

## CONSENT TO TREATMENT

**CONSENT FOR HOSPITAL OR OUTPATIENT CARE:** I hereby voluntarily consent to the rendering of healthcare services by National Jewish Health employees, medical staff or others holding clinical privileges, including, routine hospital services, diagnostic procedures, intravenous therapy, medical treatment, and other hospital care and services. These services may be rendered under the direction and supervision of the medical staff of National Jewish Health. If the patient is initially seen as an outpatient and the attending physician determines during the course of such outpatient care that the patient's condition would be best managed on an inpatient basis, I hereby consent to such inpatient admission and agree that the terms of this agreement are in effect for inpatient admission. If the patient is initially admitted as an inpatient and it is determined that the patient's care can be managed in an outpatient setting, I hereby consent to such services. I understand that I have the right to discuss proposed procedures or treatments with the physician and to consent to, or refuse such procedures or treatments. I understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me as to the results of examination or treatment at National Jewish Health.

**EMERGENCY TREATMENT:** I hereby authorize any medical or surgical treatment deemed necessary by the medical staff of National Jewish Health, should that care become necessary in the event of an emergency when any delay in rendering care could result in irreparable harm to or death to the patient. I understand that because National Jewish Health is a specialty hospital and that it does not routinely provide surgical and general medical care, the patient may be transferred to another local hospital deemed by the medical staff of National Jewish Health to have the appropriate facilities for treatment. I hereby give consent to any such transfer.

**WAIVER OF RESPONSIBILITY FOR DISCHARGE AGAINST OR WITHOUT MEDICAL ADVICE:** If I choose to leave the healthcare facility against or without the advice of my physician, I hereby release the physician, National Jewish Health, its agents and employees from all liability for any ill effects which may result.

**RELEASE OF INFORMATION:** I hereby authorize National Jewish Health and its physicians and employees to release information from the patient's medical records for treatment, payment and healthcare operations purposes as described in the National Jewish Health Notice of Privacy Practices, including to any healthcare provider involved in any way in the care of the patient and to any person or entity which may be liable for all or part of the charges for services, goods or facilities provided to the patient. I also authorize the release of information needed for discharge planning, utilization reviews, transfer, follow-up and other purposes as the physicians and others providing care at National Jewish Health deem appropriate. I understand that following the release of this information, the health care facility cannot control its confidentiality. I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on it.

**PERSONS BOUND BY THIS AGREEMENT:** If appropriate, the term "Patient" as used herein shall mean the Patient's legal representative, including, but not limited to, the Patient's parent, conservator, or guardian.

Please Initial: \_\_\_\_\_ **I hereby certify that I have full authority to consent for hospital or outpatient care, and that consent is not required from anyone else.**

**PRE-AUTHORIZATION:** I understand that it is my sole responsibility to obtain all insurance referrals and to provide all information necessary to obtain any pre-authorizations required by my insurance company. I further understand that it is my sole responsibility to comply with all requirements of any insurance or medical/hospital coverage plan under which I am relying for coverage of the National Jewish Health charges.

**MEDICARE AND MEDICAID:** I certify that the information given by me in applying for payment under the Medicare and/or Medicaid programs is correct. I authorize release of information needed to act on this request. I request that payment of hospital and physician Medicare and Medicaid benefits, if applicable, be made on my behalf.

**THIRD PARTY ASSIGNMENT/FINANCIAL AGREEMENT:** I, the undersigned, hereby represent and agree as follows: I am responsible for full payment of all National Jewish Health bills, and I must pay amounts within a time period National Jewish Health deems reasonable. I understand that National Jewish Health may bill insurance companies or other third-party payers on my behalf, but that there is no obligation to do so. I hereby authorize payment to be made directly to

National Jewish Health, from any insurance or health care benefits, otherwise payable to me for health care services, goods and facilities provided by National Jewish Health. I understand that there is no guarantee of reimbursement or payment from any insurance company or other payer and that I am financially responsible for all charges not paid for any reason, including but not limited to charges that are non-covered, not billed, not collected, or otherwise not paid by insurance companies or other third-party payers. No extensions, forbearances or delays in enforcing any rights of collection of charges shall in any manner release or affect my responsibility therefore. I understand that unpaid balances, not otherwise paid by insurance, over ninety days old will include a delinquent or interest charge at the rate of one-and-one-half percent (1.5%) per month or the maximum rate allowed by law.

2) I agree to pay all costs and expenses, including, but not limited to, reasonable attorney's fees and costs incurred by National Jewish Health in collecting any amounts not otherwise paid by insurance.

3) I hereby assign to National Jewish Health any and all claims and causes of action of any kind whatsoever against an insurance company or other third party payer or against any other person or entity for payment or reimbursement for services, goods or facilities provided by National Jewish Health. I understand that this assignment is given to permit National Jewish Health to pursue these claims on my behalf as a courtesy to me and that National Jewish Health is not required to exercise these rights and may do so in its sole discretion without any liability for its decision. I also agree that this assignment does not in any way affect my obligation and agreement to pay National Jewish Health's charges. I understand that this assignment takes effect upon notice by National Jewish Health that it intends to exercise these rights.

4) You have the right to restrict us from sending protected health information to your health insurance carrier. If you request National Jewish Health to restrict disclosure of your health care treatment for payment purposes for any service provided by National Jewish Health to your insurance carrier, National Jewish Health requires that you pay the estimated balance in advance. You will be billed for additional balances beyond the estimate, or refunded any overpayment after services are provided. Do you wish National Jewish Health to restrict the disclosure of health care information to your health care insurance carrier? (Please initial your choice) \_\_\_ Yes \_\_\_ No **If you indicated yes, you must also complete the Request to Restrict Protected Health Information from Disclosure to Insurance Carrier form (HIP-028) in the Health Information Management Department, K104.**

5) I consent to be contacted by regular mail or by telephone (including a cell phone) regarding any matter related to my account by National Jewish Health or any entity to which National Jewish Health assigns my account(s). I also consent to the use of any updated or additional contact information that I may provide, by National Jewish Health or any entity to which National Jewish Health assigns my account(s),

**WAIVER OF RESPONSIBILITY FOR PERSONAL VALUABLES:** I understand that I should not keep any money or valuable property with me while at National Jewish Health. I understand that National Jewish Health does not assume responsibility for the loss or damage to the patient's personal property.

**MANDATORY DISCLOSURE STATEMENT:** While I or my minor child is a Patient at National Jewish Health, I may be seen by a licensed or unlicensed psychologist, counselor, or medical or clinical social worker who may assist me with counseling or discharge planning services. I have been informed that Colorado Law requires that institutions present the following rights: Any Patient who is seen by a licensed or unlicensed psychologist, counselor, or social worker in the State of Colorado is entitled to receive information about that person's degrees and credentials; the methods, techniques and duration of therapy, if known; and fee structure. A Patient may seek a second opinion or terminate therapy at any time. Sexual intimacy within a professional relationship is never appropriate and should be reported to the State Grievance Board. Information provided by a Patient in counseling is generally confidential, and exceptions that arise during therapy will be identified and discussed.

**USE OF INFORMATION IN DIAGNOSIS AND TREATMENT:** The Patient hereby authorizes National Jewish Health to take photographs, make sound recordings, or record videos to use in your treatment and diagnosis. Tissues, parts, or body samples resulting from any procedure the Patient undergoes at National Jewish Health for the purposes of diagnosis or treatment may be preserved; used for scientific or teaching purposes; and/or otherwise disposed.

**ADVANCE DIRECTIVES:** Please indicate below if the patient has an advance directive in place. If so, please provide a copy of the advance directive to National Jewish Health for inclusion in the medical record.

\_\_\_\_\_ Yes I have an advance directive in place

\_\_\_\_\_ No I do not have an advance directive in place

## NATIONAL JEWISH HEALTH NOTICE OF PRIVACY PRACTICES

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This Notice describes how National Jewish Health may use and share your medical information. It also describes your rights to access and control your medical information. We will notify you if there is a breach of your unsecured protected health information. Your health care team, support staff, our researchers and all our other employees, affiliates and volunteers are required to follow the Health Insurance Portability and Accountability Act (HIPAA) requirements.

#### **What medical information is protected?**

Each time you visit National Jewish Health a record of your visit is made. The information we create or receive about your past, present or future physical or mental health is called protected health information (PHI.) PHI may include documentation of your symptoms, examinations, test results, diagnoses and treatment. It also includes documents related to billing and payment for care provided.

#### **How will National Jewish Health use and disclose my PHI?**

The following categories describe ways in which we are allowed to use your PHI within National Jewish Health and release your health information without first seeking your written permission (which is called an "authorization" under HIPAA.) We have not listed every single use or release but all permitted uses and releases fall within one of the following categories:

Treatment- We may use or disclose your PHI to provide you with medical treatment and healthcare services. We may share your PHI with or request it from doctors, nurses, technicians, medical students, interns, hospitals or others who are involved in taking care of you during your visit with us or elsewhere for continuity of care.

Payment - We may use or disclose your PHI so the treatment and services you receive may be billed to and payment collected from you, an insurance company or other payer. This may also include the release of PHI to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations – These uses or disclosures are necessary to operate our healthcare facility and make sure all of our patients receive quality care. We may use only the minimum necessary patient identifiers for these purposes. Some of these uses may include quality assurance activities; granting medical staff credentials to physicians; administrative activities, including the hospital financial and business planning; customer service activities, including investigation of complaints; auditing and compliance program activities; and educational and training activities.

Business Associates – Some of our services are provided through contracts with third parties who are Business Associates of National Jewish Health. We may share your health information with them so that they can perform the job we've asked them to do. We require our Business Associates to sign a contract that states they will appropriately protect your PHI. Examples of Business Associates include information storage services, management consultants, quality assurance reviewers and auditors.

Appointment Reminders – We may use PHI to contact you as a reminder that you have an appointment for treatment or medical care at National Jewish Health.

Fundraising - We may use certain PHI for fundraising including your name, address, dates of service, date of birth, age, gender, department of service, treating physician, outcome information, and insurance information. The money raised through these activities is used to expand and support the research, health care services and educational programs we provide. If you receive a fundraising communication from us, it will include information about how to opt out of any further fundraising communications if you wish to do so.. Future treatment or payment is not affected by your decision to participate in or opt out of fundraising communications.

Individuals Involved in your Care or Payment for your Care – We may share your health information with a friend, family member or personal representative who is involved in your medical care when we believe that information is directly relevant to the person's involvement. You may object to such sharing if you are present and may tell us in advance not to do so.

Public Health and Other Required Governmental Reports – We may share your PHI for public health activities. For example, we report information about various diseases to government officials in charge of collecting that information.

Health Oversight Activities – We may disclose your health information with a health oversight agency for activities authorized by law. These include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and HIPAA compliance.

Workers' Compensation. We may disclose your medical information to the extent necessary to comply with laws relating to workers' compensation or similar programs providing benefits for work-related injuries or illness.

Reports Required by Law. We will disclose your medical information when required to do so by federal, state or local law. For example, we make disclosures when a law requires that we report information to government agencies and/or law enforcement personnel about victims of abuse, neglect or domestic violence; to report reactions to medications or problems with products; or to notify people of product recalls.

Lawsuits and Disputes. If you are involved in a lawsuit or other legal dispute, we may disclose medical information if we are ordered to do so by a court, for an administrative hearing, or if we receive a subpoena. In most situations, you will receive advance notice about this disclosure so that you will have a chance to object to sharing your medical information.

Disaster Relief Efforts. As part of a disaster relief effort, we may disclose your PHI to an authorized entity assisting in the relief efforts. One use of the information may be notifying your family about your condition, status and location.

Military, Veterans, National Security and other Government Purposes. If you are a member of the armed forces, we may release your health information to military command authorities or to the Department of Veterans Affairs if they require us to do so. We may also disclose medical information for certain national security purposes and to the Secret Service for the provision of protective services.

Correctional Institutions, In Custody: If you are or become an inmate of a correctional institution or are under the custody of a law enforcement official, we may disclose your health information to the correctional institution or the law enforcement official when it is necessary to (i) provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.

Coroners, Medical Examiners and Funeral Home Directors. We may share your health information consistent with applicable law with a coroner, medical examiner or funeral home director when needed to carry out their legal duties.

### **Can National Jewish Health use and disclose my PHI for research?**

National Jewish Health may use and disclose your PHI for health research. Before using your PHI in a research project, National Jewish Health will either obtain your written permission or obtain permission from an Institutional Review Board (IRB) that approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research to protect the safety of the participants and the confidentiality of your personal information. The IRB will only give its permission if the proposed use of your PHI has met HIPAA's requirements for release for research purposes. We may also use or share your information to plan a research project or tell you about research opportunities that might interest you. We may contact you about these research opportunities by mail, phone, or email if you have provided it to us.

### **Are there situations that require my written permission before NJH uses or shares of my PHI?**

Use or sharing of your PHI in situations that are not covered by this Notice or the laws that apply will be made only with your written permission. If you do give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or share PHI about you for the reasons covered in your written authorization but we cannot take back any disclosures we have already made. Some typical situations that require your authorization are as follows:

Marketing. We may ask you to sign an authorization to use or disclose PHI as a part of a marketing effort. Marketing is generally defined as a communication about a product or service that encourages the recipient to purchase or use the items described. Marketing does not include (i) communications about your treatment or recommendations about alternative treatments or providers unless NJH is being paid to make the communication, (ii) mere descriptions of products or services that NJH offers, (iii) communications made face-to-face or (iii) a promotional gift of nominal value provided by NJH. If NJH will be paid for sending the marketing communication, the authorization will state that payment is involved.

Alcohol and Drug Abuse Treatment Records. Use and disclosure of any medical information about you relative to alcohol or drug abuse treatment programs receives additional protection under federal law (42 CFR Part 2.) Generally, we will not disclose any information identifying you as a recipient of alcohol or drug abuse treatment unless you have consented in a writing that qualifies under the law or we receive a court order requiring the disclosure.

Disclosures of Mental Health Treatment Information. We may share your information for treatment purposes to qualified professionals, for payment purposes or if we receive a court order. In most other cases, Colorado law requires your written authorization or the written authorization of your representative.

Psychotherapy Notes. Psychotherapy notes are the personal notes of psychotherapists. Under most circumstances, we must obtain your permission to use or disclose psychotherapy notes.

HIV/AIDS Information. Use and disclosure of any medical information about you relative to HIV testing, HIV status or AIDS, is protected by federal and state law. Generally we will need your permission to disclose this information; however, state laws require certain reporting and disclosure when public safety, emergency medical services or detention center staff might have been exposed.

Minors. As a general rule, we disclose PHI about minors to their parents or legal guardians. However, in instances where state law allows minors to consent to their own treatment without parental consent (such as HIV testing, minors who are emancipated), we will not disclose that information to the minor's parents without the minor's permission unless otherwise specifically allowed under state law.

**Can I review and have a copy of my medical information?**

Yes, in most circumstances, you may inspect and get a paper or electronic copy of medical information that may be used to make decisions about your care. To request to inspect or to get a copy of your information, please contact the [Health Information Management Department](#) (Medical Records) at (303) 398-1989. We may charge a reasonable, cost-based fee for making copies. In certain limited situations, we may deny your request to inspect and copy your PHI. If we deny your request, you may request a review of our decision.

**Can I restrict how National Jewish Health uses my PHI for treatment, payment or operations?**

You may ask us not to use or disclose any part of your PHI for a particular reason related to treatment, payment or health care operations. We will consider your request, but we are not legally obligated to agree to most such requests. If you have paid for services out-of-pocket in full, you may request that we not disclose information related solely to those services to your health plan and we are required to agree to your request unless another law requires us to make the disclosure. You also may request that we not disclose your PHI to family members, friends or others who may be involved in your care. Your request must be in writing. You may obtain a restriction form by contacting the [Health Information Management Department](#) at (303) 398-1989.

**Can I amend my protected health information (PHI)?**

If you believe the medical information we have about you is incorrect or incomplete, you have the right to request that we correct the existing information or add missing information. Requests to amend PHI must be made in writing and include a reason for your request. You may obtain an amendment form by contacting the [Health Information Management Department](#) at (303) 398-1989. We may deny your request. If we deny your request, you have the right to file a statement of disagreement. We may respond to this statement. Both your statement of disagreement and our response will be attached to the medical record. If we grant your request, we will make the changes and distribute it to the people whom we believe need it and to those whom you state should receive a copy.

**Can I ask you to communicate with me using different means or at a different place?**

Yes. We agree to such requests when they are reasonable and we have a process available to accommodate your request. You may obtain a form for this purpose by contacting the [Health Information Management Department](#) at (303) 398-1989.

**Can I receive an accounting of the disclosures made by National Jewish Health?**

You can obtain an accounting of any disclosures made by National Jewish Health that occurred within the last six (6) years. This accounting does not include disclosures made to you or the disclosures under categories that do not require your written permission and certain other legal exceptions. It will contain the date information was disclosed, the name of the party receiving the information and a brief description of what was disclosed and why. The first accounting in a 12-month period is free. After that, with advance notice to you, we may charge a reasonable, cost-based fee. To request a disclosure, please contact the [Health Information Management Department](#) at (303) 398-1989.

**What if I think National Jewish Health has violated my right to privacy?**

If you wish to make a complaint to us or have questions about this Notice, please contact our Privacy Office at (800) 414-5939. Or, you may obtain a complaint form from the Privacy Office or the Health Information Management Department by calling (303) 398-1989. You may also complain to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 515F, HHH Building, Washington D.C. 20201 within 180 days of an alleged violation of your rights. You will not be penalized for filing a complaint about our privacy practices. You will not be asked to waive this right as a condition of treatment.

**This Notice may change.**

The Health Insurance Portability and Accountability Act (HIPAA) requires that we provide this Notice to you. We may change the terms of this Notice at any time. You can obtain a copy of our current Notice of Privacy Practices on our website ([www.njhealth.org](http://www.njhealth.org)) or by asking for one at your next appointment.

This notice was revised and became effective on December 5, 2018.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Parent/Guardian (if Patient is  
Minor/Mentally Impaired)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

## PATIENT RIGHTS AND RESPONSIBILITIES

**Patients have an important role as members of their healthcare team. As members of their healthcare team, they have rights and responsibilities. Patient rights include:**

### **Professional Care:**

- The right to care that is considerate and respectful.
- The right to care that is impartial regardless of gender, race, color, sexual orientation, ancestry, language, religion, disability, socioeconomic status, gender identity or expression, or age.
- The right to access National Jewish Health rules that affect patients and patient treatment.

### **Participate in Care Decisions:**

- The right to participate in decisions about their care. A patient's family may also participate in care decisions, when appropriate and authorized by the patient.
- The right to receive information that is accurate and easy to understand. This includes information about the patient's diagnosis, the care that is suggested, the risks involved in the treatment or procedure, outcomes of care (including unanticipated outcomes), and the cost of care. With this information, patients can make informed decisions about their care.
- The right to give informed consent before any procedure is performed.
- The right to effective communication, regardless of language or other barriers. Interpreter assistance, auxiliary aids, and accommodations are available upon request.

### **Treatment:**

- The right to refuse treatment at any time, to the extent permitted by law. Should a patient refuse care, the patient's healthcare team will inform the patient of the possible medical consequences of his/her decision.
- The right to refuse participation in a research study without compromising access to other healthcare services.
- The right to appropriate assessment and treatment of pain.
- The right to prepare an advance directive. The patient can appoint another person to make healthcare decisions on his/her behalf to the extent permitted by law. National Jewish Health personnel will comply with the directive. The patient may revoke or revise the advance directive at any time.
- The right to receive treatment care and services within National Jewish Health's mission, capabilities and in compliance with related laws and regulations.
- The right to be informed about unanticipated outcomes of care, treatment and services related to Sentinel Events as defined by The Joint Commission when not already aware of the occurrence.

### **Confidentiality of Care:**

- The right to privacy. Please refer to our Notice of Privacy Practices for additional information.
- The right to expect that patient medical records will be kept confidential. Access to information about a patient will be limited to those involved in the patient's care. A release of a patient's medical records without the patient's authorization will only be done in cases of medical emergencies, in response to court-ordered subpoenas, or for regulatory requirements. A patient may provide written consent for release of records to persons or organizations.

### **Access to Medical Records:**

- The right to access a patient's own medical record, except when restricted by law.
- The right to have any information in the record explained.

### **Caregivers:**

- The right to know the names and roles of people directly involved in the patient's care. People will wear official nametags or be introduced.
- The right to know of any business relations National Jewish Health has that may influence a patient's care.

### **Continuity of Care:**

- The right to continuity of care. National Jewish Health will help with this. This includes help locating services or facilities when medically indicated. A patient's doctor may suggest that a patient receive care at another facility. If so, the patient's doctor will advise the patient of the reasons for the transfer, the risks involved, and possible options.

### **Patient Billing:**

- The right to have the patient's bill explained to him/her. This will be provided upon request, regardless of the source of payment. A patient may ask about financial aid to assist him/her in payment of the bills. Patients can expect help from National Jewish Health staff in applying for such aid.

### **Other Rights:**

- The right to have access to visitors, telephone calls, mail, and an interpreter, if needed.
- The right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- The right to pastoral care and other spiritual services. Patients may express their spiritual beliefs and cultural practices provided that those practices do not harm others or interfere with their planned course of medical therapy.

**Along with patient rights come responsibilities. Patient responsibilities include:**

**Providing Accurate and Complete Information:**

- The responsibility for providing complete and accurate information about their health to the best of their knowledge. Patients should be honest and direct about aspects of life that relate to their illnesses and experiences as patients. The National Jewish Health healthcare team needs to know patient opinions and concerns to provide patients with quality care.
- The responsibility for notifying National Jewish Health in advance, when possible, if they need interpreters or have other special needs.

**Learning About Diagnosis, Testing, and Treatment Plan:**

- The responsibility for asking questions. Patients may want to write down their questions before their visits to help them remember.
- The responsibility for participating in individual and group patient education sessions. Patients should read the information the healthcare team provides. This will help them become familiar with their treatment plans.
- The responsibility for learning about the medicines taken and the equipment used.
- The responsibility for Communicating with the healthcare team.
- The responsibility for reporting any changes in health to their doctor or nurse.
- The responsibility for following the treatment plan and for their actions if they refuse treatment.
- The responsibility for being considerate of other patients and National Jewish Health personnel.
- The responsibility for keeping appointments and notifying National Jewish Health if they are unable to do so.

**Following the Rules and Regulations Affecting Patient Care:**

- The responsibility for not using perfumes or other strong-smelling personal products, such as colognes, lotions, etc. National Jewish Health requests the same thing of family members and visitors. Strong odors may cause some patients to have trouble breathing.
- The responsibility to follow National Jewish Health policies. National Jewish Health is a nonsmoking facility. Patients and their visitors are required to refrain from smoking while at National Jewish Health facilities.
- The responsibility for being respectful of the property of other persons and the property of National Jewish Health.
- Patients may not bring weapons of any kind onto National Jewish Health property.
- The responsibility for meeting their financial responsibilities as outlined in the Payment Agreement signed during the admissions process.
- The responsibility for meeting with the Patient Financial Services staff before their appointments if financial assistance in paying the bill is needed.

**If a Patient Has Concerns About Ethical Issues Related to Treatment:**

- Patients have a right to voice their concerns. Patients may contact the National Jewish Health Ethics Committee by calling the Patient Representative. Patients can also dial "0" for the operator or ask any member of the healthcare team for assistance.

**If a Patient Has a Complaint:**

- Patients have the right to file a complaint. To do this, the patient may call the Patient Representative at 303-398-1076. The Patient Representative will look into the complaint and work to resolve the issue.
- Patients may request that a complaint be elevated to a "grievance" status if not satisfied with the Patient Representative process. The complaint will be forwarded to the EVP of Clinical Affairs for further review.
- Patients may contact the Colorado Department of Public Health and Environment if they feel they cannot resolve the issue through National Jewish Health. The address is 4300 Cherry Creek Circle Drive South, Denver, Colorado, 80222. The telephone number is 303/692-2800.
- Patients may contact our Quality Improvement Organization (QIO) if they have concerns about the quality of care or premature discharge from National Jewish Health at 1-844-430-9504.
- Patients may also contact National Jewish Health's hospital accrediting organization, The Joint Commission, if they are concerned about patient care or safety that National Jewish Health has not addressed. Contact may be made by website [www.JointCommission.org](http://www.JointCommission.org) Report a Patient Safety Event, by fax to 303-792-5636, or by mail to The Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.
- Patients concerned about discrimination based on disability may contact the Section 504 Coordinator by calling 303-398-1076.

## Non-Discrimination Statement

National Jewish Health strives to provide barrier-free, all-inclusive healthcare for all patients and visitors. National Jewish Health complies with applicable federal civil rights laws, in that, no one is, nor will be denied or excluded from access to services, programs or activities on the basis of disability, race, gender identity, ethnicity, color, religion, sex, origin, age or socioeconomic status. National Jewish Health and its contractors do not and will not discriminate on the basis of disability, race, gender identity, ethnicity, color, religion, sex, origin, age or socioeconomic status.

National Jewish Health Provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need assistance with these services, please inform admissions, the nurse, your physician or the Patient Care Advocate Office at 303-398-1076.

If you believe that National Jewish Health has failed to provide these services or discriminated in any other way on the basis of disability, race, gender identity, ethnicity, color, religion, sex, origin, age or socioeconomic status, please contact the Patient Care Advocate Office at 303-398-1076.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

U.S. Department of Health and Human Services

Office of Civil Rights

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 1-800-368-1019

(TDD) 1-800-537-7697

Spanish: Si usted habla español los servicios de ayuda en su idioma están disponibles de forma gratuita

Russian: Если вы говорите на русском языке, то для вас доступны бесплатные переводческие услуги