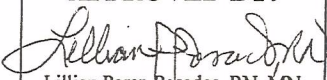


**GUAM MEMORIAL HOSPITAL AUTHORITY  
ADMINISTRATIVE MANUAL**

APPROVED BY:	RESPONSIBILITY	EFFECTIVE DATE:	POLICY NO.	PAGE
 Lillian Perez-Posadas, RN, MN Hospital Administrator/CEO	Hospital-wide	Interim Approved 04/23/19	A-RI900	1 of 16
<b>TITLE: PATIENT VISITOR POLICY</b>				
<b>LAST REVIEWED/REVISED:</b>				
<b>ENDORSED:</b>				

**PURPOSE:**

The visitation policy is designed to protect patient's privacy and increase their comfort. The purpose is to create a reasonable, enforceable policy that provides all patients with the opportunity to rest and recover in comfortable, quiet, private surroundings. This will enable family and friends to participate in the healing process, to enhance the cohesiveness of the family unit and the patient's support systems, and to provide access control that protects the rights of patients, visitors, and employees, to a safe, secure, and orderly environment.

**DEFINITIONS:**

Visitor: Any person, 14 years and older, who visits a patient for a brief period of time.

Children: Any person below 14 years of age who is not a patient.

Support Person: Any adult, 18 years or older, who the patient determines to be supportive and stays with the patient during the day or overnight.

Service Animal: A dog that has been individually trained to do work or perform tasks for an individual with a disability.

**POLICY:**

Visiting regulations allow for staff needs in delivering care and patient/family needs to receive and give support. The following guidelines shall be followed to assure that the patients and their visitors achieve a positive visitation experience without compromising patient care, confidentiality and infection control.

The Guam Memorial Hospital Authority (GMHA) is open to visitors. Visiting hours, as shown on Attachment A, vary from unit to unit and are subject to periodic changes. It is the responsibility of units requiring special variations or restrictions of the standard visiting hours to inform Security of their particular visiting hours plus any other conditions or restrictions affecting visitors. The hospital's Skilled Nursing Unit (SNU) has a separate visitor policy.

GMH will not deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender, gender identity or expression, creed, ancestry, marital status, age, or disability. All patients have the right to have visitors on a 24-hour basis.

All patients have the right to choose who may visit them during their stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same-sex partner), or other type of visitor. All patients have the right to withdraw such consent to visitation at any time. All visitors chosen by the patient have full and equal visitation privileges consistent with the wishes of the patient.

**I. RULES AND RESPONSIBILITY**

- A. All Guam Memorial Hospital Authority staff are expected to:
1. Be knowledgeable about Guam Memorial Hospital Authority's Visitor Policy and should ensure all visitors are made aware of it.
  2. Ensure visitors, where applicable, display a valid GMHA visitor's badge.
  3. Inform visitors of any hazards or special requirement in the area they are visiting.
  4. Ensure visitors are not left unattended in an area which is posted with entry restrictions.
  5. Question any person not displaying a visitor badge in any restricted non-public area.
  6. Notify security of any suspicious or non-compliant visitors.
  7. Guide visitors to appropriate exits in the event of an evacuation.
  8. Provide customer service and assist visitors when necessary.
- B. Charge Nurse/Nursing Supervisor is expected to:
1. Approve/decline requests from visitors to stay after visiting hours/overnight with the situation being reviewed daily.
  2. Inform the family members/support person that this approval will be granted for one (1) support person per patient by the Charge Nurse/Nursing Supervisor.
  3. Ensure that the name and location of family members/support persons remaining after 8:00pm (2000 hrs) are documented with Security.
  4. Enforce this Visiting Policy in their units and all other applicable Guam Memorial Hospital Authority policies and rules.
- C. Security Guards are expected to:
1. Enforce this Patient Visitor Policy and all other applicable Guam Memorial Hospital Authority policies and rules.
  2. Man the front entrance and Emergency Department information desks at all times, to welcome visitors, answer questions and distribute badges to visitors/support persons.
  3. Give directions to patient rooms provided the visitors can name the patient.
  4. Remove disruptive, threatening, rowdy, intoxicated, or noncompliant visitors.
  5. Maintain a nightly listing of all patient support persons.

## II. VISITING PATIENTS

- A. General visiting hours are between 10am and 8pm (1000 hrs and 2000 hrs), seven (7) days a week (Refer to Attachment I).
- B. Children under 14 years of age will **NOT** be allowed to visit unless unforeseen circumstances (death and dying) wherein authorization must be granted by the Charge Nurse. If children become unruly or disruptive, they and the adult shall be asked to leave the premises. All children must be accompanied and attended by an adult.
- C. When using a cell phone or other technologies, including cameras, consideration should be exercised with respect to the privacy and confidentiality of patients, visitors and staff. No picture taking is allowed at Nursery viewing window. No picture taking is allowed at NICU and Intermediate Nursery without the permission of the baby's parent and the Charge Nurse. Patients must give written consent prior to being photographed. *Refer to HIPAA Policy No. 6420-1 Confidential Information.*
- D. Visitors are expected to comply with the requirements of all notices and instructions from staff.
- E. Each patient may have no more than two (2) visitors at a time in a private room and no more than one (1) visitor at a time in a semi-private room.
- G. Gifts for patients are welcomed with the following exceptions:
  - 1. Flowers are not allowed in the following units: ICU/CCU, Nursery/NICU, L&D, OR, PICU, and the Emergency Department. Potted plants are prohibited in all units.
  - 2. Latex balloons are not allowed in GMHA.
  - 3. Food gifts (including fruit baskets) are not allowed.
- H. Shirts and footwear must be worn at all times.
- I. Clinical Restrictions: Under certain circumstances, GMHA may restrict patient access to visitors based on reasonable clinical needs. A justified clinical restriction may include, but need not be limited to one or more of the following:
  - 1. A court order limiting or restraining contact.
  - 2. Behavior presenting a direct risk or threat to the patient, staff, or others in the immediate environment.
  - 3. Behavior disruptive of the functioning of the patient care unit.
  - 4. Reasonable limitations on the number of visitors at any one time.
  - 5. Patient's risk of infection by the visitor.
  - 6. Visitor's risk of infection by the patient. Visitors for patients having isolation precautions will be approved based on the isolation precaution policies of the Infection Control Manual. Visitors must check with the nurse for specifics prior to entering patient's room. A Visitation Authorization Form (Attachment III) must be completed

to allow visitors for terminally ill patients on isolation precautions.

7. Extraordinary protections because of a pandemic or infectious disease outbreak;
  8. Patient's need for privacy or rest. Also, need for privacy or rest by another individual in the patient's shared room.
  9. When patient is undergoing a clinical intervention or procedure and the treating health care professional believes it is in the patient's best interest to limit visitation during the clinical intervention or procedure.
- J. Visitors will refrain from loud conversation and from any behavior that may disturb patients or behavior that may disrupt patient care. They must conduct themselves in a quiet and considerate manner. Violent and/or disruptive behavior will result in physical removal from the hospital premises by Security.
- K. Visitors may not enter areas posted with an "Authorized Personnel Only" signs, staff areas or other designated restricted areas.
- L. Visitors should not sit or lie on patient beds or floors.
- M. Visitors may use the cafeteria and waiting areas during visiting hours only.
- N. GMHA is a smoke-free facility. Smoking is not permitted on the hospital campus. This includes e-cigarettes, vapor, and tobacco in other forms.
- O. Alcohol, illegal drugs/contrabands, weapons and gambling are not permitted on the hospital campus.
- P. Spitting is prohibited on the hospital campus.
- Q. Visitors are not permitted to litter on the hospital campus.
- R. Visitors are not permitted to bring ice chests/coolers, electric fans, furniture (folding chairs, cots, futon, etc.), and cooking appliances, (coffee makers, portable gas stoves, microwaves, etc.) into the Hospital.
- S. Any portable medical electronic device brought in by visitors must be checked by Bio-Med for safety reasons (e.g. electrical safety and fire safety). Non-medical electronic devices must be checked by Security. Non-medical items allowed are as follows: Laptop computer, television (not to exceed 19" in width), radio, and hand held games are not allowed to be connected to any GMHA television.
- Bio-Med staff will inspect items during normal working hours Monday-Friday between the hours of 8:00 a.m. – 5:00 p.m. except holidays. No items shall be allowed into the hospital after 5:00 p.m. GMHA will NOT be responsible for personal items brought into the facility should they be stolen, misplaced, damaged, or accidentally discarded. (Refer to Policy 204, *Electrical Safety* of the Safety and Security Manual.)
- T. Visitors are not permitted to give patient care unless authorized by primary nurse.
- U. Visitors must wash their hands or use hand sanitizers before entering and leaving a patient's room.
- V. Visitors are expected to follow the visitor's guidelines as displayed throughout the

facility (Attachment II).

- W. **Exception:** In times of patient's critical condition or death, groups may be allowed to enter the hospital with documentation in the Security log book of family name and total number of visitors. Security must confirm with nursing unit of the patient's condition.
- X. GMHA reserves the right to withdraw any visiting rights to its premises at any time.
- Y. No outside pillows and blankets/linen allowed in the hospital.
- Z. Solicitation and loitering are prohibited.
- AA. Meals, linen, and blankets will not be provided to individuals other than the patient with the exception of parents of Pediatric patients. Refer to Pediatric Unit specific policy regarding parent food trays. Patient's restroom is solely for patient's use. Public restrooms are available for visitors and support persons. Pulling multiple chairs together to create a sleeping surface or lying on the floor is not permitted

### III. SUPPORT PERSON

- A. A support person is permitted to stay if approved by the Charge Nurse/Nursing Supervisor.
- B. The continuous bed-side presence of a support person is NOT permitted for patients in ICU/CCU, Nursery, NICU, and OR suite.
- C. The support person may be requested to leave the patient's room when the cleaning team services the room or during certain procedures at the request of the healthcare team and/or the patient.
- D. A support person who stays overnight will be informed that meals, linen, and blankets will not be provided for family/support person and that they are not permitted to use the patient's bathroom and shower. Visitors shall be advised that food may be purchased and consumed in the cafeteria. Meal orders for support persons may be available in the Pediatric Unit. Public restrooms are available for visitor's use.
- E. Any problems encountered with the support person will be referred to Security.

### IV. VISITOR'S AGE (14 YEARS AND ABOVE)

Exceptions to visitor's age requirement will be granted only by written permission (refer to Attachment III *Visitation Authorization Form*) from the charge nurse/nursing supervisor as follows:

- A. When a patient is critically ill or terminal, and such visitation is requested by patient and family.
- B. When the patient has been admitted for an extended period, is the main caregiver for a child and the patient and/or child are consequently distressed.
- C. Other unique circumstances of serious magnitude.
- D. Refer to Labor & Delivery, OB Ward, and Pediatric Ward for policies on sibling visitation.

**V. WAITING AREAS**

Visitors waiting to visit a patient must wait in the main lobby or in designated waiting areas of the hospital. Visitors are **NOT** permitted to wait in corridors and stairwells. ICU/CCU visitors may use the OR and ICU/CCU waiting areas.

**VI. EATING AREAS**

- A. Visitors are prohibited from eating in patient rooms, hallways, or waiting areas. Visitors may only consume food in the Hospital cafeteria.
- B. A support person visiting a Pediatric patient may order and pay for their meals from the Dietetic Services Department, 24 hours in advance, and must pay for the meal on the date of the order. Dietetic Services Department will deliver these meals with the patient's meal so that the support person may eat with the patient. Refer to Pediatric Unit specific policy regarding parent food tray.

**VII. TELEPHONES**

Visitors are encouraged to use courtesy phones available at the nurses' station for calls. A TDD (Telephone Device for the Hearing and Speech Impaired) machine is located at Communications Center, phone no. 649-1801.

**VIII. HOSPITAL CLEANLINESS**

Visitors are not permitted to leave personal trash in patient's room. Trash is not permitted to be placed in linen hampers or in the red bio-hazard trash cans. Trash receptacles for regular trash are available and encouraged for use by visitors. Linen hampers, red bio-hazard trash receptacles, and sharps container are strictly for use by hospital staff.

**IX. DEFACING, DAMAGING, OR REMOVING PUBLIC PROPERTY**

Defacement, damage, or removal or theft of any hospital property is punishable by law. Visitors will be cited by Security personnel and dealt with in accordance with the public laws of Guam. GMHA has installed security cameras throughout the hospital. Violators will be reported to the Guam Police Department.

**X. SECURITY**

Security personnel are posted in various areas of the Hospital. Visitors are encouraged to seek the assistance of Security when they observe a crime or suspicious behavior taking place. Security can also direct visitors to proper visiting areas as well as public elevators, restrooms, and telephones.

- Security is to be notified of any unaccompanied children on site after the normal sign in/out reception areas are closed.
- Security is to be notified of any suspicious or non-complaint visitors.
- Visitors who are not authorized or are not welcomed by any patient or staff member will be asked to leave.
- Where non-compliance with this policy is observed, the visitors involved shall be informed

of GMHA's expectations of their compliance with this policy. Should there be continued non-compliance then the visitors will be requested to leave the premises. Security is to be contacted if the visitors fail to leave the premises when asked, or if visitors become confrontational.

#### **XI. REPORTING HAZARDS/ACCIDENTS/NEAR MISS INCIDENTS**

Visitors are encouraged to report any hazards observed or created which could endanger other persons or property. Visitors should be encouraged to report any quality of care issues and safety issues to the Guest Relations Department or the Safety Department during weekdays. During evenings, weekends, and holidays, the hospital Operator should be contacted.

#### **XII. SECURITY INFORMATION DESK**

Security on the first floor maintains a master patient census of the Hospital. Directions to hospital departments and services may also be obtained from Security. An information sheet is to be provided to visitors outlining their responsibilities in relations to security and emergencies. (Attachment II).

#### **XIII. DISASTER**

In the event of a disaster or an internal crisis, structural or otherwise, the Hospital Administrator has the authority to implement interim visitation guidelines as appropriate for the duration of the disaster or crisis. The Hospital Administrator has the authority to suspend visiting hours. Support persons are allowed to remain with the patient throughout the disaster period. All other visitors must leave the hospital. Visiting hours will resume upon the announcement of Dr. Clearwater (ALL CLEAR/RESUME NORMAL OPERATIONS).

#### **XIV. PHOTOGRAPHY**

Written consent from a patient is required before photography, audio, interview, or video is done. Refer to Policy No. 6420-1 Confidential Information.

#### **XV. INSPECTION**

Hand carried items may be inspected upon entering or exiting the hospital premises. Visitors may be asked to leave items not allowed within the hospital in their vehicle.

#### **XVI. SERVICE ANIMALS**

The individual with a service animal will be allowed on any unit or department within the hospital that the public and patients are allowed to go, with the exception of the Critical Care Units (ICU/CCU, NICU, PICU), Operating Room, Labor & Delivery, OB Nursery, Hemodialysis, and any isolation room. Persons with service animals are responsible for abiding by the rules and regulations as it pertains to Admin Policy No. A-RI700 The Americans with Disabilities Act of 1990 and The Americans with Disabilities Act Amendments Act of 2008 and Infection Control Policy # 6201-150 Guidelines for Environmental Infection Control, Infection Control Manual.

#### **XVII. COMMUNITY ORGANIZATIONS**

##### **A. Faith-Based Organizations/Ministries for the Sick:**

Visitors must sign in at the Security Booth and check in at the Nursing Station before proceeding to the patient rooms. Groups must abide by all visiting hours and Hospital rules and policies.

B. Carolers and Other Out-Reach Groups:

1. All groups must sign in at the Security Booth and check in at the Nursing Station.
2. Locations for singing are limited to the front of the nursing station and in the corridors.
3. Scheduling of carolers and other groups must be made in advance with the Guest Relations Department and they must be chaperoned by department staff.
4. Gifts and other donated items must be screened by the Guest Relations Department.
5. Groups must abide by all visiting hours and Hospital rules and policies.

#### **XVIII. DESIGNATED PUBLIC ELEVATORS**

Visitors must use the designated public elevators and stairs. In the event of elevator failure, visitors will be asked to use the stairs.

#### **RELATED POLICIES**

Policy 6100-40, *Food Policy* of the Administrative Manual made effective September 15, 2009.

Policy 204, *Electrical Safety* of the Safety & Security Manual made effective May 19, 1990.

Policy A-RI700, *The Americans with Disabilities Act and The Americans with Disabilities Act Amendment Act of 2008* of the Administrative Manual.

Policy 6301-I F-4 *Emergency Medicine Department Visitation* made effective September 14, 1999.

Policy 6312-II-C-24 *Well-Born Baby Rooming-In Policy* made effective in 2012.

Policy 6420-1, *Confidential Information* of the HIPAA Policies and Procedures Manual made effective February 7, 2012.

#### **RESCISSION:**

Policy 6301-9, *Visiting Policy* of the GMHA Administrative Manual made effective in 1985, rescinded in May 2009 and replaced with this policy.

Policy 6301-16 *Emergency Medicine Department Visitation* of the Administrative Manual.

Policy 6301-22, *Visiting Policy* of the GMHA Administrative Manual made effective November 1999.



Policy 6301-I F-13, *Visiting Policy* of the Nursing Services Manual made effective October 1999.

Policy 6100-23, *The Use of Service Animals by Individuals with Disabilities* of the Administrative Manual made effective October 11, 1994.

Policy 6100-39, *Patient Visitor Policy* of the Administrative Manual made effective October 13, 2009.

**ATTACHMENTS:**

- I. GMHA Visiting Hours
- II. Information for Patient Visitors to Guam Memorial Hospital Authority
- III. Visitation Authorization Form

ATTACHMENT I

**Guam Memorial Hospital Authority  
Visiting Hours**

ACUTE CARE UNITS	
<p><u>Hemodialysis</u> 9am – 11am 2pm – 4pm 6:30pm – 8pm</p>	<ul style="list-style-type: none"> <li>• Each patient is permitted one (1) support person at a time.</li> <li>• Support persons and visitors are limited to a five (5) minute visit.</li> </ul>
<p><u>Telemetry/PCU</u> <u>Surgical</u> <u>Medical/Surgical</u> 10am – 8pm</p>	
<p><u>Critical Care (ICU/CCU)</u> 10am – 10pm</p> <p><i>No visitation between 7am-8am 3pm – 4pm 7pm-8pm</i></p>	<ul style="list-style-type: none"> <li>• Visitation is unrestricted, based on workload and at discretion of the Charge Nurse.</li> <li>• Visits by young children (under age 14) will be arranged on a case-by-case basis at the discretion of the patient’s physician and nursing staff.</li> <li>• Visitors will be screened for obvious illness; standard respiratory etiquette will be enforced.</li> <li>• Seriously ill and very seriously ill patients may be visited by close relatives at any time, subject to discretion of the Charge Nurse.</li> </ul>
<b>(Department specific policies governing visitation apply)</b>	
MATERNAL/CHILD HEALTH UNITS	
<p><u>Pediatrics</u> 2pm – 4pm 6pm – 8pm</p>	<ul style="list-style-type: none"> <li>• Two (2) visitors are permitted at a time and must sign in at Security.</li> <li>• Parents/Legal Guardian(s) have unlimited visiting privileges and must adhere to the following:               <ul style="list-style-type: none"> <li>○ Upon the patient’s admission, parents/legal guardian(s) will be issued an identical blue ID bracelet which must be used at all times.</li> <li>○ Switching support persons will be at the Security Booth only.</li> <li>○ Parent(s)/Legal Guardian(s) <u>must</u> sign-in as a “support person” at the Security booth.</li> </ul> </li> <li>• All support persons and visitors must report to the nurse station before proceeding to the patient’s room.</li> </ul>
<p><u>PICU</u> 10am – 10pm</p> <p><i>No visitation between 3pm – 4pm</i></p>	<ul style="list-style-type: none"> <li>• Two (2) visitors, from the patient’s immediate family, may visit at a time for fifteen (15) minutes at the top of every hour.</li> <li>• The charge nurse may arrange special visiting times for immediate family members of critically ill patients, depending on the patient’s condition.</li> </ul>
Labor & Delivery	
<i>(Visitation is determined on a case-by-case basis depending on the patient’s medical condition.)</i>	
<p><b>Regular Labor Room</b></p>	<ul style="list-style-type: none"> <li>• One (1) support person is permitted with no time limitation.</li> <li>• No more than 2 visitors at a time will be permitted.</li> <li>• Other visitors may wait in designated waiting areas during hospital visiting times.</li> <li>• Siblings of the baby (accompanied by an adult at all times) are welcomed.</li> <li>• A physician order must be obtained for sibling visitation.</li> <li>• Siblings must be free of signs or symptoms of infection</li> </ul>
<p><b>Delivery Room</b></p>	<ul style="list-style-type: none"> <li>• The support person may remain with the patient throughout the birthing process and <u>must</u> wear required scrub clothing, cap, mask, and shoe covers.</li> </ul>
<p><b>Birthing Room</b></p>	<ul style="list-style-type: none"> <li>• No more than two (2) visitors are permitted for the duration of the</li> </ul>

	<p>patient's stay.</p> <ul style="list-style-type: none"> <li>Only two (2) visitors are permitted in the patient's room at any given time. (Refer to Labor &amp; Delivery Policy 6310-I-D-1.00)</li> </ul>
<b>OR C-section</b>	<ul style="list-style-type: none"> <li>One (1) support person is permitted provided that the consent form for support person in the Operating Room is signed by the patient's physician. <i>The form is available in the Labor &amp; Delivery and Operating Room units.</i></li> <li>If a pediatrician is requested to be in attendance, verbal approval from the pediatrician must be obtained.</li> <li>In the event of an emergency, no support person is permitted.</li> </ul>
<b>Labor Room/Recovery</b>	<ul style="list-style-type: none"> <li>One (1) visitor is permitted at a time.</li> </ul>
<b>Obstetrics</b>	
<b>Regular Nursery</b> 2pm – 4pm 6pm – 8pm	<ul style="list-style-type: none"> <li>Regular (well) babies can be viewed through the nursery window.</li> <li>Photographs are not allowed.</li> </ul>
<b>Intermediate Nursery</b>	<ul style="list-style-type: none"> <li>Unlimited visitation is allowed for baby's mother and support person identified.</li> <li>The baby's mother and support person <u>must</u> wash hands and wear hospital gowns prior to entry into the Intermediate Nursery.</li> </ul>
<b>NICU</b>	<ul style="list-style-type: none"> <li>Maternal and paternal grandparents have a one-time only visit up to 8:00 p.m. for no more than fifteen minutes.</li> <li>Visitors will be asked to leave in the event a procedure is to be performed in the NICU, medical emergencies, or if there is disruptive behavior.</li> </ul>
<b>OB Ward</b> 9am – 8 pm	<ul style="list-style-type: none"> <li>Two (2) visitors are permitted at a time.</li> <li>The support person identified by baby's mother will have unlimited visiting privileges and <u>must</u> wear the pink wristband provided by the nursing staff.</li> <li>Support persons and visitors <u>must</u> report to the nurse station before proceeding to the patient's room.</li> <li>All support persons, father of the baby, and visitors <u>must</u> be screened by Security and will be issued a visitor's badge.</li> <li>Siblings of the newborn will be allowed to visit both the mother and the new baby provided they are free of signs or symptoms of infection. Children under the age of 14, other than the newborn's siblings, will not be permitted to visit. (<i>Refer to Policy 6312-II-C-24 Well-Born Baby Rooming-in and Policy No. 6312-II-D-5.00 Visitation Policy of the OB Ward.</i>)</li> </ul>
<b>(Department specific policies governing visitation apply)</b>	

<b>OPERATING ROOM (OR)/POST ANESTHESIA RECOVERY (PAR)</b>	
<b>Pre-Op</b>	<ul style="list-style-type: none"> <li>An adult patient may have one (1) support person accompany them to the Pre-Operative area provided that the support person leaves at the request of the nurse.</li> <li>Pediatric patients may have one (1) support person at a time accompany them to the Pre-Operative area.</li> </ul>
<b>OR</b>	<ul style="list-style-type: none"> <li>Visitation is not permitted.</li> <li>With the permission of the OR Head nurse, certain hospital staff may be permitted in the Operating Room for hospital business (e.g.: maintenance, housekeeping, ancillary staff, etc.)</li> </ul>
<b>Recovery Room</b>	<ul style="list-style-type: none"> <li>One (1) support person is permitted in the recovery room for pediatric</li> </ul>

	patients recovering from surgery.
<b>(Department specific policies governing visitation apply)</b>	

<b>EMERGENCY CARE:</b>	
<b>Emergency Department (ED)</b>	<ul style="list-style-type: none"><li>• Visitation in the ED is restricted and may be suspended or limited by the ED physician or Security at any time to facilitate the treatment of patients.</li><li>• Visitation shall not exceed fifteen (15) minutes and is limited to one (1) support person to a patient.</li><li>• Exam room area: One (1) escort/support person per patient.</li><li>• ER Observation area: Limited to (4) escorts/visitors not to exceed 15 minutes at a time.</li><li>• ER Treatment area: No more than one (1) escort/visitor.</li></ul>
<b>(Department specific policies governing visitation apply)</b>	

*ATTACHMENT II: Information for Patient Visitors to Guam Memorial Hospital Authority*



**Guam Memorial Hospital Authority**  
**Aturidåt Espetåt Mimuriåt Guåhan**

850 GOV. CARLOS CAMACHO ROAD  
OKA, TAMUNING, GUAM 96913  
TEL.: (671) 647-2444 or 647-2330  
FAX: (671) 649-0145



**FOOD AND VISITING RULES**

Guam Memorial Hospital Authority is committed to providing the highest quality care in a safe, clean and welcoming environment. Please help us help our patients by complying with our food and visiting policies.

- Each patient may have no more than two (2) visitors at a time in a private room and no more than one (1) visitor at a time in a semi-private room.
- Children under 14 years of age are not permitted as visitors.
- Please do not visit a patient if you are sick or have been recently exposed to a communicable illness. Wash your hands or use an alcohol-based hand rub before and after visiting patients.
- Visiting hours:
  - Telemetry/PCU, Surgical, Medical/Surgical Wards: 10 a.m. to 8 p.m.
  - OB Ward: 9 a.m. to 8 p.m.
  - Pediatrics Ward: 2 to 4 p.m. and 6 to 8 p.m.
  - Pediatric ICU: Two (2) visitors may visit for 15 minutes at the top of every hour 10 a.m. to 10 p.m. No visiting between 3 p.m. to 4 p.m.
  - NICU: One-time only visit for grandparents, no more than 15 minutes up to 8 p.m.
  - Emergency Room: One (1) escort/visitor per patient for up to 15 minutes at a time in the ER Treatment Area. No visiting between 3 p.m. to 4 p.m. No more than 4 escorts/visitors in the ER Observation area at any one time. No more than 1 escort per patient in the exam room area. Visiting is restricted and may be suspended or limited by the ER physician or Security at any time to facilitate the treatment of patients.
  - Critical Care (ICU/CCU):  
10 a.m. – 10p.m. with no visitation between 7 a.m. – 8 a.m., 3 p.m. - 4 p.m. and 7 p.m. - 8 p.m. due to change of shift. Visits by young children (under the age of 14) will be arranged on a case-by-case basis at the discretion of the patient's physician and nursing staff. Visitors will be screened for obvious illness; standard respiratory etiquette will be enforced. Seriously ill and very seriously ill

patients may be visited by close relatives at any time, subject to discretion of the Charge Nurse.

- Labor Room: There is no time limitation for one (1) support person. No more than 2 visitors at a time allowed. Siblings of the baby (accompanied by an adult at all times) are welcomed. A physician order must be obtained for sibling visitation. Siblings must be free from signs and symptoms of illness.
  - Hemodialysis: 5 minute visits from 9-11 a.m., 2-4 p.m., and 6:30-8:00 p.m.
- 
- Visitors are prohibited from eating in patient rooms, hallways or waiting areas. Visitors may consume food in the Hospital cafeteria. Outside food or food purchased in cafeteria is not allowed in waiting areas or in patient rooms.
  - Gifts for patients are welcome with some exceptions. Food gifts (including fruit baskets) for patients are not allowed. Latex balloons also are not allowed. Flowers are not allowed in the ICU/CCU, Nursery/NICU, Labor and Delivery Ward, PICU, Operating Room and the Emergency Department.
  - Please help keep our Hospital clean by disposing of your trash in the appropriate containers. Colored trash cans in patient rooms are only for bio-hazardous materials.
  - Guam Memorial Hospital Authority is a smoke-free facility. No smoking is allowed anywhere in the Hospital, the parking lot, or Hospital grounds. This includes e-cigarettes, vapor, or any other forms of tobacco.
  - Photo taking, including the use of camera phones, is prohibited in the hospital without prior permission from the patient.
  - Please use designated waiting areas or the cafeteria if you are waiting to see a patient. Loitering outside patient rooms or in hallways or stairwells is prohibited.
  - Please wash your hands or use an alcohol-based hand rub before and after visiting a patient.
  - Visitors are not permitted to give patient care unless authorized by primary nurse.
  - Loud or disruptive visitors may be removed from the premises by Hospital Security.
  - Spitting, alcohol, illegal drugs/contrabands, weapons and gambling are not permitted on the Hospital campus.
  - No outside pillow and blankets/linen allowed in the Hospital.
  - Items not allowed to be brought into the Hospital: ice chests/coolers, electric fans, furniture (folding chairs, cots, futon, etc.) and cooking appliances (coffee makers, portable gas stoves, microwaves, etc.)
  - Any form of solicitation by visitors, including carolers, is prohibited.

Policy No.A-RI900

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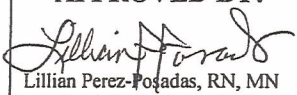
- An information sheet is to be provided to visitors outlining their responsibilities in relations to security and emergencies.

Thank you for following these and all other GMHA rules and for helping us make this a safe, clean Hospital.





**GUAM MEMORIAL HOSPITAL AUTHORITY  
ADMINISTRATIVE MANUAL**

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
 Lillian Perez-Poqadas, RN, MN Hospital Administrator/CEO	Hospital-wide	Interim Approved 05/07/19	A-RI200	1 of 8
<b>TITLE: PATIENT'S RIGHTS AND RESPONSIBILITIES</b>				
<b>LAST REVIEWED/REVISED: 04/2019</b>				
<b>ENDORSED:</b>				

**PURPOSE:**

To assure all patients and their legal representative have been informed of their patient rights and responsibilities on admission.

**POLICY:**

GMHA supports and recognizes patient's rights to treatment of service. Interaction with and care of patients reflects concern and respect for patient's rights, and all staff members are aware of the ethical issues surrounding patient care. Supports of patient rights include the following:

1. Reasonable access to care;
2. Considerate care that respects the patient's personal values and beliefs;
3. Obtaining informed consent;
4. The patient's informed participation in decisions regarding his/her care;
5. Patient's are involved in all aspects of their care;
6. The patient's participation in the consideration of ethical issues that arise in the provision of his/her care, including resolution of conflict, withholding of resuscitative services, forgoing or withdrawal of life-sustaining treatment, and participation in investigational studies and/or clinical trials.

**SCOPE:**

For all patients admitted as an inpatient or outpatient regardless of age, medical condition, or cognitive status. In addition, all patients/residents admitted to the Skilled Nursing Unit will also be provided with a copy of the additional rights afforded to the Skilled Nursing Unit patient.

**DEFINITION:**

Legal Representative: A person recognized by law as appropriate to act on a patient's behalf when he/she is not capable (i.e. incompetent, minor or comatose patient) of making his/her own decisions. Decisions are to be made for incapable patients after consultation between the appropriate family member(s) and the physician. Appropriate family member(s) or a person legally acceptable of reaching such decisions is/are as follows:

1. Any parent, whether an adult or a minor, for his/her minor child.
2. Any married person, whether an adult or a minor, for himself/herself, and for his/her spouse.
3. In an absence of a parent, any adult, for his/her minor brother or sister.
4. In the absence of a parent, any grandparent for his/her minor grandchild.
5. Documented court appointed legal guardian.

**PROCEDURE:**

- I. Patient Registration staff shall provide the patient or legal representative upon admission (Inpatient/Outpatient/Emergency Room) the Patient's Rights and Responsibilities document. *(Refer to Attachment I)* and shall also provide a copy of Patient Visitation Rights. *(Refer to Attachment III)*
- II. Patient Registration staff is responsible to explain the document and ensure that the patient or legal representative understands and acknowledges their receipt of the Patient's Rights and Responsibilities on the Terms and Conditions form. *(Refer to Attachment II)*
- III. Guest Relations Department will assist in explaining the patient's rights when necessary.
- IV. Should conflicts occur with the delivery of patient care or a patient's right has been denied or violated, a grievance will be filed according to the Hospital's Grievances/Complaints Policy (Refer to Policy A-RI1000 Patient Grievances/Complaints located in the Administrative Manual). The GMHA staff member who becomes aware of the conflict, denial or violation of a patient's right is responsible for reviewing the grievance procedure with the patient or legal representative. The Hospital will respond to patient within seven (7) days from date the grievance was filed.
- V. Free translation services will be provided **(Refer to Policy 6431-3, *Communication Barriers of the Social Services Department Manual*)** to assure each patient or legal representative is able to understand and execute his/her rights or to express a conflict regarding the delivery of care or to file a grievance.
- VI. For each patient unable to act on his/her behalf due to medical condition, cognitive status, or being below the legal age, the Hospital will document their efforts to contact a legal representative to inform them of their rights and responsibilities. The Hospital staff member who explains the patient's rights and responsibilities will obtain, if possible, the signature of the legal representative contacted. In each of these cases, the legal representative may act on the patient's behalf for assurance of the patient's rights.
- VII. Each Hospital staff member is responsible for assuring that each patient's rights are carried out throughout their inpatient stay. Each staff member is responsible to act on the patient's behalf to assure that the patient's rights are protected. If necessary, free translation services will be obtained to assist with communication of patient's rights or in assisting the patient in exercising them.
- VIII. If a conflict occurs regarding the assurance of a patient's right or with the care of the patient, the resolution of it will be attempted through an open discussion between all involved parties. If a resolution is not attained by this means, the patient or legal representative should file a grievance according to the Hospital's Grievances/Complaints policy.
- IX. Conflicts of an ethical nature should be addressed through the Nursing Supervisor.
- X. GMHA affirms patient rights and responsibilities for all inpatients and outpatients as stated in this policy.

**RELATED POLICIES:**

Policy No. 6431-3, *Communication Barriers* of the Social Services Department Manual.

Policy No. A-RI1000, *Patient Grievances/Complaints* of the Administrative Manual.

**RESCISSIONS:**

Policy A-RI200 *Patient's Rights and Responsibilities* of the GMHA Administrative Manual, made effective January 11, 2010.

**ATTACHMENTS:**

- I. Patient's Rights and Responsibilities
- II. Terms and Conditions
- III. Patient Visitation Rights

**GUAM MEMORIAL HOSPITAL AUTHORITY**

**PATIENT RIGHTS AND RESPONSIBILITIES**

Each patient admitted to Guam Memorial Hospital Authority (GMHA) regardless of age, physical condition, or cognitive status possesses certain rights and responsibilities.

Each staff member of Guam Memorial Hospital is responsible for ensuring each patient's rights are guaranteed from admission to discharge. A part of this responsibility is to be able to inform patients or their legal representatives of the mechanisms the Hospital has established to exercise these rights. Included are mechanisms to participate in one's own care, to express a complaint, to inform Hospital staff of wishes for use of advanced technology in the event the patient becomes incompetent to direct his/her own care, and to resolve conflicts of an ethical nature.

For patients under the legal age, or those whose medical condition or cognitive status render them unable to act in their own behalf, the legal representative will assume the responsibility to make decisions on their behalf, will provide consent for treatment, and will assume the listed patient responsibilities.

Any patient or legal representative who has a question involving care, wishes to express requests on the use of advanced directives, believes that a patient right has been violated, has a complaint, or is experiencing an ethical conflict regarding care, should exercise their right to discuss this concern with the patient's physician(s), licensed technician/therapist, licensed nurse, head nurse, nursing supervisor or the appropriate Associate Administrator.

Should there be a concern regarding patient care, resolution of this concern should be attempted through open discussion by the involved parties. If resolution cannot be obtained at this level, the patient or legal representative shall have the opportunity to file a complaint according to the Hospital's Complaint Policy.

Guam Memorial Hospital Authority affirms the following patient rights and responsibilities for each patient. GMHA employees are able to explain the following patient rights and responsibilities and the mechanism in place to exercise these rights.

**PATIENT RIGHTS:**

**A. MEDICAL TREATMENT:**

1. The right to the best care medically indicated for the patient's needs that is, to the most appropriate care available.
2. The right to receive treatment and/or accommodations that are available and medically indicated regardless of race, ethnicity, age, sex, sexual orientation, gender identity or expression, culture, socioeconomic status, education, language, physical or mental disability, or religious background or source of payment.
3. The right to be interviewed and assessed concerning the patient's pain and discomfort levels and to receive proper treatment for such.
4. The right to be free of all forms of abuse, neglect, exploitation or harassment and receive help obtaining access to protective and advocacy services.
5. The right to be free from restraints and seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
6. The right to receive an appropriate medical screening, examination and/or treatment for an emergency medical condition within the capabilities of the hospital, regardless of the patient's ability to pay for such services.

**B. INFORMATION:**

The hospital respects the patient's right to and need for effective communication.

1. The right to be fully informed of all patient rights and receive a written copy.
2. The right to have these Patient Rights and Responsibilities translated in a language that is understood by the patient. The right to free interpreter and translation services; to obtain input into the treatment plan, provide consent for treatment and to express a complaint, or guidelines for care in the event the patient is unable to act on his/her behalf. In addition, hearing impaired patients have the right to use the telecommunications device for the hearing impaired (TDD) to the extent allowed by their medical condition.

**PATIENTS RIGHTS AND RESPONSIBILITIES**

GMHA Form # 0601 Stock # 990601

Approved Date

Revised Date: 12/00, 05/05, 09/08, 06/09, 03/13, 02/14, 08/15, 08/18, 4/19

Guam Memorial Hospital Authority Patient Rights & Responsibilities Page 1 of 4

3. The right to know the identity and professional status of individuals providing services and to know which physician or other practitioner(s) who is/are primarily responsible for the patient's care. This includes the right to know the existence of any professional relationship among individuals who are treating the patient as well as the relationship to any other health care of educational institutions involved in the patient's care.
4. The right to obtain from the physician responsible for coordinating the patient's care, complete and current information concerning the diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms that can reasonably be expected to be understood. When it is not medically advisable to give such information to the patient, the information should be made available to a legal representative. The right to have the patient's personal physician promptly notified of his/her admission to the hospital.
5. The right not to be subjected to any invasive procedure without prior clear explanations, subsequent understanding of the desired benefits of and the risks associated with the procedure, and the obtaining of voluntary consent.
6. Where medically significant alternatives for care of treatment exists, the patient shall be so informed and he/she will be afforded the right to choose from the alternatives presented.
7. The right to be informed of the hospital rules and regulations concerning conduct of patient/legal representative/visitors. The patient or legal representative is entitled to information about the hospital's mechanism for the initiation, review and resolution of their complaints.
8. The right not to be transferred to another facility until he/she receives a complete explanation of the need for the transfer, a discussion of the alternatives to such a transfer, and provision of acceptance by the other facility. The patient has the right to be informed by the practitioner responsible for his/her care, or his delegate, of any continuing care requirements following discharge from the hospital.
9. The right to have a family member or representative notified of his/her admission to the hospital and of patient's choice be informed of his/her medical condition.

**C. DECISION MAKING:**

1. The right to reasonable participation in decisions involving the patient's health care and for providing consent to the treatment plan. To the degree possible, this consent should be based on a clear, concise explanation of the patient's condition by the patient's physician, a discussion of all proposed technical procedures, including the possibilities of any risk of death, lasting serious effects, or problems anticipated in the recovery process and the probability of recovery after the treatment or diagnostic procedure.
2. The right to take part in any decisions or plans in the development and implementation of the patient's plan of care.
3. The right to be informed if the Hospital proposes to engage in or perform human experimentation or other research/educational projects, investigation, or clinical trials affecting his/her care or treatment, and the patient retains the right to refuse to participate in any such activity without jeopardizing his or her access to care, treatment, and services unrelated to the research.
4. The right to consult with a specialist or obtain another opinion and to inquire about training and experience of the physician and/or healthcare professional participating in the diagnostic or treatment process.
5. The right to refuse care, treatment, and services to the extent permitted by law. When refusal of treatment by the patient or legal representative prevents the provision of appropriate care in accordance with professional standards, the hospital representative or physician may terminate their relationship upon reasonable notice.
6. The right to formulate Advance Directives if patient is an adult and to have hospital staff and practitioners who provide care in the hospital comply with these directives as allowed by law.

**D. DISCHARGE:**

1. The patient retains the right to be released from the hospital even if his/her doctor advises against it, unless he/she has an infectious disease, which may influence the health of others, or if he/she is incapable of maintaining their own safety, as defined by law. If the patient decides to leave against the doctor's advice, the hospital will not be responsible for any harm that this may cause and the patient will be asked to sign a "Release from Responsibility" form prior to leaving the hospital. The patient retains the right to refuse to sign this document. Failure to sign this form does not result in the hospital retaining responsibility for the patient.
2. The patient has the right to be involved in planning for his/her needs upon discharge. The hospital, through its Interdisciplinary Discharge Planning Program will provide assistance to the patient and his/her family in providing for ongoing health care needs remaining upon discharge from the hospital.

E. **FINANCIAL:**

1. Regardless of the source of payment for a patient's care, the patient retains the right to request and receive an itemized bill within a reasonable period of time and detailed explanation of charges for services rendered in the hospital
2. The right to inquire about the possibility of public assistance programs to help in the payment of his/her hospital bills and the right to receive information and assistance in securing such aid.

F. **GENERAL:**

1. The right to be treated respectfully and with dignity by others; to be addressed by proper names; to be listened to when he/she has a question or desires more information and to receive an appropriate and reasonable response to any reasonable request which is made for service. The right to expect individuality will be respected.
2. The right, within the law, to personal and informational privacy, as shown by the following rights:

To refuse to talk to or see anyone not officially connected with the Hospital, and not directly involved in his/her care to the extent allowed by law.

- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures for treatment.
  - In the hospital, when the patient is in a semi-private room, he/she can expect a reasonable attempt to keep the conversation private. When the patient is examined, he/she is entitled to privacy to have the curtains drawn, to know what role any observer or student may have in his/her care, to have any observers or students unrelated to his/her care leave if so requested by the patient.
  - To expect any discussion or consultation involving the patient's case will be conducted discreetly and that individuals not directly involved in his/her care will not be present without his/her consent.
  - To request transfer to another room if another patient or a visitor in the room is unreasonably disturbing the patient.
  - To be placed in protective privacy when considered necessary for personal safety.
3. The right to expect reasonable safety insofar as the hospital practices and environment are concerned.
  4. The patient has the right to submit a grievance/complaint, either written or verbal, to the Guam Memorial Hospital. The patient must include in the report a mailing address and contact number. Once filed, GMH will investigate and respond in writing to inform the patient of the following: 1) name of the hospital contact person; 2) steps taken on the patient's behalf to investigate the grievance/complaint; 3) the results of the grievance/complaint process; and 4) the date of completion. The hospital will respond to the patient within seven (7) days from date the grievance/complaint was filed.

The patient may file a grievance/complaint Monday through Friday with the Guest Relations Department of the Guam Memorial Hospital. Contact number is (671) 647-2503. The Guest Relations Department is located on the Fourth (4<sup>th</sup>) Floor. During evening hours, weekends and holidays, a grievance/complaint may be filed with the Nursing Supervisor via the hospital's Operator at (671) 647-2555.

The patient may also file a grievance/complaint with the Medicare State agency directly, regardless of whether the patient has previously filed a grievance/complaint with the hospital. The name, address, and telephone number of the State agency are:

**DIVISION OF SURVEY & CERTIFICATIONS, CMS**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
90 7<sup>TH</sup> Street, Suite 5-300 (5W)  
San Francisco, California 94103-6707  
(415) 744-3696

5. The right to review and request for copies of patient's medical record by contacting the hospital's Medical Records Department. A fee will be charged for copies to be made.
6. The patient has the right to request from the Medical Records Department an accounting of disclosures of his/her protected health information (PHI) and the reasons for which the disclosures were made, with the exception of those disclosures made for treatment, payment, or healthcare operations, mandated by law or law enforcement purposes. Note: Fees may be charged.
7. The right to receive spiritual counseling and support.
8. The right to timely notice prior to termination of eligibility of reimbursement by any third-party payer for the cost of care.
9. The right to receive or not receive any visitor.

**RESPONSIBILITIES:**

- ✓ 1. COMPLIANCE WITH PRESCRIBED TREATMENT/HOSPITAL POLICIES AND REGULATIONS:  
The patient is responsible for following orders for treatment made by their physician(s), and recommendations made for safety. Additionally the patient is to comply with hospital policies and procedures as explained by hospital staff.
- ✓ 2. UPDATE OF INFORMATION:  
The patient has the responsibility to inform the appropriate hospital departments or staff member when he/she cannot keep a scheduled appointment; provide information about past illness, hospitalizations, medications, and other matters relating to his/her health; be open and honest with hospital staff, to identify immediately if he/she does not understand conversations with staff or if he/she feels that the instructions are such that they cannot be followed.
- ✓ 3. CONSIDERATION FOR OTHERS:  
The patient has the responsibility to be considerate of other patients, and to see that his/her visitors are considerate as well, particularly with reference to noise. Patients are reminded that abusive language in the hospital is inappropriate and unnecessary.
4. VISITORS:  
Visitors are expected to follow the visiting policies of the hospital.
- ✓ 5. CHARGES/COMPLETION OF APPLICATION FOR FINANCIAL ASSISTANCE:
  - a. The patient also has the responsibility to be prompt about payment of hospital bills, to provide information necessary for insurance processing of his/her bills, and to be prompt about asking any questions that he/she may have concerning charges issued for services.
  - b. The patient is responsible for filing applications for financial assistance, as needed, on a prompt basis and to advise the hospital immediately once his/her eligibility has been determined.
  - c. The patient is responsible for making arrangements to pay for all charges not covered by insurance or other third party payers.
- ✓ 6. IDENTIFICATION OF PROBLEMS/CONCERNS:  
The patient has the responsibility to notify his/her physician, nurse or the nursing supervisor or senior administrative person on-call when there is a perceived or witnessed violation to these patient rights and responsibilities.
7. ACKNOWLEDGEMENT OF RECEIPT OF PATIENT RIGHTS AND RESPONSIBILITIES:  
The undersigned certifies that he/she has read the Patient Rights and Responsibilities, acknowledges receiving a copy thereof and is the patient or parents or legal guardian or legal representative duly able to execute the above and accept its terms.

**Terms and Conditions**

**AUTHORIZATION FOR MEDICAL TREATMENT:** I, the undersigned, a Patient in Guam Memorial Hospital Authority, do hereby authorize Dr. \_\_\_\_\_ (and whomever he may designate as his assistant) to administer such medical examination, diagnostic procedure(s) and /or treatment that (his/her) (their) judgment may dictate to be advisable for the patient's well-being. I hereby certify that I have read and fully understand the above authorization for medical treatment. I further certify that no guarantee or assurance has been made as to the result(s) that may be obtained.

\_\_\_\_\_  
PATIENT (print)

\_\_\_\_\_  
SIGNATURE OF PATIENT OR REPRESENTATIVE

\_\_\_\_\_  
REPRESENTATIVE NAME (PLEASE PRINT)

\_\_\_\_\_  
RELATIONSHIP TO PATIENT

\_\_\_\_\_  
WITNESS: PATIENT SERVICE REP-PRINT and SIGN

\_\_\_\_\_  
DATE & TIME

**RELEASE OF INFORMATION:** Unless otherwise prohibited by applicable federal territorial laws, the Hospital may disclose all or any part of the patient's record to any person or corporation, which is or may be liable under a contract to the hospital or to a family member or employer of the patient for treatment, payment, and healthcare operations purposes. Disclosure of healthcare information may include the use of electronic transmitting technologies, i.e. teleradiology, telemedicine, facsimile machine, or internet, to affect such purposes. The hospital may also report patient information to a government agency as required by law. The hospital ensures the patient record is protected and secure during such disclosure.

**ACKNOWLEDGMENT OF RECEIPT OF PATIENTS RIGHTS AND RESPONSIBILITIES**

\_\_\_\_\_  
PATIENT/REPRESENTATIVE - PRINT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE & TIME

**DO YOU (PATIENT) HAVE MEDICARE INSURANCE? YES NO** \_\_\_\_\_  
SIGNATURE PATIENT/REPRESENTATIVE

**ASSIGNMENT OF INSURANCE BENEFITS:** In the event the undersigned is entitled to hospital benefits of any type whatsoever arising out of any policy of insurance patient or any other party liable to patient, said benefits are hereby assigned to the hospital for application of patient's bill. The assignment of such benefits shall in no way obligate the Hospital to delay or relinquish its demand for direct payment from the patient for any of the outstanding balance.

**PATIENT RESPONSIBILITY:** Any service/medications ordered by our attending physicians and not paid by your insurance company/representative shall be your direct responsibility for payment.

**FINANCIAL AGREEMENT:** The undersigned agrees, whether he/she signs as patient or agent, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates him/herself to.

Pay to the hospital upon discharge the amount(s) due for services rendered, plus all reasonable legal fees and court costs if referred to an attorney and/or collection agent.

The UNDERSIGNED agrees that any amounts not paid in accordance within the above financial agreement shall be considered past due. The UNDERSIGNED certifies that he/she has read the following, and is the Patient, or is duly authorized by the patient as patient's representative to execute the above and accept its terms.

\_\_\_\_\_  
GUARANTOR NAME/RELATIONSHIP - PRINT

\_\_\_\_\_  
PATIENT/GUARANTOR SIGNATURE DATE & TIME

**TERMS & CONDITIONS**

GMHA

Page 1 of 2

Form # 0853

Revised Date: 07/2009, 09/2017 Approved Date: 09/07/2017

**PATIENT ID LABEL**





**Guam Memorial Hospital Authority  
Aturidât Espetât Mimuriât Guåhan**



850 GOV. CARLOS CAMACHO ROAD  
OKA, TAMUNING, GUAM 96911  
TEL: 647-2444 or 647-2330  
FAX: (671) 649-0145

**PATIENT VISITATION RIGHTS**

Welcome to Guam Memorial Hospital! We understand the importance of having visitors during your stay here. We respect your right that visitation privileges will not be restricted, limited, or denied on the basis of age, race, color, national origin, religion, socioeconomic status, sex, sexual orientation, gender identity or expression, or disability.

You have the right to receive or not receive any visitors you choose, either orally or in writing, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. You have the right to withdraw or deny such consent at any time either orally or in writing.

Primary Support Person

You also have the right to name a "primary support person" who can make decisions about visitors when you are not able to. Your primary support person will be informed of any limitation on visitation rights. A primary support person is any adult, 18 years or older, who you determine to be supportive and stays with you during the day or overnight whether you are in-patient or an out-patient.

Clinical Restrictions and Other Limitations

The Guam Memorial Hospital can apply reasonable clinical restrictions and other limitations on patient visitation. Nurses will provide further instructions if needed. Reasonable restrictions may be based upon, but are not limited solely to, any of the following:

1. A court order limiting or restraining contact.
2. Behavior presenting a direct risk or threat to the patient, staff, or others in the immediate environment.
3. Behavior disruptive of the functioning of the patient care unit.
4. Reasonable limitations on the number of visitors at any one time.
5. Patient's risk of infection by the visitor.
6. Visitor's risk of infection by the patient.
7. Extraordinary protections because of a pandemic or infectious disease outbreak.
8. Patient's need for privacy or rest.
9. Need for privacy or rest by another individual in the patient's shared room.
10. When patient is undergoing a clinical intervention or procedure and the treating healthcare professional believes it is in the patient's best interest to limit visitation during the clinical intervention or procedure.

## ADMINISTRATIVE MANUAL POLICY REPOSITORY

	DEPARTMENT/ UNIT	POLICY NO.	POLICY TITLE	RESCINDED POLICY POLICY(IES)	RELATED POLICY(IES)	EFFECTIVE DATE	REVIEWED/ REVISED	NEXT REVIEW DATE	COMMENTS
12	Materials Management Department Manual	A-LD1320	Product Standardization Evaluation Committee	(1) 4.35, Product Standardization Committee, of the Materials Management Manual made effective September 2001 (2) 4.36, Products Review Committee, of the Materials Management Manual made effective September 2001		06/01/92	06/2014	06/2017	
13	Materials Management Department Manual	8.1	Equipment Loan			11/1989	06/2009	06/2012	
14	Materials Management Department Manual	8.2	Disposition of Assets Equipment			09/2001	06/2009	06/2012	
15	Materials Management Department Manual	8.4	Donation of Equipment and Supplies			10/01/92	08/2009	08/2012	
16	Materials Management	6450-4	Sale of Supplies			06/01/92	06/1992	06/1995	
17	Materials Management	6450-6	Supply Requisition			10/1990	04/1994	04/1997	
18	Laundry Department Manual	6460-3-60	Clean Linen Control			07/28/92	03/2013	03/2016	
19	Laundry Department Manual	6460-3.70	Linen Control Citation			07/28/92	03/2013	03/2016	
20	Laundry Department Manual	6460-3-80	Scrub Clothes Policy			07/28/92	03/2013	03/2016	
21	Facilities Maintenance Department Manual	6480-1	Aluminum Container Recycling Program		Public Law 21-73, Government of Guam Aluminum Container Recycling Act	04/23/92	01/2013	01/2016	
<b>RIGHTS AND RESPONSIBILITIES OF THE INDIVIDUAL</b>									
1	Administration	A-RI100	Ethics Committee Guidelines	6301-5, Ethics Committee Guidelines, made effective August 1, 1992		01/11/10	01/2010	01/2013	
2	Guest Relations	A-RI200	Patient's Rights and Responsibilities	A-RI200, Patient's Rights and Responsibilities, of the Administrative Manual made effective January 11, 2010	(1) 6431-3, Communication Barriers, of the Social Services Department Manual (2) A-RI1000, Patient Grievances/Complaints, of the Administrative Manual	05/07/16 <i>Interim approved 05/07/19</i>	05/2016 <i>04/2019</i>	05/2019 <i>05/2022</i>	
3	Guest Relations	A-RI210	Patient Rights for Children/Adolescents	A-RI210, Patient Rights for Children/Adolescents, of the Administrative Manual made effective January 11, 2010	(1) 6311-1I-A-2, Pediatric Rights and Responsibilities of parents/Guardian, of the Pediatric Ward/PICU Unit Manual	04/12/18	10/2017	10/2020	
4	Patient Safety	A-RI300	Informed Consent Process	A-RI300, Informed Consent Process, of the Administrative Manual made effective April 2013	A-RI200, Patient's Rights and Responsibilities, of the Administrative Manual	12/21/18	12/2017	12/31/20	
5	Guest Relations	A-RI400	Patient Self-Determination (Advance Directives)	A-RI400, Patient Self-Determination (Advance Directives), of the Administrative Manual made effective June 23, 2010	A-RI500, Do Not Resuscitate (DNR) Orders, of the GMHA Administrative Manual	04/15/16	03/2016	03/2019	

## ADMINISTRATIVE MANUAL POLICY REPOSITORY

	DEPARTMENT/ UNIT	POLICY NO.	POLICY TITLE	RESIGNED POLICY POLICY(IES)	RELATED POLICY(IES)	EFFECTIVE DATE	REVIEWED/ REVISED	NEXT REVIEW DATE	COMMENTS
10	Guest Relations	A-RI900	Patient Visitor Policy	6301-9, Visiting Policy, of the Administrative Manual made effective 1985 (2) 6301-16, Emergency Medicine Department Visitation, of the Administrative Manual, (3) 6301-22, Visiting Policy, of the Administrative Manual made effective November 1999 (4) 6301-1-F-13, Visiting Policy, of the Nursing Services Manual made effective October 1999 (5) 6100-39, Patient Visitor Policy, of the Administrative Manual made effective October 13, 2009	(1) 6100-40, Food Policy, of the Administrative Manual made effective September 15, 2009 (2) 204, Electrical Safety, of the Safety and Security Manual made effective May 19, 1990 (3) A-RI700, The ADA and ADA Amendments Act of 2008, of the Administrative Manual (4) 6301-1-F-4, Emergency Medicine Department Visitation, of the Nursing Services Manual made effective September 14, 1999 (5) 6312-II C-24, Well-Born Baby Rooming-In Policy, of the Nursing Services Manual made effective 2012 (6) 6420-1, Confidential Information, of the HIPAA P&P Manual made effective February 7, 2012	<del>08/2014</del> <i>inclusion approved 04/23/19</i>	<del>08/2014</del> <i>04/2019</i>	<del>08/2017</del> <i>04/2022</i>	
11	Guest Relations	A-RI1000	Patient Grievances/Complaints	A-RI1000, Grievances/Complaints, of the Administrative Manual made effective May 1, 2016	A-RI800, Patient/SNU Resident Abuse and Neglect Prevention, of the Administrative Manual	07/16/18	04/2018	04/2021	
12	Guest Relations	A-RI1100	Food Policy	(1) 6301-10, Food Policy, of the Administrative Manual made effective August 10, 1988 (2) 6301-1-F-6, Food Policy, of the Nursing Services Manual (3) 6100-40, Food Policy, of the Administrative Manual made effective September 15, 2009	6100-39, Patient Visitor Policy, of the Administrative Manual made effective October 13, 2009	11/16/15	11/2015	11/2018	Need to revise related policy reference.
13	Guest Relations	A-RI1200	Patient's Rights Related to Protected Health Information (PHI)			04/12/18	03/2018	03/2021	
14	FAC, CIP, & IT Committee	6120-5	Patient Rights During Construction			01/20/94	07/1995	07/1998	
15	Social Services Manual	6431-3	Communications Barriers			07/28/92	08/2015	08/2018	
16	Social Services Manual	6431-10	Referral to Adult Protective Services			08/1989	08/2015	08/2018	
17	Social Services Manual	6431-7	Child Protective Services			08/1989	08/2015	08/2018	
18		6100-11	Institutional Review Board			07/29/92	07/1992	07/1995	
19	Fiscal Services	6440-2	Patient Room Charges			07/14/92	07/1992	07/1995	
20	Fiscal Services	6440-7	Processing Patient Charges			04/01/97	04/1997	04/2000	
<b>INFORMATION MANAGEMENT</b>									
1	Administration	A-IM100	Responsible Use of Online Social Media			04/11/11	03/2011	03/1014	
2	Administration	A-IM200	Dissemination of Information	6100-7, Dissemination of Information, of the Administrative Manual made effective July 28, 1992		05/01/14	05/2014	05/2017	