# P — D A — MEDICAL CENTER \& CLINICS 

## Workplace Harassment

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## Approvals

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## Policy : Workplace Harassment

## Workplace Discrimination and Harassment

Overlake Hospital values the diversity of its employees, volunteers, and visitors. It is the policy of Overlake Hospital to provide all employees with a work environment that is free from any form of unlawful or inappropriate discrimination or harassment. Discrimination or harassment based on an employee's race, color, sex, creed, religion, age, marital status, national origin, citizenship, disability, sexual orientation, veteran status, or any other status or characteristic protected by local, state, or federal law or hospital policy will not be tolerated.

## Discrimination/Harassment Defined

Prohibited discrimination is adverse treatment of someone because of his or her race, sex, religion, age, disability, or other status that is protected under the law or company policy. Harassment is one form of discriminatory treatment. Prohibited harassment can take many forms and can include slurs, comments, jokes, innuendoes, unwelcome compliments, pictures, cartoons, pranks, or other verbal or physical conduct which are derogatory of a persons protected status and which have the purpose or effect of creating an intimidating, hostile, or offensive work environment, interfering with an individuals work performance, or otherwise affecting an individuals employment opportunities. A particular behavior might be considered harassment even if the recipient of the behavior is not offended. For example, if someone shares a sexual joke with a co-worker, the co-worker might not be offended, but someone who overhears the joke may be offended.

## Sexual Harassment Defined

A. Sexual harassment is a type of harassment that occurs when the kind of verbal and physical conduct described above is sexual in nature or is genderbased (i.e., directed at a person because of his/her gender). Sexual harassment may include the following:

1. Unwelcome sexual advances or requests for sexual favors;
2. Other unwelcome verbal or physical conduct of a sexual nature such as:
a. Comments, suggestions, jokes or derogatory remarks based on sex (verbal or written)
b. Pats, squeezes, repeated brushing against someone's body, or impeding or blocking normal work or movement;
3. Posting of visually offensive items such as sexually suggestive or derogatory pictures, cartoons or drawings, even at ones own work station;
4. Situations where submission to the conduct is either explicitly or implicitly a term or condition of employment;
5. Situations where submission to, or rejection of, the conduct is used as the basis of an employment decision (for example, a performance evaluation, work assignment, or advancement) affecting such individual; or
6. The conduct unreasonably interferes with the individual's job performance and/or creates a work environment that is intimidating, hostile, or offensive.

## Complaint Procedure

A. Any employee who experiences or observes possible discrimination or harassment of any kind by anybody (including non-hospital staff such as vendors, patients, family members, etc.), is encouraged to immediately identify the offensive behavior to the harasser and request that it stop. If the employee is uncomfortable in addressing the matter directly with the harasser, or if the behavior does not stop, then the employee should discuss the matter immediately with his/her supervisor, a Human Resources representative, or the Shift Administrator on duty.
B. Any employee who suspects or witnesses possible discriminatory or harassing behavior or receives a complaint of discrimination or harassment of any kind is required to report the matter to his/or supervisor and/or the Human Resources Department immediately. For situations which require immediate intervention and which occur outside of normal Human Resources business hours, any employee with knowledge of the situation is required to contact the supervisor or Shift Administrator on duty at the time. (The matter should be reported to Human Resources by the Shift Administrator or supervisor once the immediate intervention situation has been handled.) Security may always be contacted if there is a concern of an immediate threat to someone's safety.

## Assessment and/or Investigative Process

A. After receiving a report of discrimination of harassment, Human Resources will assess the report and determine the appropriate response. If an investigation is warranted, Human Resources will perform an objective investigation, and will ensure that all employee follow-up and documentation is completed in accordance with organizational procedures. Management is required to report all such matters to Human Resources. Any supervisor, agent, or employee who has been found to have illegally harassed or discriminated against an employee will be subject to appropriate corrective action, ranging from a warning to dismissal from employment. No employee will suffer retaliation for reporting instances of discrimination or harassment, nor will retaliation be tolerated against any individuals involved in the investigative process.
B. Employees of Overlake should act responsibly to maintain a pleasant working environment, free of discrimination and harassment, thus allowing each employee to perform to his/her maximum potential. Employees who have questions regarding discrimination or harassment or any aspect of this policy should see their supervisor or talk to a Human Resources representative.

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## - ED AKE MEDICAL CENTER \& CLINICS

## Patient Rights

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## Approvals

- Signature Chief Nursing Officer signed on 8/25/2022, 4:02:28 PM


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| Updated Patient Responsibilities to mirror Your Stay Guide 2022 edition. |  |

OVERLAKE

## Policy : Patient Rights

## Policy/Summary Intent

The purpose of this policy is to improve patient care and outcomes by respecting every patient and maintaining ethical relationships with the public.

## Policy: Compliance - Key Elements (Steps) <br> PATIENT RIGHTS AND RESPONSIBILITIES:

## Access to Care

You will receive care with dignity, respect and care without regard to race, color, national origin, age, disability, religious creed, ancestry, medical condition, marital status, gender, gender expression, sexual orientation, genetic information, military/veteran status, pregnancy, or immigration status

## Healthcare Decision Making/Informed Consent

You have the right to be informed of your health status and/or your representative have the right to make informed decisions in planning your care and in resolving dilemmas about care decisions that may occur. You have the right to give or withhold consent.

## Spiritual Health

Have your spiritual needs met through chaplains, visiting clergy or qualified volunteers.

## Concerns or Questions

You have the right to voice your questions, concerns or complaints about your care in the hospital. You may do this without fear that it will compromise your care or future access to our services. You may contact the Patient Advocate at 425-688-5191. You may also contact the Washington Department of Health at 1-360-236-4700 or The Joint Commission at 1-800-994-6610. If you are a Medicare beneficiary and have a complaint, you may contact KEPRO at 1-888-305-6759. You have a right to a timely response to your concerns.

## Advanced Directives

You have the right to make important decisions about your own healthcare. It is never to early to make plans about the kind of health care you do or do not want when facing end-of life issues. You have the right to formulate advance directives if you are an adult. You have the right to refuse resuscitation or other life-sustaining treatments.

## Notification of Admission

You have the right to have your physician, family, or a representative notified upon your admission to the hospital.

## Restraint for Acute Medical and Surgical Care

Patients have the right to be free from any form of restraints (physical or chemical) unless needed for your own safety or the safety of others.

## Pain Management

You have the right to appropriate assessment and management of pain. As a patient you can expect information about pain management and pain relief measures.

## Refusal of Treatment

You may accept or refuse treatment to the extent permitted by law. You will be informed of the medical consequences of refusing treatment or leaving the hospital against medical advice.

You may also accept or refuse to participate in research studies.

## Privacy and Confidentiality

Every consideration will be shown for your individual privacy when being interviewed, examined, treated, and requested as appropriate.
You have the right to the confidentiality of your health care information and to expect that all information shared will be done so according to federal and state laws and regulations.
You have the right to access information on any disclosure of your medical record.
You have the right to give or withhold consent to produce or use recordings, films, or other images of you for purposes other than your care.

## Access to Medical Records

The Washington State Uniform Healthcare Information Act grants patients the right to review their medical records. You may request copies of all or any part of your medical record after you go home. Since your medical record is a legal document, it cannot be removed, deleted or altered. You can, however, request that your record be corrected or amended. For further information, please call the Release of Information Desk at 425-688-5643

## Safety

Patients have the right to a safe setting and to be free from all forms of abuse, of harassment, or neglect. You have the right to expect reasonable safety insofar as hospital practices and environment are concerned and to access protective services when considered necessary for your personal safety.

## Communication

You have the right to communicate with people outside the hospital by having personal visits and verbal or written communication.
You have the right to receive visitors of your choice unless it is clinically necessary to restrict or limit visitors.
You may refuse to see anyone not officially connected with the hospital or your care.
You have the right to receive information in a way that you can understand. You have the right to an interpreter or other communication aid if you do not speak English, if English is your second language, if you are deaf or hard of hearing, if you have vision issues, have cognitive impairment or have speech difficulties. This service will be provided to interpret medical information free of any charge to you and any communication assistance will be tailored to your needs.

## Transfer

You may not be transferred to another facility or organization unless you or your representative has received a complete explanation concerning the need for such a transfer.

## Continuing Care

You have the right to receive information about continuing health care requirements following your discharge.

## Unexpected Outcomes

You have the right to be informed of unexpected outcomes of care, treatment or services.

## End of Life Care

You have the right to receive end of life care in accordance with you or your representatives wishes.
You have the right to donate tissues tissues and organs ater consultaion with medical staff and your representative.

## Identity of Physicians and Staff

You will be told the name of the physician who has primary responsibility for authorizing and performing any procedures or treatment, and the names of other physicians and staff who will provide care.

You have the right to be informed of unexpected outcomes of care, treatment or services.
You have the right to receive end of life care in accordance with you or your representatives wishes.

## Explanations of Hospital Charges

You have the right to receive an itemized and detailed explanation of your hospital bill when requested.

## PATIENT RESPONSIBILITIES

## Provision of Information

You have the responsibility to provide, to the best of your ability, accurate and complete details about your illness, hospitalization, medications and present conditions. You are responsible for reporting to your physician or nurse, if you do not understand your treatment or what you are expected to do.

You must tell your physician about a change in your condition or if problems arise.
You have the responsibility to follow instructions and rules of the hospital to ensure your safety and the safety of others.
You have the responsibility to maintain appropriate and civil conduct in interactions with physicians and staff.
You have the duty to treat the healthcare team with respect.

## Payment of Charges

You are responsible for providing accurate information for the hospital to file insurance claims and notifying the hospital about whom is responsible for your bill if you are not paying.

Pay your bill promptly or tell the hospital if you are unable to pay your bill.

## References

WAC 246-320-141
http://apps.leg.wa.gov/wac/default.aspx?cite $=246-320-141$
WAC 246-330-125
https://www.doh.wa.gov/Portals/1/Documents/Pubs/655009.pdf


