

Presbyterian Healthcare Services  
Admission Information



# Table of Contents

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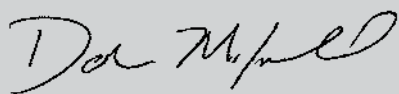
Notice of Nondiscrimination and Accessibility . . . . .	3
Multi-Language Interpreter Services . . . . .	4
Advance Healthcare Directives . . . . .	5
Anesthesiology and Radiology Services . . . . .	9
Notice of Services by Independent Contractors . . . . .	11
Your Rights and Protections Against Surprise Medical Bills . . . . .	13
General Consent/Presbyterian Healthcare Services Facilities . . . . .	15
Financial Aid . . . . .	17
Pain Management . . . . .	19
Patient Rights and Responsibilities . . . . .	20
Responding to Your Needs and Concerns . . . . .	25
Tobacco-Free Facilities . . . . .	27

Thank you for choosing Presbyterian Healthcare Services for your healthcare needs. We are dedicated to the care of our patients and the communities we serve, and our goal is to provide you with the best possible care 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 eight 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.



Dale Maxwell  
President and CEO, Presbyterian Healthcare Services



# Notice of Nondiscrimination and Accessibility

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## *Discrimination is Against the Law*

Presbyterian Healthcare Services is committed to equitable healthcare and exists to improve the health of patients, members and the communities we serve. We value diversity and inclusion and strive to treat all individuals with respect. 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. Presbyterian will provide reasonable accommodations and language access services for our patients, members, and workforce.

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](mailto: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 12/2020

# Multi-Language Interpreter Services

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 jiiik'eh, éi 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: ถ้าวัดพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 505-923-5420, 1-855-592-7737 (TTY: 711).

# Advance Healthcare Directives

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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

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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 Express your wishes and values

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### Quality of Life

Giving specific instructions about your healthcare choices helps those close to you know what type of care you want or do not want. All medical treatment can come with benefits and burdens; only you can decide what treatment is right for you. When you complete Part II of the advance healthcare directive document, it is important to consider your personal values and your current health condition. It's also important to think about what the term "quality of life" means to you. Your advance healthcare directive can have as much or as little detail as you want.

### **Many people who have an advance healthcare directive record their wishes about:**

*Cardiopulmonary resuscitation (CPR)* – If your heart stops beating suddenly, doctors might be able to restart it by pumping your chest and putting in a breathing tube. They could also give you an electric shock, called "defibrillation," and give you special medicines. Some people recover completely after CPR. However, there are situations when people do not recover from CPR and suffer from a complication, such as permanent brain damage, if they do survive. This is most common in people who have an advanced, serious illness. You should talk with your medical provider about the potential complications of CPR and decide what is right for you. **If you decide that CPR should not be performed, talk to your doctor so they can fill out a Do Not Resuscitate (DNR) form for you.**

*Breathing tubes* – If you stop breathing or have a very hard time breathing, you can be attached to a machine that will breathe for you. When this happens, you will have a tube put in that goes down your throat and into your lungs. The tube is then connected to a "ventilator" or breathing machine. While the tube is in place you will not be able to eat and you will require medications to make you sleep. Sometimes breathing tubes are needed for a short time, for example after a lung infection. When deciding about breathing tubes, consider what is right for you. You may decide to allow for breathing tubes when the treatment is expected to be short term, but decide against their long-term use. Your medical provider can help answer any questions you might have about breathing tubes.

*Feeding tubes* – Feeding tubes can either be temporary or long-term. A temporary feeding tube, called an N-G tube, can be inserted through the nose into the stomach. Surgery is needed to put in a long-term feeding tube. Feeding tubes can help keep a person's body going while they heal from an illness and help the body get stronger. But they can also keep a person alive for a long time even if there is no chance that the person will recover. It is also important to note that when the body begins to shut down, it may not be able to use the nutrients supplied by the feeding tube. This can cause bloating and discomfort. Your medical provider can help answer any questions you might have about feeding tubes.

### 3 Share your preferences using an electronic advance directive

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1. Go to **phs.vyncahealth.com**.
2. Follow the easy online instructions to complete your form.

Once completed, your electronic advance directive document:

- Goes directly into your electronic medical record in real time
- Is easily shared with family, loved ones and decision makers
- Leaves no guessing or tough decisions

If you already have an advance directive on file, it's easy to review your wishes at [phs.vyncahealth.com](http://phs.vyncahealth.com) or go to your myPRES or MyChart account.

If you have questions about your electronic advance directive, or want to make an appointment with an advance care planning facilitator, please call us at (505) 559-7226 or toll-free at 1-866-773-7226.

#### Terms and Definitions:

**Advance Directive** Advance directives help to make your wishes clear if you are injured or sick and cannot speak for yourself. Other names for advance directives include: Living Will, healthcare directive, advance healthcare directive, Medical Power of Attorney and Durable Medical Power of Attorney.

**Healthcare Decision Maker** If you are injured or sick and cannot speak for yourself, this is the person or persons who will make medical decisions for you.

**Agent** This is another name for the person who has been named as a Healthcare Decision Maker.

**Financial Power of Attorney** You may name a person to make financial decisions for you. This person will have access to your financial (money) information. This process is different and separate from naming a Healthcare Decision Maker.

#### Frequently Asked Questions:

##### **Will my Healthcare Decision Maker be able to make decisions for me that involve money?**

Not unless you complete a Power of Attorney form which grants rights to your agent to make decisions for you about financial and property matters.

##### **What is a DNR form?**

DNR means "Do Not Resuscitate." Some people do not want their heart to be re-started (resuscitated) if it stops. In that case, they need to have a doctor fill out a DNR form. This is a signed doctor's order. It tells others to NOT attempt Cardiopulmonary Resuscitation (CPR) if the person's heart stops.

##### **Will my Advance Directive be valid when I travel to other states?**

Each state may have different guidelines. You should check the guidelines in the states where you plan to travel.

##### **Can I change any of the choices I've made in my Advance Healthcare Directive?**

You may make changes at any time. To do this, destroy any old forms or revoke in writing any previously written instructions. Then, fill out a new advance directive at [phs.vyncahealth.com](http://phs.vyncahealth.com), as above.



# Anesthesiology and Radiology Services

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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.

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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](http://www.raaonline.com)**

## Notice of Services by Independent Contractors

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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.

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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.

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Signature	Date	Witness Signature
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# Your Rights and Protections Against Surprise Medical Bills

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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>

# General Consent/Presbyterian Healthcare Services Facilities

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## CONSENT AND NOTICE

- **COVID-19 Crisis.** Due to infection control protocol and minimizing in-person office visits during the pandemic, some services may be provided via telehealth, curbside or other electronic means.
- **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:** In the event of a dispute or claim, any lawsuit, which in any way relates to health care provided to the patient shall only be brought in a New Mexico Court in the county where the majority of the health care at issue was provided; or in the county where the patient resided at the time when the health care was provided, or in the county where the treating health care providers principally conducted business at the time the care was rendered.
- **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 services and if I choose to transport myself home, and forego the non-emergency transportation services, Presbyterian is not liable for any incident or injuries to myself or third parties that may be caused by or arise from that decision.

- **Patient Rights and Responsibilities.** I acknowledge that Patient Rights and Responsibilities are posted in patient care areas in Presbyterian hospital facilities, on the Presbyterian website, and can be found in the Presbyterian Inpatient Admission and Outpatient booklets.

### **ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY**

- **Financial Responsibility.** Unless expressly prohibited by law, the undersigned jointly and severally agrees to pay for all hospital services, accommodations and physician services not otherwise paid in full by a third-party insurer/payor. The undersigned understands and agrees that fees and charges not paid in full by the patient or third-party insurer/payor may be placed with a collection agency for collection or be subject to legal action (including attorney's fees and interest) to recoup the unpaid fees. The undersigned consents to the use of any contact information the undersigned gives (including updated information) to be provided to any entity assigned to collect on the patient's account, and further consents to the use of technology, including auto dialing, and the use of pre-recorded messages on cellular or land line phones, in contacting the undersigned.
- **Assignment of Benefits.** The undersigned authorizes that payment of insurance or other benefits be made on the patient's behalf to Presbyterian or authorized healthcare providers rendering services to the patient (such as laboratory, radiology, etc.) and agrees to assist in the processing of claims for benefits.
- **Medicare Benefits.** The undersigned certifies that any information they give in applying for payment under Title XVIII of the Social Security Act is correct. The undersigned consents to the release of the patient's health information by any holder of such information to the Social Security Administration and Centers for Medicare and Medicaid Services or its intermediaries or carriers. The undersigned authorizes that the payment of benefits be made on the patient's behalf to Presbyterian or any physician providing services in connection with the patient's treatment.

**By signing, the undersigned acknowledges that they have read and understood the foregoing information and that their signature below constitutes consent, assignment and acceptance as noted above, as the patient or as the authorized representative of the patient. NOTE: Due to the COVID-19 crisis, an acknowledgment may be provided in lieu of a signature.**

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Signature

Date

Time

Relationship to Patient



# Financial Aid

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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.

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## **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](http://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.

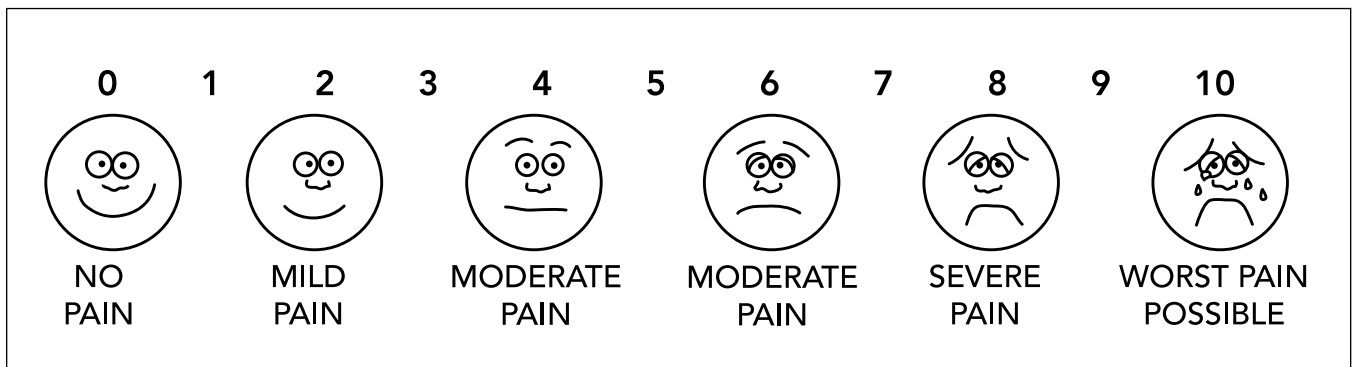
# Pain Management

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.



# Patient Rights and Responsibilities

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*You have the Right...*

**as a patient of a Presbyterian Healthcare Services Facility:**

## **Advance Directives**

- To make advance directives regarding your future healthcare and/or advance directives for future mental health treatment. An advance healthcare directive or an advance mental healthcare directive is an individual instruction or a power of attorney for healthcare 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;
- To expect that your advance directives will be honored by your care team to the extent required by law and allowed by hospital policy. However, staff and providers may decline for reasons of conscience; or if an individual instruction or healthcare decision is contrary to a policy of Presbyterian that is expressly based on conscience and the policy is communicated to you or your healthcare decision maker;
- To know that if you do not prepare an advance directive and/or a power of attorney, then New Mexico law defines who will be authorized to make decisions on your behalf in the event that you are unable to make decisions yourself;
- To receive our Electronic Advance Directive (eAD) Information Card or the Advance Healthcare Directives booklet, free of charge. These tools have been created to give you more information about advance directives and they contain the forms and information that you will need to make your advance directive and/or designate a healthcare decision maker. If you have not received this information, you may request a copy of either the eAD information card or the Advance Directive Booklet from Admissions, the registration desk, or your healthcare provider. 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.

## **Non-Discrimination and Respect**

- To not be excluded, denied benefits, or otherwise discriminated against 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. This non-discrimination applies to any services provided 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;

## Patient Rights and Responsibilities *(continued)*

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- To receive free and meaningful access to interpreter services. If you need assistance accessing interpreter services, contact the Presbyterian Telephone Interpreter Service at (505) 923-5420;
- If you have a complaint regarding discrimination at any of our facilities you may contact the Presbyterian Privacy Officer and Civil Rights Coordinator at P.O. Box 27489, Albuquerque, NM 87125, or call (866) 977-3021, TTY 711, fax (505) 923-5124 or [info@phs.org](mailto:info@phs.org). 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. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at: (800) 368-1019, (800) 537-7697 (TDD) or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201. Electronic forms and information can be found at <http://www.hhs.gov/ocr/office/file/index.html>;
- Your rights and protection from nondiscrimination are found in 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, 91 & 92;

### **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 make decisions regarding your care. This includes the right to be informed about your health status, being involved in care planning and treatment, and the right to request and refuse treatment, excluding medically unnecessary or inappropriate treatment;
- To know who is providing your care and who has overall responsibility for providing your care;
- To request a second opinion or consult a specialist at your own expense;
- To receive information about pain management, and if you have pain that it be evaluated and managed as effectively as possible;
- 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;

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- Except in emergencies, if you need to be transferred to another facility, to receive a full explanation of the reason for transfer, the risks and benefits of a transfer, and appropriate provision for continued care;

### **Support Persons**

- To have a support person or representative of your choosing and your own physician notified promptly when you are admitted to the hospital;
- To have a support person, with your permission, involved in your care, treatment and service decisions as appropriate and as allowed by law;
- To expect that a surrogate decision-maker 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 designate one lay person as a caregiver following admission and prior to discharge and to have your designated caregiver provided with information and instructions on your aftercare;

### **Medical Records and Privacy**

- To access your medical records within a reasonable time frame, except under circumstances where the law allows us to limit your access;
- To have confidentiality of your medical records and personal information as further described in the Joint Notice of Privacy Practices handout;
- To have personal privacy to the extent possible and consistent with your care needs;

### **Patient Environment**

- To receive care in a safe 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, physical or mental disability, religion, cultural beliefs, gender, gender identity, sexual orientation, marital status, veteran status or age. Visitors may be limited if deemed to pose a threat to you, other patients, staff or the facility;
- 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 access to protection and advocacy services;
- To be free from restraint or seclusion unless medically necessary or in order to ensure the immediate physical safety of yourself, staff members, or others;

# Patient Rights and Responsibilities *(continued)*

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## **Billing**

- 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;

## **Reporting Concerns**

- To receive care that is free from all forms of abuse, neglect, misappropriation of property, and harassment;
- 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, 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 the facility to have a process for timely consideration and resolution of your complaints, grievances, needs, and concerns;
- If you have a complaint, grievance, need, or concern you may advise a staff member or you may contact (505) 923-5256;

## **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 all treatment modalities and settings including, but not limited to, transplantation, home dialysis modalities, and in-facility hemodialysis;

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

- To receive prompt and adequate medical attention for any physical ailments 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);
- 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, postage stamps, 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;

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*You have the Responsibility...*

**as a patient of a Presbyterian Healthcare Services Facility:**

- To provide true and correct information about your personal identity, including your legal name and date of birth;
- To provide complete, accurate and timely medical history and insurance information;
- To work cooperatively to promptly resolve all financial obligations;
- To follow all facility rules and policies;
- To participate to the extent possible in making decisions about your care;
- To cooperate in your own agreed upon plan of care and treatment;
- To discuss with your healthcare providers any problems you think you might have in following the plan of care;
- To accept responsibility if you do not follow your plan of care;
- To refrain from the use of tobacco or illegal drugs and to inform your care team of any and all medications you are taking;
- To abide by the terms of any pain contract and/or other restrictions a provider places you on while prescribing opiates or narcotics;
- To communicate with your healthcare providers including informing them if there is a change in your health condition and asking questions necessary to understand your care, treatment, services or what is expected of you;
- To be respectful of other patients, healthcare providers, staff and property;
- If you know you will be staying in our facility overnight, to leave any valuables at home



## Responding to Your Needs and Concerns

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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](mailto: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 Department of Health at the following address:

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

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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

Fax: (630) 792-5636

Online: [www.jointcommission.org](http://www.jointcommission.org). Use "Report a Patient Safety Event" form.

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)

## Tobacco-Free Facilities

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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.

