

Presbyterian Healthcare Services Patient Booklet



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Thank you for choosing Presbyterian Healthcare Services for your healthcare needs. We are determined to provide safe, quality, accessible and compassionate care for you during your stay.

We exist to improve the health of patients, members and the communities we serve. Presbyterian is the state’s only private, not-for-profit healthcare system, with nine hospitals, a statewide health plan, and a growing multi-specialty medical group.

We understand that staying in the hospital can be a difficult and stressful experience, but our staff will do all that we can to make your stay more pleasant. Our patients are our primary focus, and we hope the information in this patient admission packet will help you feel more comfortable and answer questions you may have about your hospital stay. Of course, if you need more information, please ask a member of your care team for help.

We appreciate the confidence you have placed in us to help you with your healthcare needs and are glad you have chosen us to be a part of your healthcare team.



Rishi Sikka
President and CEO, Presbyterian Healthcare Services



General Consent/Presbyterian Healthcare Services Facilities

CONSENT AND NOTICE

- **Consent for Services.** The undersigned gives consent to Presbyterian and all its contractors and employees to provide services as necessary including the administration of physician orders and continuation of treatment for pre existing conditions (i.e., hemodialysis and chemotherapy). The undersigned understands that some services or procedures may require an additional informed consent which will be obtained by the provider performing the procedure or service.
- **Policies.** Patients, their legal representatives and visitors must comply with Presbyterian policies while on Presbyterian property. Presbyterian is not responsible for the theft or loss of any patient or visitor's personal property unless such personal property has been itemized and checked into a hospital safe.
- **No Smoking Facility.** All Presbyterian facilities and properties are non-smoking facilities, including parking lots and courtyard areas. Tobacco, e-cigarettes, recreational drugs and non-prescribed medications are strictly prohibited in all forms.
- **Use and Disclosure of Personal Health Information.** Presbyterian may use or share a patient's health information to carry out treatment, payment or for health care operations without specific written consent. Presbyterian will not release a patient's health information without a valid written authorization from the patient or their legal representative.
- **Photography and Recording.** Except under limited circumstances, photography and voice recording of any kind are not allowed. If patients or their representatives wish to film or record for special circumstances, they must request and obtain the approval of the provider first. Failure to obtain permission prior to recording or photographing may result in confiscation of the film, recording and/or device.
- **Mandatory Agreement as to Place of any Lawsuit:** Any dispute, claim, or lawsuit, which in any way relates to health care provided to the patient by Presbyterian, its employees, affiliates or agents, shall only be brought in a New Mexico Court in the county where the health care was provided; or where the patient resided at the time the health care was provided; or where Presbyterian Healthcare Services principally conducted business at the time the health care was provided. This provision is mandatory and not optional.
- **Hospital at Home (HAH).** I understand that the Presbyterian HAH Program is a voluntary program that may be offered as an alternative to an inpatient hospital stay depending on my medical condition and geographic location. I further understand that Presbyterian staff are not always physically present in my home during my HAH episode of care and if I am having a medical emergency, that I should call 911 to obtain immediate emergency services. I further acknowledge that I have been provided the option of using non-emergency transportation

Abuse, Neglect and Misuse of Personal Property

Presbyterian Healthcare Services is committed to providing patient care in a safe environment. Any patient, family member, legal guardian, or employee may report an incident of abuse, neglect or misuse of personal property to any Presbyterian Healthcare Services employee or directly to the New Mexico Health Care Authority, Division of Health Improvement. Reports can be made to the Division of Health Improvements by telephone call, written correspondence or utilizing the New Mexico Health Care Authority, Division of Health Improvement incident report form. Patients, family members, legal guardians and employees should feel free to make reports to Presbyterian Healthcare Service or state agencies without fear of retaliation. As required by state law, Presbyterian Healthcare Services maintains an incident management system in order to ensure a timely response and identify quality improvement opportunities related to suspected patient abuse, neglect, or misuse of personal property.

New Mexico Health Care Authority Improvements incident report forms are available in the Admitting/Registration areas at all facilities. Reports can also be made by calling, faxing, or email per below.

Child Protective Services

- Phone 1-800-797-3260
- Fax 1-505-841-6691

Adult Protective Services

- Phone 1-866-654-3219
- Fax 1-855-414-4885

New Mexico Health Care Authority (HCA)

- HCA Hotline 1-800-752-8649
- Fax 1-888-576-0012
- Email Incident.Management@hca.nm.gov
- Online Form <https://www.hca.nm.gov/report-abuse-neglect-exploitation>

I have received the above information and understand that copies of the New Mexico Health Care Authority incident form are available at Admissions/Registration or upon request.

The undersigned certifies the foregoing statements and consents were read and understood. The undersigned is the patient or is duly authorized as the patient's representative to execute and accept its terms.

Patient (or Authorized Representative) Relationship to Patient

Guarantor (or Authorized Representative) Relationship to Patient

Witness Date Time

If Patient is unable to sign state reason: _____

Interpreter Used – Print Name: _____

Notice of Services by Independent Contractors

Presbyterian Healthcare Services (“Presbyterian”) is proud to work alongside many Independent Community Healthcare Providers. These Independent Community Healthcare Providers, who are also called “independent contractors,” are physicians, nurses, advanced practice clinicians, and other professionals who are not employees or agents of Presbyterian but work within Presbyterian’s hospitals and healthcare facilities and are either self-employed or employed by other healthcare companies.

During the course of your medical treatment, you may receive care from both Presbyterian-employed healthcare providers, nurses and staff, and from Independent Community Healthcare Providers. All staff in our hospitals and facilities wear a Presbyterian badge. You can recognize the Independent Community Healthcare Providers by the different Presbyterian identification badges that they wear, which have the words “Independent Contractor” on them. Their independent contractor badge will also have a yellow background or a yellow banner on the badge, as compared to the badges of Presbyterian-employed healthcare providers and staff, which do not have a yellow background or banner.

There are certain providers who may provide care for you, who you may or may not see in person, but who are independent contractors. These include, among others, anesthesiologists, certified registered nurse anesthetists, radiologists, interventional radiologists, pathologists and laboratory staff and technicians, all of whom are independent contractors, and not employees or agents of Presbyterian.

Notice of Services by Independent Contractors *(continued)*

By signing this document, I acknowledge and agree that:

1. I have received adequate notification of the relationship between Presbyterian and the Independent Contractors who may be involved in my care;
2. The fact that I am receiving medical services or treatment from a provider, or that the provider is wearing a badge that has the word "Presbyterian" on it, does not mean that the provider is an employee or agent of Presbyterian.
3. Presbyterian is not legally responsible for the acts or omissions of these Independent Contractors described above, who are not employees or agents of Presbyterian;
4. Presbyterian has not represented nor taken any action to induce me to believe that the Independent Contractors described above are employees or agents of Presbyterian;
5. I understand that I may receive medical services or treatment by Independent Contractors;
6. If I have any claims concerning care or treatment given by the Independent Contractors as described above, I agree to pursue these claims against these Independent Contractors and not against Presbyterian.

If I have any questions about the employment or agency status of any individual involved in my care, I know that I can ask my individual provider(s) questions about this. If I have questions about my insurance coverage, I know that I can ask my insurance carrier about this.

By signing this document, I acknowledge and agree that I have read this document; I have had my questions answered to my satisfaction; and I understand and agree to the content of this document.

Signature

Date

Witness Signature

Revised 06/2022

Patient Rights and Responsibilities

You have the Right...

as a patient of a Presbyterian Healthcare Services Facility:

Non-Discrimination and Respect

- To not be excluded, denied benefits, or otherwise discriminated against on the basis of race, color, national origin, disability, religion, cultural beliefs, gender, sexual orientation, marital status or age, in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by **Presbyterian Healthcare Services** directly or through a contractor or any other entity with which **Presbyterian Healthcare Services** arranges to carry out its programs and activities.
- To receive care that respects your personal values, beliefs, individuality, independence and decisions;
- To receive free and meaningful access to interpreter services;
- To have personal privacy, including confidentiality of your medical records and personal information as further described in the booklet Joint Notice of Privacy Practices;

Information About Your Care and Informed Consent

- To receive information about your health in terms you can understand including your diagnosis, treatment, prognosis for recovery, and outcomes of care;
- To make informed decisions about your care;
- To participate to the fullest extent possible in developing a plan for your care and to expect care will be provided in accordance with that plan;
- Except in emergencies, to give your consent before receiving treatment and after you have received an explanation of the potential risks, benefits, medical consequences and alternative treatments;
- To request appropriate treatment or to refuse recommended tests or treatment to the extent permitted by law and to be informed of the medical consequences of your refusal;
- To know who is providing your care and who has overall responsibility for providing your care;
- To have a support person or representative of your choosing and your physician notified promptly when you are admitted to the hospital;
- To request a second opinion or consult a specialist at your own expense;
- To receive information about pain management, when applicable, and to have your pain recognized and managed as effectively as possible;

Patient Rights and Responsibilities *(continued)*

- To receive information about any research or experimental treatment being considered for your care and to consent or refuse to participate;
- To raise concerns about ethical issues relating to your care with your providers and/or the Hospital Ethics committee;
- To expect that we will communicate with you in a manner that you can understand, including the use of translation and interpretation services or audiovisual aids when necessary;
- Except in emergencies, if you need to be transferred to another facility, to receive a full explanation of the reason for transfer, appropriate provision for continued care and acceptance by the receiving institution;

Advance Directives and Support Persons

- To have a support person, with your permission, involved in your care, treatment and service decisions as appropriate and as allowed by law;
- To make an advance healthcare directive and/or an advance mental health treatment directive and to expect providers to honor your directives to the extent required by law and hospital policy;
- To expect that appropriate surrogate decision-makers will be sought if you lack the ability to make decisions and have not made an advance directive;
- To expect that your designated or surrogate decision maker will be able to exercise all rights you would have regarding your medical care;
- To receive information about any recording or filming made for purposes other than identification, diagnosis or treatment and to consent or refuse to participate;
- To access your medical records within a reasonable time frame, except under circumstances where the law allows us to limit your access;
- To receive care in a safe environment;

Patient Environment

- To have specific dietary needs met when you are receiving your meals in our facility;
- To have visitors of your choosing, including but not limited to spouses, domestic partners, family members and friends visit during designated visitor times and subject to any clinical restrictions in effect on the unit or ordered by your care team. Visitors will not be limited on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

Patient Rights and Responsibilities *(continued)*

- To withdraw your consent for visitors at any time.
- To access information about the ways in which the facility educates staff about patient rights and their role in supporting those rights;
- To receive information about and to access protection and advocacy services;
- To request and receive information regarding the charges for any treatment or services and any potential sources of financial assistance;
- To request and receive an explanation of your bill regardless of the source of payment;
- To be free from restraint or seclusion unless necessary medically or in an emergency situation to protect you or others from harm;

Reporting Concerns

- To receive care that is free from all forms of abuse, neglect, harassment and that preserves your dignity;
- To access facility policies and procedures concerning the reporting of abuse, neglect, misappropriations of your property and where applicable, other reportable incidents;
- To voice concerns and complaints and grievances about your care, service or safety issues, without fear of reprisal or discrimination, including filing complaints and grievances with your healthcare facility, the State and with other government and /or quality management organizations;
- To expect prompt action in addressing a complaint, grievance need or concern.

Special Circumstances

If you receive treatment for End-Stage Renal Disease, then it is also your right:

- To receive information regarding the facility's reuse of dialysis supplies, including hemodialyzers; and
- To receive information about your suitability for transplantation and home dialysis.

If you receive treatment or services for mental health or a developmental disability, then while in our facility it is also your right:

- To receive prompt and adequate medical attention for any physical medical issues you may have;
- To receive a physical examination upon admission to the facility (unless a physical has been performed within 2 days prior to admission) and to receive another physical examination at least once every 12 months for as long as you remain in the facility;

Patient Rights and Responsibilities *(continued)*

- To be free from unnecessary or excessive medication and to expect that medication will never be used as punishment, for the convenience of staff or as a substitute for programs;
- To have writing materials and telephone facilities provided to you without charge, in accordance with policy, if you cannot otherwise afford them;
- To practice or abstain from the practice of religion;
- To have reasonable daily opportunities for physical exercise and outdoor exercise and to have reasonable access to recreational areas and equipment.

You have the Responsibility...

as a patient of a Presbyterian Healthcare Services Facility:

- To provide complete, accurate and timely medical and insurance information;
- To follow all facility rules and policies;
- To participate to the extent possible in making decisions about your care;
- To cooperate with your providers and to comply with the agreed upon plan of care; to discuss with your healthcare providers any problems you think you might have in following the plan of care;
- To accept responsibility for the results if you do not follow your plan of care;
- To communicate with your healthcare providers including informing them if there is a change in your health and/or condition and asking questions as necessary to understand your care, treatment, services or what is expected of you;
- To be considerate of other patients, healthcare providers, staff and property;
- To accept responsibility for your medical bills and to work cooperatively to promptly resolve all financial obligations;
- If you know you will be staying in our facility overnight, to leave any valuables at home or to request that any valuables you might bring with you are stored in a safe place.
- To communicate any concerns, complaints or grievances that you may have in a helpful way by contacting the appropriate person or organization:

Patient Rights and Responsibilities *(continued)*

It is your right to make an Advance Directive...

An advance healthcare directive is an individual instruction or a power of attorney for health care made, in either case, while the individual has capacity.

An advance mental health treatment directive is an individual instruction or a power of attorney for mental health treatment decisions made, in either case, while the individual has capacity. Advance directives provide direction to healthcare providers, if you become unable to make choices for yourself, by making your wishes known. If you do not prepare an advance directive and/or a power of attorney, then New Mexico law decides who will be authorized to make decisions on your behalf in the event that you are unable to make decisions yourself. We have prepared a booklet, *Making Healthcare Decisions*, to give you more information about advance directives.

This booklet contains all the forms that you will need to make your advance directive and/or a power of attorney. If you have not received a copy of this booklet and would like one, you may request a copy from Admissions, the registration desk or your healthcare provider. After you review the booklet, if you have further questions or would like assistance in preparing your documents, then we will be happy to assist you. After preparing an advance directive and/or a power of attorney, in addition to keeping a copy in a safe and easily accessible place, you should provide a copy to your physician or other healthcare providers. We also suggest that you provide a copy to the person you designate to make decisions for you.

We do not discriminate on the basis of race; color; ancestry; national origin (including limited English proficiency); citizenship; religion; sex (including pregnancy, childbirth or related medical conditions); marital status; sexual orientation; gender identity or expression; veteran status; military status; family care or medical leave status; age; physical or mental disability; medical condition; genetic information; ability to pay; or any other protected status. Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, federal and state law provides you with consumer protections related to surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

Depending on what type of health insurance you have, when you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a healthcare facility that isn’t in your health plan’s network.

“Out-of-network” describes providers and facilities that haven’t signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—for example, when you have an emergency or when you schedule a visit at an in-network facility but do not receive advance notice that you are being treated by an out-of-network provider.

“Independent Contractor” is a provider (such as a physician, nurse practitioner or physician’s assistant) not directly employed by the facility. Independent Contractors may be on your care team and can be distinguished by their name badges. Independent Contractors may be in-network or out-of-network depending on your health insurance plan. If you have any question about whether your provider is in-network or out-of-network, please check with your insurance carrier.

It is important to note that the providers which are “in-network” for your particular health insurance coverage can change from year to year, even if you did not change your plan or coverage.

You are protected from balance billing for:

Emergency services: If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You can’t be balance billed for these emergency services, meaning the out-of-network facility or provider can’t bill you for the difference between what your insurer would pay in network and what the out-of-network provider usually charges. This includes services you may get after you’re in stable condition, provided it is part of the same episode of care as your original emergency medical condition. The exception to this is if you give written consent in advance of receiving the service and give up your protections not to be balance billed for these post-stabilization services.

Under the New Mexico Surprise Billing Protection Act, for emergency care, it requires your insurance to pay for all out-of-network emergency services necessary to evaluate and stabilize you if you reasonably believe you are having a medical emergency. It also removes any prior authorization requirements. Copayment, co-insurance or limitation of benefits that apply to an in-network provider may apply in these cases.

Certain services at an in-network hospital or ambulatory surgical center: When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you unless you give written consent and give up your protections. **You are not required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

Under the New Mexico Surprise Billing Protection Act, for non-emergency care, it requires your insurance to pay for out-of-network care provided at an in-network facility if the care is medically necessary or you did not have a choice in selecting a participating provider. The law also requires the provider to tell you if they are out-of-network. You may still receive a bill if you knowingly seek care from an out-of-network provider. Copayment, co-insurance or limitation of benefits that apply to an in-network provider may apply in these cases. **However, if you have been provided notice before you receive services that a provider is out of network and you choose to still go to an out-of-network facility or receive services from an out-of-network provider, you are responsible for those charges.**

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact:

State: <https://www.osi.state.nm.us>

Federal: <https://www.cms.gov/nosurprises>

Notice of Nondiscrimination and Accessibility

Discrimination is Against the Law

Presbyterian Healthcare Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Presbyterian Healthcare Services does not exclude people or treat them differently on the basis of race, color, national origin, physical or mental disability, religion, cultural beliefs, gender, gender identity, sexual orientation, marital status, veteran status or age, in receiving any treatment or services, including admission to, participation in, or receipt of the services and benefits under any of its programs and activities.

Presbyterian Healthcare Services:

- 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)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Presbyterian Customer Service Center at (505) 923-5420, 1-855-592-7737, TTY 711.

If you believe that Presbyterian Healthcare Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance. You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, the Privacy Officer and Civil Rights Coordinator is available to help you.

Presbyterian Privacy Officer and Civil Rights Coordinator
P.O. Box 27489
Albuquerque, NM 87125
Phone: 1-866-977-3021, TTY: 711 Fax: (505) 923-5124
Email: info@phs.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

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

Revised 10/2018

Multi-Language Interpreter Services

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| English | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 505-923-5420, 1-855-592-7737 (TTY: 711). |
| Spanish | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 505-923-5420, 1-855-592-7737 (TTY: 711). |
| Navajo | Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih 505-923-5420, 1-855-592-7737 (TTY: 711). |
| Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 505-923-5420, 1-855-592-7737 (TTY: 711). |
| German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 505-923-5420, 1-855-592-7737 (TTY: 711). |
| Chinese | 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 505-923-5420, 1-855-592-7737 (TTY: 711)。 |
| Arabic | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم: 505-923-5420، 1-855-592-7737 رقم هاتف الصم والبكم (TTY: 711). |
| Korean | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 505-923-5420, 1-855-592-7737 (TTY: 711) 번으로 전화해 주십시오. |
| Tagalog-Filipino | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 505-923-5420, 1-855-592-7737 (TTY: 711). |
| Japanese | 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。505-923-5420、1-855-592-7737 (TTY: 711) まで、お電話にてご連絡ください。 |
| French | ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 505-923-5420, 1-855-592-7737 (ATS: 711). |
| Italian | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 505-923-5420, 1-855-592-7737 (TTY: 711). |
| Russian | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 505-923-5420, 1-855-592-7737 (телетайп: 711). |
| Hindi | ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 505-923-5420, 1-855-592-7737 (TTY: 711) पर कॉल करें। |
| Farsi | توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 505-923-5420، 1-855-592-7737 (TTY: 711) تماس بگیرید. |
| Thai | เรียน: ถ้าวัดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 505-923-5420, 1-855-592-7737 (TTY: 711). |

Financial Aid

Presbyterian offers healthcare for the community. We provide medical treatment for all patients. It is not based on whether you can pay for it.

It is part of our mission to help everyone in the community. We offer help and advice to our patients who may have trouble paying their medical bills.

Who qualifies for a discount?

Financial aid may be offered to patients who meet the following criteria:

- Have limited income;
- Have no insurance or not enough coverage;
- Do not qualify for government help in paying for services; or
- Cannot pay for their care.

Financial aid is decided based on each person's need and situation.

What discounts are available?

Presbyterian can explain what your discount will be. It will depend on the number of people in your family and your annual income. We use the Federal government's rules on poverty level to decide the discount for your medical bills.

Patients getting discounts are billed the discounted rate or the amount allowed by Medicare, whichever is less. Patients who are eligible for financial assistance will not be charged more than amounts generally billed for emergency or other medically necessary care.

What services are covered?

Financial aid covers all emergency and needed medical care that is provided by Presbyterian hospitals and physicians employed by Presbyterian. This includes hospital and outpatient services, home health care, and office visits, to name a few. Services by physicians who work in our hospitals but who are not employed by Presbyterian generally are not covered by Presbyterian's financial aid.

How do I apply for financial aid?

To get financial aid, you must fill out an application. Presbyterian can give you the form to complete. With it, you must also include any required documents. We will review your application and decide if you qualify for financial aid. If you already receive financial help from the state, Presbyterian may be able to give you financial aid for your medical costs without going through this application process.

How do I obtain more information or help with the application process?

You can get help with financial aid in any of the following ways:

- Visit www.phs.org/doctors-services/Pages/covering-your-care.aspx
- Call a customer service representative at Presbyterian's Customer Service Center at (505) 923-6600;
- Contact a financial counselor at a Presbyterian hospital. (The hospitals are listed in the financial aid policy.)

A copy of our financial aid policy and the application can be mailed to you. Ask a Presbyterian customer service representative to send you one.

In what languages is financial assistance information available?

We have the policy, application and this information in English and Spanish.

Will my financial information remain confidential?

All information that you give to Presbyterian is confidential. We only use it for care and billing purposes. It will not be given to anyone outside of the Presbyterian system without your consent.

Responding to Your Needs and Concerns

Presbyterian has a program for responding to patient and visitor issues, concerns, complaints and grievances. In most cases, a Presbyterian employee can address issues quickly and thoroughly during your stay. If you feel that we have not met your needs or succeeded in resolving the issue to your satisfaction, you may file a formal complaint, also called a grievance.

A grievance is a formal process in which you submit a written letter or request, in person or over the phone, detailing the situation with which you are dissatisfied. As part of the process, we may request that you put your concerns in writing to better assist us in the investigation and resolution process. Our goal is to provide you written notification of the resolution to your complaint/grievance within seven days. A staff member will reach out to you during this process for clarification or additional information.

You or your legally authorized representative has the right to:

- Expect prompt, personal action in addressing a need or concern
- A resolution of a complaint/grievance within seven calendar days (unless otherwise negotiated directly with you) and in writing
- The attention of an Administrator in the resolution of a complaint/grievance regarding your care, if you request it
- Express a compliment or complaint/grievance about the service or care you have received. To initiate a complaint/grievance, ask to speak to a supervisor or manager, or you may address your concerns in writing to:

Presbyterian Hospital Administration
Attn: PDS - Patient Relations Services
P.O. Box 26666
Albuquerque, NM 87125-6666
(505) 923-5256 or 1-866-977-3021
email: ptrelations@phs.org

- We ask that you allow us the opportunity to address your concerns; however, you may also file complaints regarding Presbyterian with the New Mexico Health Care Authority at the following address:

New Mexico Health Care Authority
Office of the Secretary
P.O. Box 26110
1190 St. Francis Drive
Santa Fe, NM 87502-6110
1-800-752-8649

This facility is accredited by the Joint Commission (JC). The Joint Commission accreditation allows the hospitals/facilities to continuously improve the safety and quality of care provided to the public. If you have quality or safety concerns you would like to report to the Joint Commission about this hospital, please contact the Joint Commission at:

Mail: Office of Quality Monitoring and Patient Safety - Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Phone: 1-800-994-6610

Online: An online form is available for submission: www.jointcommission.org.
Use "Report a Patient Safety Event" form.
The Joint Commission does not accept faxed or emailed submissions.

For complaints or grievances related to our Renal Transplant Program, you may contact the End Stage Renal Disease (ESRD) Network #15; a nonprofit organization involved in assuring quality care to individuals with ESRD at:

Mail: Intermountain End-Stage Renal Disease Network
1301 Pennsylvania, Suite 750
Denver, CO 80203

Phone: (303) 831-8818 or toll free 1-800-783-8818 or 1-888-777-0105

If you are concerned about a possible violation of a law or Presbyterian's ethics commitment, you should report your concerns in one of the following ways:

- Ask to speak to a supervisor or a manager
- Contact the Presbyterian Compliance Department:
Phone - (505) 923-8544
- Call the toll-free Compliance Hotline: 1-888-435-4361 (anonymous, 24/7, Global Compliance)

Revised 10/2025

Advance Healthcare Directives Information

Follow these steps
to let others know your
healthcare preferences.

1

Select a Healthcare
Decision Maker

2

Express your Wishes
and Values

3

Share your preferences
using the enclosed
Advance Healthcare
Directives form

Getting Started

An advance directive is a legal document about healthcare choices. It has two important parts. The first part lets you choose a Healthcare Decision Maker who can speak for you if you become unable to voice your wishes. The second lets you explain what medical support you want or do not want if you become seriously ill.

Your healthcare decisions are important. Presbyterian Healthcare Services believes that your medical care should reflect your wishes as much as possible. We strongly encourage you to talk about your choices with your medical provider(s) and your family and friends.

When thinking about Advance Healthcare Planning:

- Remember, you do not have to complete the enclosed form. If you use this form you may cross out, complete or change any part of it. You are also free to use a different form.

Helpful information if you do use this form:

- Part I of the form allows you to choose a Healthcare Decision Maker and two alternates, or backups.
- Part II of the form asks specific questions about the type of care you may or may not want.
- Be sure to sign and date your Advance Healthcare Directive form.
- If you have questions about this form, your medical provider will be able to answer your questions.

There are no "right" or "wrong" answers to an advance healthcare directive. Each person will make choices that are right for them based on their beliefs, faith and personal values.

1 Select a Healthcare Decision Maker

A Healthcare Decision Maker is a person or persons that you choose to make medical decisions for you if you cannot make your own decisions. They are required to make decisions that are consistent with your known wishes.

Your Healthcare Decision Maker will not have permission to make decisions for you or have access to your medical records unless:

- You are not able to make your own decisions. This would be determined by your physician and other medical team members.
- You grant them that right immediately. This means that you choose to allow your Healthcare Decision Maker to begin making decisions for you while you still have capacity.

When your Healthcare Decision Maker's decision-making permission is activated, they will be able to make all healthcare decisions for you *unless* you limit their authority.

- If you want to limit what decisions your Healthcare Decision Maker can make, the form includes a place for you to do so.

You may change or cancel your Healthcare Decision Maker at any time.

- To do this, destroy any old forms or revoke in writing any previous instructions. Then fill out a new form with the current date and identify the new person or persons you have chosen as your Healthcare Decision Maker.

Important things to know when you choose a Healthcare Decision Maker:

- Choose someone over 18 years of age who is willing and able to serve in this role.
- Choose the person or people who will support the choices you have made.
- Choose someone who lives in your area, if possible, so they will be available to help you.
- Choose backup Healthcare Decision Makers in case your first choice is not available.
- DO NOT choose a specific person (like a family member) just because it seems like the right thing to do. For some people, family members are the best choice. For others, family members may be too emotionally involved.
- DO NOT choose your medical provider, an employee of the healthcare institution where you receive care, or the owner, operator or employee of a health or residential facility, unless they are a member of your family.

It's very important to let your family, friends, and your medical provider(s) know who your Healthcare Decision Maker is.

2 Expresa tus deseos y valores

Calidad de vida

Dar instrucciones específicas sobre sus opciones de atención médica ayuda a sus seres queridos a saber qué tipo de atención desea o no. Todo tratamiento médico puede tener sus ventajas y desventajas; solo usted puede decidir qué tratamiento es el adecuado para usted. Al completar la Parte II del documento de directivas anticipadas de atención médica, es importante considerar sus valores personales y su estado de salud actual. También es importante pensar en qué significa para usted el término "calidad de vida". Sus directivas anticipadas de atención médica pueden ser tan detalladas como desee.

Muchas personas que tienen una directiva anticipada de atención médica registran sus deseos

sobre: Reanimación cardiopulmonar (RCP): si su corazón deja de latir repentinamente, los médicos podrían reiniciarlo bombeando su pecho e insertando un tubo de respiración. También podrían administrarle una descarga eléctrica, llamada "desfibrilación", y recetarle medicamentos especiales. Algunas personas se recuperan por completo. Después de la RCP. Sin embargo, hay situaciones en las que las personas no se recuperan de la RCP y sufren una complicación, como daño cerebral permanente, si sobreviven. Esto es más común en personas con una enfermedad grave y avanzada. Debe hablar con su médico sobre las posibles complicaciones de la RCP y decidir qué es lo más adecuado para usted.

Si decide que no debe realizar la RCP, hable con su médico para que le llene un formulario de No Resucitar (DNR).

Tubos respiratorios: si deja de respirar o tiene mucha dificultad para respirar, se le puede conectar a una máquina que respirará por usted. En este caso, se le colocará un tubo que baja por la garganta hasta los pulmones. El tubo se conecta a un respirador. Mientras tenga el tubo puesto, no podrá comer y necesitará medicamentos para conciliar el sueño. A veces, los tubos respiratorios son necesarios por un corto tiempo, por ejemplo, después de una infección pulmonar. Al decidir sobre los tubos respiratorios, considere qué es lo más adecuado para usted. Puede optar por los tubos respiratorios cuando se prevé que el tratamiento sea a corto plazo, pero no por su uso a largo plazo. Su profesional médico puede ayudarle a responder cualquier pregunta que tenga sobre los tubos respiratorios.

Sondas de alimentación: las sondas de alimentación pueden ser temporales o de larga duración. Una sonda de alimentación temporal, llamada sonda nasogástrica, se inserta por la nariz hasta el estómago. Se necesita cirugía para colocar una sonda de alimentación de larga duración. Las sondas de alimentación pueden ayudar a mantener el cuerpo de una persona en funcionamiento mientras se recupera de una enfermedad y lo fortalecen. Pero también pueden mantener a una persona con vida durante mucho tiempo, incluso si no hay posibilidad de que se recupere. También es importante tener en cuenta que cuando el cuerpo comienza a dejar de funcionar, es posible que no pueda utilizar los nutrientes suministrados por la sonda de alimentación. Esto puede causar hinchazón y malestar. Su proveedor médico puede ayudarle a responder cualquier pregunta que pueda tener sobre las sondas de alimentación.

3 Comparta sus preferencias mediante una directiva anticipada electrónica

1. Visite phs.vyncahealth.com.
2. Siga las sencillas instrucciones en línea para completar su formulario.

Una vez completado, su documento de directiva anticipada electrónica:

- Entra directamente a tu historial médico electrónico en tiempo real
- Se comparte fácilmente con familiares, seres queridos y tomadores de decisiones.
- No deja lugar a dudas ni a decisiones difíciles

Si ya tiene una directiva anticipada registrada, es fácil revisar sus deseos en phs.vyncahealth.com o ingresar a su cuenta myPRES o MyChart.

Si tiene preguntas sobre su directiva anticipada electrónica o desea programar una cita con un facilitador de planificación de atención anticipada, llámenos al (505) 559-7226 o al número gratuito 1-866-773-7226.

Términos y definiciones:

Las directivas anticipadas ayudan a dejar claras sus voluntades si se lesiona o enferma y no puede expresarse por sí mismo. Otros nombres para las directivas anticipadas incluyen: testamento vital, directiva de atención médica, poder notarial médico y poder notarial médico duradero.

Tomador de decisiones de atención médica Si está lesionado o enfermo y no puede hablar por sí mismo, esta es la persona o personas que tomarán decisiones médicas por usted.

Agente Es otro nombre para la persona que ha sido designada como tomador de decisiones en materia de atención médica.

Poder Notarial Financiero: Puede nombrar a una persona para que tome decisiones financieras en su nombre. Esta persona tendrá acceso a su información financiera (dinero). Este proceso es diferente al de nombrar a un responsable de decisiones de atención médica.

Preguntas frecuentes:

¿Mi responsable de decisiones en materia de atención médica podrá tomar decisiones por mí que involucren dinero?

No, a menos que complete un formulario de Poder Notarial que otorga derechos a su agente para tomar decisiones por usted sobre asuntos financieros y de propiedad.

¿Qué es un formulario DNR?

DNR significa "No Resucitar". Algunas personas no desean que se les reactive el corazón si este se detiene. En ese caso, necesitan que un médico complete un formulario de DNR. Esta es una orden médica firmada. Indica que no se debe intentar la reanimación cardiopulmonar (RCP) si el corazón de la persona se detiene.

¿Mi directiva anticipada será válida cuando viaje a otros estados?

Cada estado puede tener diferentes pautas. Debe consultar las pautas de los estados a los que planea viajar.

¿Puedo cambiar alguna de las opciones que he elegido en mi Directiva Anticipada de Atención Médica?

Puede realizar cambios en cualquier momento. Para ello, destruya los formularios antiguos o revoque por escrito las instrucciones previas. Luego, complete una nueva directiva anticipada en phs.vyncahealth.com, como se indica arriba.

Anesthesiology and Radiology Services

During your stay at a Presbyterian Healthcare Services facility, you may need services provided by anesthesiology or radiology healthcare providers.

Anesthesiology Services

Anesthesia Associates of New Mexico (AANM) is a specialty group practice of physicians (anesthesiologists) providing comprehensive anesthesia services for Presbyterian in Albuquerque. The anesthesia team has special education, training and expertise in the fields of anesthesiology and pain management. An anesthesiologist may perform various procedures in the hospital, provide pain relief in certain cases, or work with other physicians during certain surgeries.

The total cost of your anesthesia services covers two parts: a hospital fee and the anesthesiologist's fee. Because the anesthesiologist is an independent physician and not a Presbyterian employee, you will receive a separate bill for the anesthesiologist's services. Regardless of your insurance coverage or benefits, the patient, guarantor or responsible party is responsible for payment of the account.

Radiology Services

Radiology Associates of Albuquerque (RAA) is a specialty group of physicians who provide professional radiology services to Presbyterian. A radiologist is a medical doctor specially trained to perform and interpret the results of diagnostic imaging examinations like x-rays, ultrasounds, CT scans, nuclear medicine tests, mammography and magnetic resonance imaging (MRI). These tests help other physicians detect and diagnose injuries and diseases. Radiologists do not generate orders for these tests themselves – a referring physician asks them to perform them when needed.

The total cost of your radiology services covers two parts: a technical fee and the radiologist's fee. Because the radiologist is an independent physician and not a Presbyterian employee, you will receive a separate bill for the radiologist's service.

As a courtesy, RAA will file a claim for you based on the insurance information you provided during hospital admission. Because RAA contracts with Presbyterian to provide radiology services, the Consent for Hospital/Physician Services form you signed while being admitted to the hospital allows RAA to file your insurance and receive direct payment of your insurance benefits. RAA is a participating provider for Medicare, and Medicare payments also will go directly to RAA.

RAA wants to assist you as much as possible in the settlement of your account. If you are unable to make payment in full, please contact RAA's billing office for payment arrangements. Having insurance does not release you from the responsibility of paying for radiology services.

RAA's administrative staff is available to assist you with questions concerning radiology fees, payment and insurance. You may contact them at:

Radiology Associates of Albuquerque
5850 Eubank Blvd NE, Suite B-16
Albuquerque, NM 87111

(505) 292-8485, toll-free: 1-800-279-8369
Monday through Thursday, 7 a.m. to 6 p.m.
Friday, 8 a.m. to 5 p.m.
www.raaonline.com

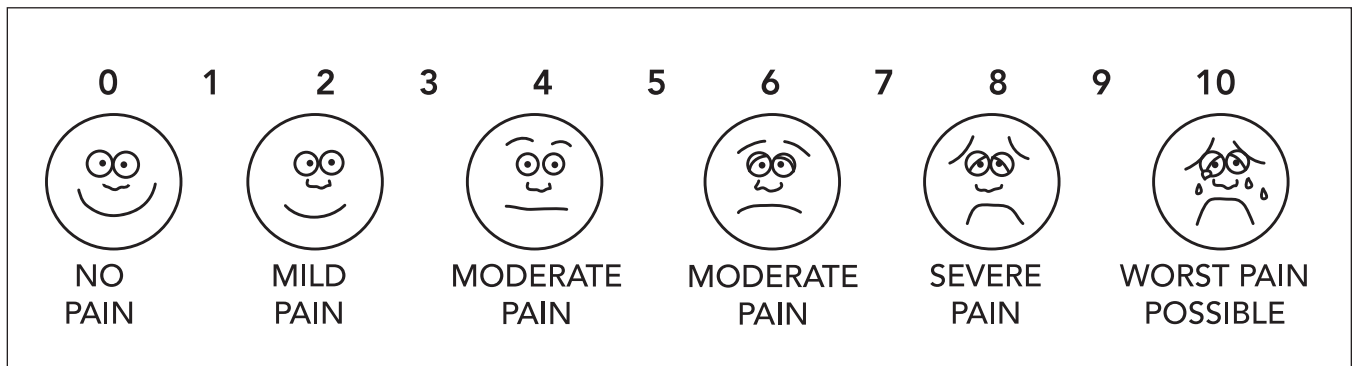
Pain Management

When members of your healthcare team make rounds, we will ask you about your pain level. Help us to help you manage your pain – tell a team member if you are having bad pain. Depending on your surgery or illness, good pain management may not mean absolutely no pain, but you should have good control over your pain. If you are having bad pain, make sure to tell your team member and ask for help. Do not wait to call the nurse if you need help controlling your pain.

What is good pain control?

- Being able to sleep and rest in between needed interruptions, such as vital sign checks or doctor visits.
- Being able to get out of bed for meals, walking or going to the bathroom *with our help*.
- Being able to take deep breaths, cough and use your incentive spirometer.

Your individual pain management and expectations are important to us. Your nurse will frequently ask about your level of pain to be sure your pain level is being managed appropriately. A similar pain scale will be shown on the communications board in your room.



Tobacco-Free Facilities

Presbyterian Healthcare Services cares about your health. We are proud to support a smoke- and tobacco-free environment at **all** of our facilities.

If you wish to smoke or chew tobacco, please do so off of hospital grounds. There is absolutely **no** smoking or chewing of tobacco allowed within any Presbyterian buildings or outside, anywhere on the grounds.

E-cigarettes are also not allowed. They are considered smoking even if tobacco-free.

We appreciate you not smoking or chewing tobacco on our campus!

Anyone using tobacco will be asked to leave the Presbyterian campus immediately.

