

LOGAN  
HEALTH  
*Whitefish*

**Patient Handbook**





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# ABOUT LOGAN HEALTH - WHITEFISH

Logan Health - Whitefish, previously known as North Valley Hospital, is a 501(c)(3), non-profit Critical Access Hospital and part of the Logan Health System. The hospital and its outreach clinics serve Flathead and Lincoln counties with patients also visiting from all other parts of Montana and Canada.

## **Mission**

To be the center of healing for the communities we serve.

## **Vision**

To collectively serve as a catalyst for healing of the mind, body and spirit in a patient-centered environment, and to commit to stewardship of healthcare resources in order to continually improve the health of the communities we serve.

*We value...*

- ✓ Patients and their families as partners in healthcare who require our professionalism, confidentiality, and attention to individual needs.
- ✓ Caring behaviors that exhibit integrity, respect, and commitment to creating a life-enhancing and healing environment.
- ✓ Teamwork with open communication and participation dedicated to furthering a shared vision.
- ✓ Leadership from our Hospital and Foundation Boards, medical and hospital staff, patients and communities that exemplifies flexibility, innovation, and support

# The Logan Health - Whitefish Experience

Logan Health - Whitefish is the first hospital in Montana to be affiliated with Planetree International, a nonprofit organization that promotes the delivery of person-centered care in a healing environment. As an affiliate of Planetree International, Logan Health - Whitefish embraces the Planetree guiding principles:

1. Create organizational structures that promote engagement.
2. Connect values, strategies and actions.
3. Implement practices that promote partnership.
4. Know what matters.
5. Use evidence to drive improvement.

**We invite you to experience...**



# PATIENT RIGHTS AND RESPONSIBILITIES

## Summary

At Logan Health –Whitefish we believe that we have the responsibility to offer quality collaborative care to all our patients.

Providing the best possible care requires a coordinated effort between you and your healthcare team. As a patient, or a guardian of a patient, you have both rights and responsibilities that are essential to achieving the quality care you deserve.

*Patients of our Swing Bed Program are also covered under a set of Rights and Responsibilities unique to this program. If you are a patient of the Swing bed Program you will receive a copy of the applicable rights and responsibilities.*

## You have the right to...

- Be treated with dignity, respect, and compassion.
- Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, disability, religion, ethnicity, language, and ability to pay.
- Make decisions about your medical care, such as the right to formulate an advance directive, and the right to refuse treatment to the extent permitted by law.
- Receive communication that you can understand. We will provide free aids, such as interpreters and language services, as needed, at no cost to you.
- Receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- Be involved in your plan of care and discharge plan, or request a discharge plan evaluation at any time.
- Receive information in a timely manner regarding your discharge, transfer to another facility, or transfer to another level of care.
- Receive a healthy and appropriate diet.
- Expect full consideration of your privacy and confidentiality in care discussions, exams, and treatments. You may ask for a chaperone at any time during any exam.
- Know the names and job positions of all the people who care for you.
- Discuss ethical issues surrounding your care.
- Be told by your healthcare provider about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including any unexpected outcomes. You have the right to informed consent prior to any non-emergent procedure.
- Be free from restraints and seclusion, unless needed for safety.
- Make or change any advance directive (also known as a living will or durable power of attorney for healthcare) and appoint someone to make healthcare decisions for you if you are unable.
- Spiritual services respecting your beliefs and customs. A chaplain is available or we can help you contact your own clergy.
- Be informed about community resources that can offer financial, psychological and

healthcare assistance after hospitalization.

- Request assistance obtaining access to protective and advocacy services in cases of abuse or neglect.
- Receive detailed information about charges related to your stay.
- Agree or refuse to take part in medical research studies; or to withdraw from a study at any time without impacting your access to standard care.
- Expect that all communication and records about your care are confidential, unless disclosure is permitted by law.
- Obtain a copy of your medical records. You may request an amendment to your medical record by contacting Health Information Management. You have the right to request a list of people to whom your personal health information was disclosed.
- Give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.
- Voice concerns about your care directly at the time of service, or by filing a complaint or a grievance at the time of service or after the fact.

### **You have the responsibility to...**

- Provide us with complete and accurate information relating to your medical history.
- Ask questions or let us know when you do not understand the treatment course or care decisions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your healthcare provider. Please understand that you are responsible for outcomes if you do not follow the care, treatment, and service plan.
- Follow instructions, policies, rules and regulations in place to support quality for patients and a safe environment for all individuals in the hospital.
- Treat all hospital staff, other patients, and visitors with courtesy and respect; abide by all hospital rules and safety regulations; be mindful of noise levels, privacy, and number of visitors; and be respectful of the property of other persons and of the hospital.
- Provide us with complete and accurate information about your health insurance coverage and to pay your bills as promptly as possible.
- Keep all appointments and, if unable to do so, it is your responsibility to notify the healthcare provider or facility.
- Please know that if you leave the hospital against the advice of your healthcare provider, Logan Health - Whitefish and your healthcare provider will not be responsible for any medical consequences that may occur.

# PREPARING FOR YOUR HOSPITAL VISIT

## What to Bring

### Important items:

- Medical insurance cards
- Photo I.D.
- Name and address of employer
- Name, address and telephone number of closest family member
- List of all medications you are currently taking
- Advance directive (Living Will) and Durable Power of Attorney, if available

### Additional optional items:

- Nightwear, robe, and rubber-soled slippers (hospital gowns and slippers are available)
- Personal toiletries (makeup, razor, toothbrush, shampoo, dentures, etc.)
- Reading materials and your address book
- Mobile phone, tablet and charger
- Dentures, hearing aids, and eye glasses

### If you are packing for your child, you may wish to include:

- Comfortable nightclothes (child-size hospital gowns are available)
- A few special toys
- Coloring books, crayons, books, etc.

## What Not to Bring

- Large amounts of money, jewelry or other valuables
- Weapons (this includes firearms, knives or anything that can be used to injure another person)

# ABOUT YOUR STAY – YOUR ROOM

## Meals

The Logan Health - Whitefish “Cuisine on Call” menu has been designed to incorporate healthy eating choices.

A menu is found in your room. We are able to accommodate a variety of dietary needs, so please let our staff know if you have any special requirements. Based on medical needs, patients may be prescribed a modified diet, such as a diabetic or low sodium diet. The back of the menu provides more information about diet types.

Please call extension 3591 between 7a.m and 6 p.m. to order a meal. After hours, care staff can help you with your dietary needs.

## Hospital Bed

Patient beds are fully adjustable. You may adjust your bed independently or ask for help from a member of your care team. Please know that in some cases the provider or nurse will advise a specific bed position for your comfort and safety.

## Communication Board (Whiteboard)

Your room has a communication board intended to facilitate communication between you and your healthcare team. The board lists the names of the care staff who will be working with you each shift, as well as any daily goals or activities. Please feel free to review your whiteboard with your care providers.

## Patient Call Button

The patient call button is integrated into the handheld remote control located in each room. The call button should be located within comfortable reach whenever you are in bed. Pressing the call button allows you to easily notify the nurse if you are in need of assistance.

## Monitors and Alarms

Your room may be set up with a variety of monitors and alarms. Examples of these include heart monitors, bed alarms, and medicine pumps.

For your safety, we ask that you are careful not to touch this equipment. Nursing staff will be alerted to ensure a quick reponse. However, if no one answers an alarm after a short while, please tell a nurse or push your patient call button.

## Television and Electronic Patient Amenities System

A remote control is used to access your television.

The Electronic Patient Amenities System available on the television offers access to entertainment, education, and hospital information. The key features of the system include:

## Internet WI-FI Access

Logan Health - Whitefish offers wireless internet access throughout the facility. The open network for patient and visitor use is: *NVH-Guest*. No password is required.

## Daybeds

If your loved one would like to spend the night with you, let a care staff member know that you



would like the daybed made up; linens and a pillow are provided.

### **Outdoor Hospital Grounds**

Patios located outside of the semi-private patient rooms may be available for your enjoyment during pleasant weather. Please check with a member of your healthcare team if you would like to use the patio.

We also invite you and your visitors to use the Planetree Healing Garden located at the northeast corner of the hospital property, and the walking path around the hospital complex.

### **Room Temperature**

If your room is too cold or too hot, please speak with your care staff. If we cannot adjust the room temperature to address your needs, heated blankets and cooling fans are available to make you more comfortable.

### **Room Cleaning**

Your room will be cleaned and disinfected on a regular basis, following appropriate hospital cleaning guidelines. If you find your room is in need of cleaning between routine services, please tell a member of your care team or press your call button.

### **Personal Items and Valuables**

We urge you to leave valuables and credit cards at home or to send them home with family or a friend. While we are able to secure smaller valuables in the hospital safe, the storage capacity is limited. Laptop computers, tablets, and cellphones are allowed. We encourage you to label your personal items. The hospital is not responsible for lost or stolen items.

### **Smoking & Tobacco Use**

Logan Health - Whitefish has a campus-wide, tobacco-free policy. Tobacco use throughout the 45-acre campus, both indoors and outdoors, is not permitted except in your private vehicle. This includes vaping.

### **Supportive Therapies**

Additional services like massage, aromatherapy and dog visitation may be available over the course of your stay. Please ask a member of your care team about these options, or consult the section of this handbook called Supportive Therapies and Healing.

### **Telephone**

Telephones are available in each patient room or you are welcome to use your cell phone. To place a call, dial "9" before the phone number to access an external line. To receive a call to your bedside landline, please have loved ones call 406-863-3500, and ask for your room. We ask that you are mindful not to disturb other patients when using the telephone.

# HOSPITAL AMENITIES

## **Gift Shop**

The gift shop is located in the main hallway of the hospital and has the hours posted. Here, you will find a variety of goods including baby items, jewelry, accessories, gifts, cards, items for the home and more.

## **ATM**

An ATM is located in the Valley Café dining area.

## **Library**

The library offers a quiet space to relax by the fireplace or to investigate an assortment of health and non-health related books. Please see posted sign for hours of use.

## **The Valley Café**

The Valley Café offers a variety of food selections for both patients and visitors. Weekly specials and standard menus are available. The Valley Café is typically open from 6 a.m. to 2 p.m. Please see posted hours.

## **Refreshment Areas**

Family refreshment areas located in the Medical/Surgical wing and The Birth Center provide complementary hot and cold beverages and snacks, as well as refrigerators and microwaves, for use by patients and their visitors. Please label and date personal items stored in refrigerators.

## **Meditation Room**

A meditation room, located half way down the main corridor, offers a quiet space for patients and visitors, including a number of inspirational books.

## **Computer and Wi-Fi Access**

Logan Health - Whitefish offers wireless internet access throughout the facility. The available open network for patient and visitor use is *NVH-Guest*.

## **Mail**

Any mail you receive during your stay will be delivered to your room. Greeting cards are available at the Gift Shop. Stamped items may be mailed through the hospital mail system.

## **Notary Public Services**

Notary public services are available to our patients during their hospital stay. Please contact a member of your healthcare team for more information about making arrangements to utilize the services of a notary public.

## **Forgot Something? Other Requests**

We are happy to honor your requests if they are safe, do not disturb other patients, and do not fall outside of hospital guidelines. Forget your toothbrush, having difficulty sleeping, or looking for something to read? Just ask your healthcare provider or a volunteer and they will assist you.

## **Gratitude Program**

If you had a great experience at Logan Health - Whitefish and would like to express your gratitude to the staff, please let a member of your care team know. Our team at Logan Health - Whitefish can guide and assist you in showing your appreciation in the most effective and appropriate way. Tips and gifts for staff are not allowed, but there are ways to thank the departments, employees, or the hospital/clinic in a larger way. Our Gratitude Specialists can be reached at the Foundation office at (406) 863-3630.

# VISITATION

## Visitation Guidelines

Logan Health - Whitefish recognizes the importance of family and friends in the care and support of our patients. Our practice is to allow full and unrestricted visitor access in our Medical/Surgical patient care area.

The Birth Center has physically restricted access 24/7. If you would like to visit a patient in the Birth Center, push the intercom button to the right of the Birth Center doors to request entry.

Daybeds are available for loved ones who would like to spend the night. Please tell a member of your care team if you would like the daybed made up for the night. They will provide linens and a pillow for your loved one's comfort.

## Visitor Restrictions

***Please note that on occasion visitors may be limited based on your medical needs, regulatory requirements or public health concern and additional guidelines may apply.***

As a patient, you have the right to determine who you wish to receive as a visitor. Your wish will be honored, and will not be restricted based on race, gender, religion, age, sexual preference or disability. You also have the right to designate a decision maker regarding your visitation rights. This does not have to be the same person designated in your advance directive should you have one.

## **Visitor Health**

For the safety of others, please ask your family and friends to delay visiting if they have an infectious disease, such as a cold, COVID, or the flu.

Any questions or concerns regarding your visitation status may be addressed with the department manager or hospital administration.

## **Pet Dog Visitation**

We understand that pets are like family for many of our patients and that they can provide the benefits of comfort and stress reduction and aid in the healing process.

Logan Health - Whitefish welcomes a family dog to visit patients while they are in the hospital. The pet must be well-behaved and on a leash or in a kennel during the visit. Please speak with the nursing staff to arrange for your pet to visit. The pet visit must be pre-approved by the nursing supervisor.

## **Service Animals**

Logan Health - Whitefish welcomes your service animal during your inpatient and outpatient visits. However, the service animal must be well-behaved, and not pose a health risk to you or other patients. For more detailed information or specific questions please call the hospital ahead of your visit.

# YOUR HEALTH AND SAFETY

Research tells us that patients who are involved with their care while in the hospital heal better. We encourage you to speak openly with your healthcare team, take part in your treatment choices, and promote your own safety by being well informed and involved in your care.

## **Patient Identification**

When you're admitted to the hospital, you will receive an arm band with your name, date of birth and medical record number. This band must be worn at all times during your hospitalization. Your healthcare team members will check your arm band before giving you any medication or performing tests or procedures. Care staff may also ask you for your name and date of birth. Please be patient. This safety practice is used to verify a patient's identity.

For surgical procedures, it is common practice to confirm which procedure you are undergoing and where on the body it will take place. The area of your procedure may be marked prior to surgery.

## **Preventing Infections**

An important way to reduce the risk of infections is to clean your hands. Use hand sanitizer gel or wash your hands with soap and water after using the bathroom, before eating or after touching anything that might be soiled. If your hands are visibly dirty, wash them well with soap and water for 15 seconds. Make sure your visitors also wash or sanitize their hands before and after seeing you. If they are sick, please ask them to stay home.

Healthcare staff are required to wash or sanitize their hands before and after seeing each patient. They should also wear gloves when they perform tasks such as drawing blood, touching wounds or handling body fluids. Don't hesitate to remind your care staff to clean their hands or to wear gloves.

To prevent the spread of respiratory infections, we ask you to cover your mouth and nose when sneezing or coughing by using a tissue or the bend of the elbow. Tissues and masks are available upon request. We urge you to use them if you have any respiratory symptoms.

## **Isolation**

At times a patient's care may require isolation precautions that are put in place to limit the risk of infection. Isolation limits a patient's contact and exposure to others. In the event that isolation precautions are in place, a sign will be posted on your room door, and care staff and visitors will be required to wear protective equipment, such as a gown, gloves or a mask. If you are in isolation, speak to your healthcare provider before leaving your room.

## **Preventing a Fall**

All patients are at a higher risk of falling when they are in the hospital or unwell. Illness, surgery and medications may weaken muscles, affect balance and judgment. A new environment and unfamiliar equipment pose additional challenges. Your healthcare team will assess your risk of falling and develop a suitable care plan to minimize the risk. We encourage you to ask your care staff about your assessed fall risk and what preventive measures are in place to help reduce your risk. To reduce your risk of falling, please follow these guidelines:

- If you feel dizzy or weak, use the call light to get assistance before you get up.
- If your care staff asks you not to get up without help, please follow this instruction.
- Always wear the recommended footwear.
- Prevent falls by getting up slowly; before standing, sit on the edge of the bed for a few minutes.
- Make sure you have a clear path to where you are going before getting up, and request staff to move objects in your way if necessary.

### **Pain Management**

If you are experiencing pain, be sure to tell your care staff so it can be addressed quickly. Your healthcare provider can work with you to address your pain through medication and non-medication treatments. You will be asked to participate in evaluating your pain and the effectiveness of your medication. For example, you may be asked to rate and describe your pain so the provider can recommend the most suitable treatment course.

### **Understanding Your Medications**

While you're in the hospital, your medications may change. On your first day in the hospital, you will be asked what medications you take at home and if you have any allergies. Make sure you tell us about all prescriptions, over-the-counter drugs, vitamins and herbal supplements you are taking; as well as any known allergies you have.

If your medications are changed, learning about your new medications is important. We encourage you to ask the following questions:

- What is the name of the medication and why am I taking it?
- When, how, and for how long do I take it?
- Are there foods, drinks and activities I should avoid when taking this medication?
- Are there any side effects? If so, what are they? What should I do if I experience them?
- Will this this new medication work safely with other medications I take?

### **Helping You Sleep**

In addition to medication, a variety of items and techniques are available to promote sleep including sleep masks, ear plugs, white noise machines, fans, massage and more. Please speak to your care staff if you are having difficulty sleeping.

### **Surgery and Procedures**

Prior to any surgery or procedure you will be asked to sign an informed consent form. Ensure that you read it carefully to verify that it has the correct identification information for you, as well as the kind of surgery/procedure planned.

### **Vaccinations**

Vaccinations are very effective at reducing the spread of disease. When you are admitted to the hospital, you may be asked about your desire to have a flu, pneumococcal or other vaccinations.

### **Use of Antibiotics**

Antibiotics save lives, and are critical tools for treating a number of common infections, such as pneumonia, and for life-threatening conditions, such as sepsis. They need to be used properly because they can cause side effects and lead to antibiotic resistance. When antibiotics are

needed, the benefits outweigh the risks. If you have any questions about your antibiotics, please talk to your healthcare provider.

<https://www.cdc.gov/antibiotic-use/community/pdfs/Inpatient-Fact-Sheet-P.pdf>

### **Staying Active**

Staying active makes the transition to home easier after discharge from the hospital, and brings quicker and stronger recovery. To prevent the negative effects of bed rest and immobility, ask your care staff which activities you can safely do. Some examples of activities include spending time out of bed, doing your own hygiene and going for walks in the hallway.

### **Managing Your Emotional State**

If you are feeling overwhelmed and need emotional support, please talk with your healthcare provider. They can help you determine and arrange the best resources available to assist you.

### **Palliative Care**

Palliative care can be appropriate at any stage of illness to help you recover or manage a chronic condition. The goals are to relieve pain, symptoms and stress, and provide the best quality of life for you and your family. Palliative care is not the same as hospice care. If palliative care is appropriate, your healthcare provider will discuss this option with you.

### **Discharge Instructions**

An important part of your ongoing care and healing involves the follow-up once you leave the hospital. Before leaving, members of your healthcare team will provide you with instructions for your care at home; including medications, diet, therapy, and follow-up appointments. Please ensure you understand this information before leaving the hospital. Do not hesitate to ask questions.

# **SUPPORTIVE THERAPIES AND HEALING**

To foster a healing environment and help make your stay as comfortable as possible, we offer a number of supportive therapies and services, including fresh-baked cookies by volunteers delivered throughout the hospital.

## **Dog Therapy Visits**

Certified pet therapy volunteers frequently visit the hospital with their gentle dogs. Dog handlers will check with your care staff to make sure there are no special precautions that they need to be aware of, and then check with you to see if you would like a friendly canine visit.

## **Massage Therapy**

A complimentary 15-minute massage is offered by a licensed massage therapist to patients who stay with us and prior to surgeries. Research has shown that massage:

- Releases tension and pain in muscles
- Improves circulation
- Increases flexibility in the joints
- Reduces anxiety
- Reduces mental and physical fatigue
- Relieves stress

## **Aromatherapy**

A number of aromatherapy options may be available to patients. Please ask your healthcare team about availability.

## **Spiritual Care**

Our staff chaplain is available on site Monday-Friday. We are also happy to contact the clergy member of your choice. A network of local clergy accommodating most faiths is available on an on-call basis. A quiet meditation room is located in the main hallway of the hospital.

# HEALTHCARE DECISIONS

## **Informed Consent**

Informed consent means you have been given information about a procedure or treatment that is planned for you. This information includes the need for the procedure, risks, outcomes, and alternative approaches. It also means that you have thought about, understand, and agree with the procedure or treatment. Sign a consent form only after you feel fully informed.

## **Life Support Systems**

Life support systems for the body can be as simple as a feeding tube or as complex as a mechanical ventilator. Many times, life support systems help individuals overcome a medical crisis or assist them with breathing after surgery. Life support systems also enable us to prolong the life of terminally ill patients.

Some people would prefer not to be kept on life support if it prolongs the dying process. Others would like to do everything that is possible. It is important to communicate with your primary care provider, healthcare team and family about your wishes concerning life support.

Logan Health - Whitefish recognizes the right of each individual to make these choices. Deciding to forego life-sustaining measures does not mean that medical and nursing care are stopped. In fact, efforts to keep you or your loved ones comfortable may become more intense at this time.

## **Resuscitation**

Resuscitation is potentially a lifesaving procedure. It can include compressing the chest to initiate circulation, shocking the chest to stimulate the heart, connecting a tube in the windpipe to a machine that breathes for the individual and administering medications.

Resuscitation procedures may use life support systems to save or prolong lives. Please talk with your primary care provider about using resuscitation procedures in your case. Your wishes should be shared with your family or close friends. You may also want to appoint someone who knows your wishes and will make them known if you are unable to do so. It is helpful and important to put your decision in writing.

## **Advance Directives**

Logan Health-Whitefish has policies ensuring patient rights concerning medical care, such as the right to formulate an advance directive. Please let your care team know if you are interested in establishing one or already have one.

## **The Living Will and Durable Power of Attorney for Healthcare**

An advance directive is a written document in which a competent adult records the medical care they will desire or refuse. The Living Will and Durable Power of Attorney for Healthcare are two types of advance directives. You have the right to formulate an advance directive. If you have an advance directive, Logan Health - Whitefish medical staff and employees will



implement and comply with your wishes.

A **Living Will** is recognized in Montana by the "Montana Rights of the Terminally Ill Act". It is a document that allows you to tell others what care you want or do not want should you become terminally ill or become incapable of making decisions for yourself. It is important to put your treatment wishes in writing and to talk with your primary care provider and family. It is implemented only in situations in which your provider thinks you have an incurable condition that will cause your death in a short period of time.

The **Durable Power of Attorney for Healthcare** is a legal document that appoints someone else to make decisions about your medical care if you cannot. Resource staff at Logan Health - Whitefish can assist you obtaining this document. The document does need to be witnessed and notarized.

**What if My Condition Changes?** You may change your decision at any time. This can be done orally or in writing. If you would like to do this, be sure and let your healthcare provider, the hospital staff and your family know.

### **Organ and Tissue Donations**

Montana state law requires that hospitals offer organ and tissue donation as an option when appropriate. In Montana, you may also express your wish to be an organ donor on your driver's license. Your provider or a hospital representative will talk with you about organ donation and answer any questions. It may represent a difficult time for you or your family, but be assured that any decision you make will be supported. The following questions and answers may help you with your decision.

#### **Why are organs and tissue needed?**

More accurate tissue matching and new drugs allow a greater number of successful transplants than in the past. Lives can be saved with many donated organs including heart, lungs, kidneys, eyes, liver, pancreas, skin, bone, and bone marrow. Unfortunately, those who need transplants outnumber available organs. Written consent for organ and tissue donation may include multiple or specific organs.

#### **Is there a religious conflict with receiving a transplant or donating an organ or tissue?**

If you are concerned about a religious conflict, we recommend that you talk to your religious advisor before making any decision. Transplantation is accepted by most religions.

#### **Will there be any additional charges for donations?**

No, all costs involved with transplantation are paid by the center that retrieves the organ or tissue.

### **Other decisions**

Please speak to a member of your healthcare team for any specific personal or spiritual concerns or conflicts regarding your care, including blood transfusions or other requests for end of life care.

# MEMBERS OF YOUR HEALTHCARE TEAM

You will be cared for by a team of dedicated healthcare staff. The following table outlines the key team members who are supported by administrative and leadership staff, all working together to provide you with quality care.

<u>Member</u>	<u>Role</u>
You and Your Family	You, the patient, and your immediate family, are key members of your healthcare team.
Physicians	The attending physician or physician of record is the provider who supervises your treatment. They may be assisted by other provider, interns, residents, fellows and medical students.
Hospitalists	Hospitalists are medical physicians who specialize in managing patient care in the hospital.
Nurse Practitioners/ Physician Assistants	Nurse practitioners and physician assistants are licensed professionals who work closely with attending physicians to provide care.
Registered Nurses	Registered nurses have primary responsibility for your nursing care and direct the care provided by other members of the nursing team. At times, this may include nursing students.
Care Management Team	The Care Management Team consists of a social worker and nurse care manager who work to address social needs and coordinate any care needs related to patients' transition from the hospital to home, or the next level of care.
Other Specialists	Physical, occupational and respiratory therapists, as well as imaging and lab technicians/technologists/phlebotomists, among others, may also be a part of your care team. These team members deliver specialty services in each of their fields.
EVS Staff (Housekeeping)	EVS staff, also referred to as housekeeping staff, clean and disinfect your room.
Dietary Services Staff and Dietician.	A dietician ensures that patients get healthy nutritious meals, as well as assessing patients who have difficulty eating and ensuring patients have appropriate diets for their medical conditions. Dietary staff members prepare and deliver your food to you at mealtimes.
Clergy	Our staff chaplain is available to meet with patients during the week for spiritual care, and is also able to contact the clergy member of your choice.

# MEDICAL RECORDS

## Summary

Patient medical records are available both electronically and paper copy. Some electronic records, for example imaging and laboratory results, are available through the patient portal which patients can access directly. A more complete set of patient records is available by request from the Health Information Management (HIM)/Medical Records Department at the hospital.

## Paper or Electronic Copy Request of Medical Records:

Paper and electronic versions of your healthcare records are available through the Health Information Management department.

To obtain a copy of your records, please fill out an Authorization to Disclose form. The form is available through the HIM office or by visiting the Medical Records Request page on the Logan Health - Whitefish website. Please include a copy of your valid photo ID with the form and submit the documents via email, mail, or fax.

## Patient Portal Access

Logan Health – Whitefish offers a patient portal. The portal is a convenient way for you to view your laboratory and imaging results from all Logan Health - Whitefish entities. If you have recently had services at Logan Health - Whitefish or clinics and supplied your email address at the time of registration, you should have received an email invitation to the portal. You may need to check your spam or junk folder. If you did not provide your email address and want portal access, please contact HIM.

## Email:

[LHWMedicalRecords@logan.org](mailto:LHWMedicalRecords@logan.org)

The HIM department is located in the main hallway of the hospital across from the gift shop. They can also be reached by phone at 406-863-3547. Hours are Monday – Friday 8:00 AM – 4:30 PM.

## Mail

ATTN: HIM Department  
Logan Health - Whitefish  
1600 Hospital Way  
Whitefish, MT 59937

## FAX

(406) 863-3645

[Authorization to Disclose – For Patients of Logan Health Whitefish and its Rural Health Clinics](#)

# YOUR HOSPITAL BILL AND BILLING SERVICES

We recognize that medical expenses are often large, unplanned and create further stress at a time when your primary concern is health rather than financial issues. It is our goal to help alleviate this issue.

## Standard Charges

A copy of our standard charges is available by contacting Patient Financial Services at 406-863-3724 or online at [www.logan.org/whitefish](http://www.logan.org/whitefish) under the Billings and Payments link. Patient Portal and Resources section. You, as a patient, guardian, or parent of a patient, have a right to a full explanation of charges for hospital services. You also have a responsibility for assuring payment for services received.

## Insurance

Remember to bring your insurance information and photo ID to registration. It is your responsibility to provide us with the necessary information to bill your insurance, including an insurance mailing address, your policy number, group number and the name of the subscriber. If you have insurance, but do not have proof of insurance with you, you will be billed for the services received until insurance information can be obtained. Please know that you will be expected to pay your estimated co-payment and deductible at the time of registration. You may be asked to leave a deposit if we are unable to determine what your co-payment will be.

Some insurance companies now require pre-certification or preauthorization prior to your visit. We will be happy to make this call for you if you notify us in advance. However, **it is your responsibility**, along with your physician to obtain preauthorization. You will be responsible for charges incurred should your insurance company deny your hospital services and/or stay.

We allow 30-60 days for your insurance company to pay your claim or respond to us relative to the status of your claim. Our goal is to have your claim paid within 45 days, and we will make every effort to contact your insurance company and inquire about the expected payment.

In the event of a slow response from your insurance company, you may be asked to make monthly payments until your insurance company responds. Once the insurance has responded, any overpayment that occurs will be refunded to you within two weeks. If your refund is needed immediately, we will make every effort to honor your request.

For additional information, *A Guide to Your Hospital Bill* is a brochure available online and provided to all patients upon admission. The brochure addresses:

- Registration for services and deposit requirements
- Processing and paying your bill without insurance
- Processing and paying your bill with insurance
- Payment methods
- Financial assistance

## Inquiries about Your Bill:

Send us your inquiry in writing within 60 days after you receive your bill. Your written inquiry must include: your name, account number, a description of the error, why you believe it is in error and

the dollar amount of the suspected error.

Please know that you remain obligated to pay the parts of your bill not in dispute. We will review your inquiry within 30 days and get back to you with the results of our findings.

Send inquiries concerning your statement to:

Logan Health - Whitefish Patient Financial Services  
1600 Hospital Way  
Whitefish, MT 59937

**Inquiries of Payments Made for Tax Purposes:** Logan Health - Whitefish encourages you to keep your receipts as proof of payment for tax purposes. Should you need to obtain proof of payments made, please be advised that this requests may take up to two weeks to process and you may be charged a processing fee.

**Notice of Availability of Financial Assistance**

To help ease the financial burden for uninsured and underinsured patients, Logan Health - Whitefish and its outreach clinics offer financial aid to qualifying patients. Financial assistance is available for those earning up to 400 % of the federal poverty guidelines. In addition, Logan Health - Whitefish primary care and specialty clinics provide a sliding fee scale based on financial need.

All non-elective services qualify for charity care consideration including services received at a Logan Health - Whitefish outreach clinic. For patients or families that are at 200% of the Federal Poverty Guidelines, assistance is calculated based on gross income. Families that exceed 200% of the poverty guidelines, financial assistance is based on liquid assets and gross monthly income for the household calculated as a percentage of the federal poverty guidelines. The financial aid levels were developed to be consistent with the amounts generally billed to patients with Medicare.

For patients who are underinsured with limited coverage or large deductibles, Logan Health - Whitefish also offers qualifying patients a 30 percent discount on their balance after insurance has paid, if the account balance is paid in full within 30 days of service.

For more details on the financial assistance programs and qualification guidelines, please contact:

Logan Health - Whitefish Financial Counselors  
(406) 863-3500

Logan Health Primary Care Columbia Falls Office Manager  
(406) 892-3208

Logan Health Primary Care Eureka Office Manager  
(406) 297-3145

Logan Health - Whitefish has application counselors on site who can assist individuals in understanding their options in the Health Insurance Exchange or applying for Medicaid.

**Room Rates:** Room rates are incurred from midnight to midnight. You will be charged the first day's stay and not the last.

**Tipping and Gifts:** Employees are prohibited from accepting tips and gifts of significant value. If you would like to show your gratitude to staff, a note or card is always welcome. If you would like to organize or give something more significant, we ask that you work through one of the "Gratitude Specialists" at the Logan Health - Whitefish Foundation. They will help guide you in finding the appropriate way to say thank you.

**Outpatient Services Disclaimer:**

Logan Health - Whitefish permits many different types of practitioners to order diagnostic services in the outpatient facilities of the hospital. These practitioners are not employees of the hospital; some may not be members of the hospital's medical staff. Logan Health - Whitefish sends the results of tests performed in the outpatient facilities of the hospital to the ordering practitioner.

The hospital is not responsible for the types of tests or services ordered, or for prescribing follow-up care and treatment. The ordering practitioner is responsible for any follow-up care and treatment you may need based on the tests performed. If you want another practitioner participating in your care to receive results of tests performed at the hospital, you must make arrangements for transfer of that information with the ordering practitioner.

# HEALTHCARE INFORMATION AND PRIVACY PRACTICES

## Summary

We understand that medical information about you is personal, and we are committed to protecting your information. When you attend Logan Health - Whitefish as a patient, we create a record of the services you receive to provide quality care and to comply with legal requirements. Your medical information is commonly shared for purposes of carrying out treatment, payment, or healthcare operations. In some circumstances, other uses or disclosures are also applicable. For more detailed information please read the following section.

## Joint Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Logan Health - Whitefish is required by law to maintain the privacy of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR Part 164. Logan Health - Whitefish is required to abide by the terms of our Notice that is currently in effect.

Logan Health - Whitefish provides healthcare to our patients and clients in partnership with physicians and other professionals in an Organized Healthcare Arrangement known as an OHCA. The information privacy practices in this notice will be followed by:

- Any healthcare practitioner who treats you at any of Logan Health - Whitefish's locations, including members of the hospital's medical Staff and other allied healthcare practitioners who are granted privileges or other authorization to practice at Logan Health - Whitefish;
- All departments and units of our organization, including all off-campus units and departments;
- All medical practices operated by the hospital;
- All employed associates, staff or volunteers of Logan Health - Whitefish with whom Logan Health - Whitefish share medical information; and
- Any business associate with whom Logan Health - Whitefish shares medical information.

Rather than have you read and sign different Notices of Privacy Practices for each healthcare practitioner that treats you at Logan Health - Whitefish, this Joint Notice of Privacy Practices will serve as authority for all healthcare practitioners who treat you to have access to, and to share, your medical information with each other, and all members of the OHCA, as described in this Joint Notice.

Unless your provider is affiliated with one of the Logan Health - Whitefish medical practices, this notice does not apply to the use and disclosure of your medical information in connection with treatment you receive, and payment for services provided at your provider's own office or your provider's healthcare operations.

Your provider may have different policies regarding their use and disclosure of the medical

information that is created or maintained in their office. Your provider will be responsible for giving you a separate Notice of Privacy Practices that pertains to the use and disclosure of your medical information in connection with treatment, payment or healthcare operations at their office. If your provider is affiliated with one of the Logan Health - Whitefish medical practices, this Notice of Privacy Practices will apply to the use and disclosure of your medical information created or maintained at that office.

### **Uses and Disclosures Logan Health - Whitefish May Make Without Written Authorization.**

Logan Health - Whitefish may use or disclose your health information for certain purposes without your written authorization, including the following:

**Treatment:** Logan Health - Whitefish may use or disclose your information for purposes of treating you. For example, Logan Health - Whitefish may disclose your information to another healthcare provider so they may treat you; to provide appointment reminders; or to provide information about treatment alternatives or services Logan Health - Whitefish offers.

**Payment:** Logan Health - Whitefish may use or disclose your information to obtain payment for services provided to you. For example, Logan Health - Whitefish may disclose information to your health insurance company or other payer to obtain pre-authorization or payment for treatment.

**Healthcare Operations:** Logan Health - Whitefish may use or disclose your information for certain activities that are necessary to operate our hospital and ensure that our patients receive quality care. For example, Logan Health - Whitefish may use and disclose medical information to review our treatment and services and to evaluate the performance of our staff in caring for you or to accrediting agencies that evaluate our performance.

**Other Uses or Disclosures:** Logan Health - Whitefish may also use or disclose your information for certain other purposes allowed by 45 CFR § 164.512 or other applicable laws and regulations, including the following:

- To avoid a serious threat to your health or safety or the health or safety of others.
- As required by state or federal law such as reporting abuse, neglect or certain other events.
- As allowed by workers' compensation laws for use in workers' compensation proceedings.
- For certain public health activities such as reporting certain diseases.
- For certain public health oversight activities such as audits, investigations, or licensure actions.
- In response to a court order, warrant or subpoena in judicial or administrative proceedings.
- For certain specialized government functions such as the military or correctional institutions.
- For research purposes if certain conditions are satisfied.
- In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes.
- To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

**Disclosures Logan Health - Whitefish May Make Unless You Object:** Unless you instruct us otherwise, Logan Health - Whitefish may disclose your information as described below.

- To a member of your family, relative, friend, or other person who is involved in your



healthcare or payment for your healthcare. Logan Health - Whitefish will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.

- To maintain our facility directory. If a person asks for you by name, Logan Health - Whitefish will only disclose your name, general condition, and location in our facility. Logan Health - Whitefish may also disclose your religious affiliation to clergy.
- To contact you to raise funds for Logan Health - Whitefish. You may opt out of receiving such communications at any time by notifying the HIM department.

**Uses and Disclosures with Your Written Authorization:** Other uses and disclosures not described in this Notice will be made only with your written authorization, including most uses or disclosures of psychotherapy notes; or for most marketing purposes. You may revoke your authorization by submitting a written notice to the HIM department. The revocation will not be effective to the extent Logan Health - Whitefish has already taken action in reliance on the authorization.

### **Protected Health Information – Your Rights**

You have the following rights concerning your health information. *To exercise any of these rights, you must submit a written request to the HIM department.*

- You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. Logan Health - Whitefish is not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service in full prior to the service being delivered and you request that information concerning such item or service not be disclosed to a health insurer.
- Logan Health - Whitefish normally contacts you by telephone or mail at your home address. Logan Health - Whitefish may contact you for appointment reminders. You may request that Logan Health - Whitefish contact you by alternative means or at alternative locations. Logan Health - Whitefish will accommodate reasonable requests.
- You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. Logan Health - Whitefish may deny your request under limited circumstances, e.g., if Logan Health - Whitefish determines that disclosure may result in harm to you or others.
- You may request that your protected health information be amended. Logan Health - Whitefish may deny your request for certain reasons, e.g., if Logan Health - Whitefish did not create the record or if Logan Health - Whitefish determines that the record is accurate and complete.
- You may receive an accounting of certain disclosures Logan Health - Whitefish has made of your protected health information. Note that the accounting of certain disclosures only goes back six years from the date of request.
- You may obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.

### **Changes to This Notice**

Logan Health - Whitefish reserves the right to change the terms of this Notice at any time, and to make the new Notice effective for all protected health information that Logan Health - Whitefish maintains. If Logan Health - Whitefish materially changes our privacy practices, Logan Health - Whitefish will post a copy of the current Notice in our reception area and on our Logan Health - Whitefish website. You may also obtain a copy of the operative Notice from our receptionist.

## **Privacy Complaints**

You may file a complaint with us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our HIM department. All complaints must be in writing and filed by notifying us. Logan Health - Whitefish will not retaliate against you for filing out a complaint.

If you have any questions about this Notice, or if you wish to object to or complain about any use or disclosure or exercise any right as explained above, please contact:

Compliance Director (Civil Rights Coordinator) in person or by mail at 310 Sunnyview Lane, Kalispell, MT 59901 (833) 594-0321; [complianceoffice@logan.org](mailto:complianceoffice@logan.org); or by fax at (406) 758-1867. If you need help filing a grievance, Compliance is available to help you.

# IMPORTANT MESSAGE FROM MEDICARE/CHAMPUS/TRI-CARE

## Your Rights While You are a Medicare/Champus/Tri-Care Hospital Patient:

- You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal law, your discharge date must be determined solely by your medical needs, not by “Diagnosis Related Groups” (DRGs) or Medicare/Champus/Tri-Care payments.
- You have the right to be fully informed about decisions affecting your Medicare/Champus/Tri-Care coverage and payment for your hospital stay and any post hospital services.
- You have the right to request a review by a Peer Review Organization (PRO) of any written Notice of Non-coverage that you receive from the hospital stating that Medicare/Champus/Tri-Care will no longer pay for your hospital care. PROs are groups of provider who are paid by the Federal government to review medical necessity, appropriateness, and quality of hospital treatment furnished to Medicare/Champus/Tri-Care patients. The phone number and address of the PRO for your area is:

### Medicare Patients

KEPRO

Rock Run Center, Suite 100

5700 Lombardo Center Dr.

Seven Hills, OH 44131

1-888-317-0891 toll free phone / 833-868-4026 FAX / 216-447-9604 local # /855-853-4776 TTY

[www.keprogio.com](http://www.keprogio.com)

### Champus/Tri-Care Patients

#### For medical-surgical care/service

TriWest Healthcare Alliance Corp

Attn: Reconsideration Unit

P.O. Box 42049

Phoenix, AZ 85080

1-888-TriWest (874-9378)

#### For mental health and substance abuse

Merit Behavioral Care Corp.

Attn: Reconsideration Unit

P.O. Box 42150

Phoenix, AZ 85080

1-888-TriWest (874-9378)

### Talk to Your Provider about Your Stay in the Hospital

You and your primary care provider know more about your healthcare needs than anyone else. Decisions about your medical treatment should be made between you and your provider. If you have any questions about your medical treatment, your need for continued hospital care, your discharge, or your need for possible post-hospital care, don't hesitate to ask your provider. The hospital's staff will also help you with your questions and concerns about hospital services.

## **If You Think You Are Being Asked to Leave the Hospital Too Soon**

- Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a “Notice of Non-coverage.” You must have this Notice of Non-coverage if you wish to exercise your right to request a review by the PRO.
- The Notice of Non-coverage will state either that your provider or the PRO agrees with the hospital's decision that Medicare/Champus/Tri-Care will no longer pay for your hospital care or that they disagree.
- If the hospital and your provider agree, the PRO does not review your case before a Notice of Non-coverage is issued. The PRO will respond to your request for a review of your Notice of Non-coverage and seek your opinion. You cannot be made to pay for your hospital care until the PRO makes its decision if you request the review by noon of the first workday after you receive the Notice of Non-coverage.
- If the hospital and your provider disagree, the hospital may request the PRO to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation, the PRO must agree with the hospital or the hospital cannot issue a Notice of Non-coverage. You may request that the PRO reconsider your case after you receive a Notice of Non-coverage; since the PRO has already reviewed your case once, you may have to pay for at least one day of hospital care before the PRO completes this reconsideration.

**If you do not request a review, the hospital may bill you for all the costs of your stay beginning with the third day after you receive the Notice of Non-coverage. The hospital; however, cannot charge you for care unless it provides you with a Notice of Non-coverage.**

## **How to Request a Review of the Notice of Non-coverage**

If the Notice of Non-coverage states that your physician agrees with the hospital's decision:

- You must make your request for review to the PRO by noon of the first workday after you receive the Notice of Non-coverage by contacting the PRO by phone or in writing.
- The PRO must ask for your views about your case before making its decision. The PRO will inform you by phone and in writing of its decision of the review.
- If the PRO agrees with the Notice of Non-coverage, you may be billed for all costs of your stay beginning at noon of the day after you receive the PRO's decision.
- Thus, you will not be responsible for the cost of hospital care before you receive the PRO's decision.

If the Notice of Non-coverage states that the PRO agrees with the hospital's decision:

- You should make your request for reconsideration to the PRO immediately upon receipt of the Notice of Non-coverage by contacting the PRO by phone or in writing.
- The PRO can take up to three working days from receipt of your request to complete the review.
- The PRO will inform you in writing of its decision on the review.
- Since the PRO has already reviewed your case once, prior to issuing the Notice of Non-coverage, the hospital is permitted to begin billing you for the cost of your stay beginning with

the third calendar day after you receive your Notice of Non- coverage, even if the PRO has not completed its review.

- Thus, if the PRO continues to agree with the Notice of Non-coverage, you may have to pay for at least one day of hospital care.

**Note:** The process described above is called “immediate review.” If you miss the deadline for this immediate review while you are in the hospital, you may still request a review of Medicare/Champus/Tri-Care’s decision to no longer pay for your care at any point during your hospital stay or after you leave the hospital. The Notice of Non- coverage tells you how to request this review.

### **Post-Hospital Care**

When your provider determines that you no longer need the specialized services provided in a hospital but you still require medical care, they may discharge you to a skilled nursing facility or home care. The discharge planner at the hospital will help arrange for the services you may need after your discharge. Medicare/Champus/ Tri-Care and supplemental insurance policies have limited coverage for skilled nursing facility care and home healthcare. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult with your provider, hospital discharge planner, patient representative, and your family in making preparations for care after you leave the hospital. Do not hesitate to ask questions.

# STATEMENT OF NON-DISCRIMINATION

Logan Health – Whitefish complies with applicable state and federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other category protected by law.

Logan Health - Whitefish:

- Provides free aids and services to people with disabilities to ensure effective communication, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters or information written in other languages
  - If you need these services, contact the receptionist or one of our nurses

If you believe that Logan Health –Whitefish has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or any other category protected by law, you can file a grievance with the Compliance Director (Civil Rights Coordinator) in person or by mail at 310 Sunnyview Lane, Kalispell, MT 59901 (833) 594-0321; [complianceoffice@logan.org](mailto:complianceoffice@logan.org); or by fax at (406) 758-1867. If you need help filing a grievance, Compliance is available to help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically 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 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (406) 752-1742.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: (406) 752-1742.

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(406)752-1742。

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。(406)752-1742。まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tumawag sa (406) 752-1742.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le  
(406) 752-1742.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните  
(406) 752-1742.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (406) 752-1742 번으로 전화해 주십시오.

رقم (406) 752-1742 برقم اتصل. بالمجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة انكر تتحدث كنت إذا ملحوظة:

เขียน: ถ้า คุณพูด ภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาไทย ฟรี โทร (406) 752-1742.

MERK: Hvis du snakker norsk, er gratis språkassistentjenester tilgjengelige for deg. Ring (406) 752-1742.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (406) 752-1742.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.  
Телефонуйте за номером (406) 752-1742.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: (406) 752-1742.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (406) 752-1742.

## PATIENT AND FAMILY EXPERIENCE

At Logan Health - Whitefish it is our goal to serve our patients with the highest quality care available. To help us achieve our goal, we ask for your feedback about what we do well and how we can improve.

### Let us know what you think at the time of service

We encourage you to express any concerns or compliments about your care or services directly to the members of our healthcare and administration teams at the time of service. Often, this is the quickest and most direct way to address your feedback.

### Patient Feedback Online Form

If you would like to tell us about your experience electronically, we welcome you to fill out the Feedback Form available on our Web site: [www.logan.org/whitefish](http://www.logan.org/whitefish) on the Contact Us page.

### Comments Boxes

We also offer comment boxes at both the North and South entrances as another way to submit feedback. The comments may be anonymous. If you choose to include your contact information, we will generally respond to you within a month.

### Caught you Caring Cards

If you would like to recognize one of our staff, our Caught you Caring cards can be completed to provide direct feedback and appreciation to the staff. We invite you to ask one of our staff members for a Caught you Caring card.

### Patient Experience Survey

Surveys are distributed to patients to help us better understand their experience with the

healthcare services they receive at Logan Health-Whitefish. The survey is a part of our report card on how well we are doing and where we can improve; scores are reported publically on the [Hospital Compare](#) Web Site.

### **Making a Complaint or Grievance**

While we aim to address your concerns at the time of service, we realize that this may not always be possible. When this is not possible, our staff can provide you with a complaint form to fill out or you may use one of the feedback methods listed above. You may also call 406-863-3540 to speak to our Quality Department.

You also have the right to file a grievance with the Montana State Department of Health and Human Services. Montana DPHHS can be contacted by phone: (406) 444-2099, fax: (406)44-3456, email: MTSSAD@mt.gov; mail: PO Box 202953, 2401 Colonial Drive 2<sup>nd</sup> Floor, Helena, MT 59620-2953.

**Your feedback is vital in helping Logan Health - Whitefish achieve and maintain outstanding customer service. We thank you in advance for taking the time to tell us what you think.**

*Please note that complaints about billing can also be made directly to the Billing Office, and complaints about Privacy, to the Compliance Office (See Privacy Practices Section)*

## **FOUNDATION**

### **Our Mission**

The mission of Logan Health -Whitefish Foundation is to inspire a culture of giving which assures the transition of excellent healthcare for the community and its heirs.

Established in 1999, the North Valley Hospital (now Logan Health - Whitefish) Foundation has been supporting the vision and mission of Logan Health - Whitefish by converting our donors' generosity into the finest in medical excellence for Whitefish, Columbia Falls and Eureka.

The current facility was built in 2007 with support of \$6.7 million from donors to the Foundation, and The Birth Center was expanded in 2015 with generous donations of \$1.3 million.

If you are interested in contributing to these efforts, please consider giving to the following priority projects:

- **Department Fund:** Each department has a fund to assist in purchasing special equipment or implementing something special to improve the care and experience for our patients.
- **Circle of Friends Fund:** To assist employees who are experiencing hardship. By application and administered by the human resources department.
- **Behavioral Health Fund:** Fund designated to support mental health initiatives at our Behavioral Health clinic and in the community.



- **Endowment:** The Foundation has a number of endowment funds to create a lasting legacy for the hospital. There are funds that support and recognize staff annually, as well as a more general endowment that generates annual support directed by the Board of the Foundation to meet the current needs and projects of the hospital and clinics.

Thank you for your support and contributions. We are grateful for our community.

**Logan Health - Whitefish Foundation**

1600 Hospital Way  
Whitefish, MT 59937

**Phone**

(406) 863-3630

**Email**

Kalen Young, LHW Foundation Executive Director  
[kalenyong@logan.org](mailto:kalenyong@logan.org)

General Foundation Inquiries  
[deptlhwfoundationsupport@logan.org](mailto:deptlhwfoundationsupport@logan.org)

## FREQUENTLY CALLED NUMBERS:

Department	Telephone Number
Acute Care Rehabilitation	406-863-3664
Admissions	406-863-3500
Birth Center	406-863-3535
Care Management/Discharge Planning	406-863-3618
Community Relations	406-863-3632
Emergency Department	406-863-3500
Hospital Foundation	406-863-3630
Gift Shop	406-863-3630
Health Information Management – Medical Records	406-863-3547
Imaging Services	406-863-3576
Infusion Services	406-863-3514
Laboratory	406-863-3577
Nurse's Station in Med/Surg/Peds	406-863-3541
Nutritional Services – Valley Cafe	406-863-3591
Patient Complaints and Feedback	406-863-3540
Patient Financial Services	Medicare/Medicaid Billing: A-K: 406-863-3722 L-Z: 406-863-3723 Financial Counsellors: 406-863-3567 406-863-3727 Business Office: 406-609-0818
Respiratory Therapy	406-863-3670
Special Care Unit	406-863-3580
Spiritual Care/ Planetree	406-863-3585
Surgical Services	406-863-3574