



St. Elizabeth Hospital, Inc.

National Highway, General Santos City
Tel. No. +63 (83) 552-3162 Fax No. +63 (83) 552-6213
Website: www.sehi.ph Email: contact@sehi.ph

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PATIENT GUIDE

REMINDERS TO OUR VALUED CLIENTS

- Visiting hours are between: 9:00 AM to 9:00 PM ONLY.
- **For you and your family's health, children who are seven (7) years of age and below are strictly prohibited to visit patients admitted in the hospital.**
- **CIGARETTE SMOKING IS STRICTLY PROHIBITED WITHIN THE HOSPITAL PREMISES.**
- Bringing of medical equipment such as nebulizers and glucometers, portable electrical appliances, folding beds, sharp and deadly weapons, guns, long firearms and prohibited drugs are **not allowed** in the hospital.
- Patients are allowed to bring in food and fruits from outside **EXCEPT fruits with strong odor such as marang and durian**. Patients are also prohibited to bring **alcoholic beverages** into the hospital premises.
- The hospital discourages the bringing of **plastic bags, utensils and Styrofoam** in compliance to City Ordinance No. 3 series of 2014.
- Safety measures provided by the Hospital (**Bedside Rails, Bathroom Handrails and the like**) **must be observed at all times**.
- Please ensure that your visitors **DO NOT DISTURB OTHER PATIENTS**. Silence must be observed at all times.
- To ensure authenticity and quality of medications, protect against counterfeit medicines and promote patient safety, the Hospital encourages the purchase of **MEDICINES and SUPPLIES** from the Hospital Pharmacy. The Hospital reserves the right not to be held liable for any adverse reaction that may arise in connection with the administration of **MEDICINES and SUPPLIES** purchased outside the Hospital.
- Upon receipt of your Final Statement of Account, you are given a maximum of TWO (2) hours to settle your bill. If the room is still occupied after the two (2) hour period, the hospital reserves the right to impose additional charges to your account. Any succeeding hour/s in excess of two (2) hours allowance will be charged the following: **a.) Additional 25% per hour based on the Room Rate b.) If the room is still occupied 6 hours after the time of receipt of the final Statement of Account, additional charges will be equivalent to the 1-day room rate.**
- Please be aware that all hospital personnel have IDs on their uniforms. Please refrain from making any transactions with individuals who do not have an official St. Elizabeth Hospital, Inc. ID.
- Your meals are prescribed by your Attending Physician and are served during the following schedules:

BREAKFAST	6:30 AM to 7:30 AM
LUNCH	11:00 AM to 12:00 NN
DINNER	5:30 PM to 6:30 PM

Trays will be collected an hour thereafter. Please do not put your food tray outside your room and/or on the floor for infection control purposes.

- Watchers of patients aged 5 months and above on NPO (nothing by mouth) shall not be served meals. The appropriate meal rate shall be discounted from your respective room rate.
- **Mass is celebrated at the Hospital Chapel** located at the 2nd floor, on the following schedules:

Every WEDNESDAY and FRIDAY	11:00 AM
Every SATURDAY(anticipated SUNDAY MASS)	5:00PM

- Please be aware of your surroundings and personal belongings at all times. The hospital shall not be held responsible for any loss or theft of any of your personal valuables. If you wish to leave your room and lock the door, your room key is available at the nurse's station.

PATIENT'S RIGHTS AND RESPONSIBILITIES

At St. Elizabeth Hospital, Inc., our goal is to make your stay as pleasant as possible. We also recognize your individual rights as a patient, and it is our policy to treat all patients equally with dignity, respect and courtesy.

Patients and their designated representatives are involved in decisions regarding the care that we deliver to the extent that is practical and possible. We also seek to inform you about options to the care and risk associated with the care you seek.

We will constantly try to understand and respect your objectives for care. We hope the mutual understanding of these rights and responsibilities will contribute to the best possible patient care and satisfaction.

YOU HAVE THE RIGHT TO

- Medical Care
- Communication and Information
- Civil rights
- Privacy and Confidentiality
- Freedom from Abuse and Restraints
- Spiritual Beliefs
- Transfers
- Cost of Hospital Care
- Discharge Planning
- Questions, Complaints and Appeals

IT IS YOUR RESPONSIBILITY TO

- Give full information, to the best of your knowledge, about your condition, including symptoms, medications, previous health, history of allergy to food, medicine, etc.
- Ask questions if you do not clearly understand information or instructions about your care and treatment.
- Follow the treatment plan coordinated by your physician.
- Be responsible for your own actions if you refuse treatment or refuse to follow treatment instructions and directions.
- Ensure that payment of your care is made promptly and in full. This means understanding your insurance coverage and its limits and any added responsibilities you may have.
- Follow hospital rules and regulations.
- Be considerate and respectful to your caregivers, other patients and visitors to the hospital.
- Not possess and/or consume alcohol beverages or prohibited drugs inside the hospital.
- Not possess firearms or any other deadly weapons inside the hospital.

LOST AND FOUND POLICY

POLICY STATEMENT

St. Elizabeth Hospital, Inc. assumes no responsibility whatsoever for the care and/or protection of any personal belonging left unattended and for loss, under any circumstance, including incidence of theft, vandalism and/or malicious mischief, of such belonging/s.

Hospital personnel including students, patients, visitors, contractors, suppliers, etc., are required to turn over all found items to the Communications Section.

Any infectious item shall be disposed of immediately and shall not be covered by this policy (e.g. used bedpan, urinal, foam, etc.)

PROCEDURE

A. *Lost Item Procedure*

Anybody who lost or received a complaint of lost item shall report the details to the Communication Section.

B. *Found Item Procedure*

Persons who found any lost item shall report the details to the Communications Section immediately.

C. *Claiming Procedure*

A full description of the item, details of where and when the item was lost and any distinguishing mark to prove ownership of the item shall be given. The description shall match when the item is found. Identification of the claimant will be recorded. If the owner is not available to claim the item, an authorization letter and a photocopy of the valid ID of the owner and the authorized representative is required.

D. *Retention Period*

-Perishable	24 hours
-Non-perishable	Three (3) calendar months
-Valuable items	Three (3) calendar months
-Documents	Three (3) calendar months