident is able to sign and understand this Resident Bill of Rights. Yes ( ) No ( )

_____ _____
Signature of Attending Physician
Date