

CAPE FEAR VALLEY HEALTH SYSTEM

Policy – Procedure

Title: Patient Rights and Responsibilities	Current Effective Date: 05/04/2017
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Purpose: To promote an understanding of the rights and responsibilities that exists between patients and the Health System. To improve patient outcomes through encouragement of meaningful participation by patients in their health care.

Audience: All health system employees

Departments: Administrative – all health system employees

Keywords: regulatory group, patient rights, responsibilities,

Definitions: none

Policy: The rights of patients are respected by Cape Fear Valley Health System (CFVHS). A written copy of “Patient Rights and Responsibilities” is provided to patients and/or patient representatives by Admitting or Registration personnel during the admission process. A copy of this same information is displayed prominently in key public areas, patient rooms and/or ambulatory settings of the Health System to facilitate the knowledge and understanding for our patients and community regarding patient rights.

Procedural Guidelines:

1. PATIENT RIGHTS:

A patient has the right to:

- a. Medical, dental, and nursing care and treatment, as medically indicated, within the Health System’s abilities without regard to race, color, religion, sex, sexual preference, national origin, age, disability or source of payment for care.
- b. Be informed of rights before treatment is started or discontinued, or at the earliest possible time thereafter, and to designate a representative decision maker in the event the patient becomes incompetent.
- c. Be given information in a manner that he/she can understand. If it is not possible to give the patient the information, it is given to his/her designee. A patient who does not speak English or is hearing or speech impaired has the right to an interpreter, when possible, at no cost to the patient. Information given is appropriate to age, understanding and communication abilities..
- d. Personal dignity, including a safe environment and respectful care that is free from abuse and harassment.
- e. Know the names and the duties of his/her caregivers.
- f. Have every consideration of his/her privacy, security, and personal dignity concerning his/her own medical care. Case discussion, consultation, examination, and treatment are confidential and are conducted discreetly, making every attempt to maintain the patient’s verbal and visual privacy.

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- g. Have his/her medical records treated as confidential and used by the facility or disclosed to others only for purposes of furthering the patient's treatment, obtaining payment, or conducting other health care related activities, or as otherwise permitted by law. Information about the patient is not released without written permission from the patient and/or legal representative, unless otherwise permitted by law. Patients are provided a Notice of Privacy Practices at their first treatment/admission to the facility or as soon as reasonably possible thereafter in the case of an emergency. The patient has the right to request that his/her confidential medical information be given additional privacy protection or be amended, if required by law.
- h. Be provided a list of what medical information was released to others, to whom or where the information was released, and the facility's grounds for making the release, as required by law.
- i. Refuse the recording, photographing, or filming of care and the right to request that recording stop any time during the filming or recording process, even if prior consent was given.
- j. Receive complete and current information concerning his/her diagnosis, treatment, unanticipated outcomes and any known prognosis, from the patient's practitioner, to the degree known. The information is communicated in a way the patient understands.
- k. Have alternatives to treatments discussed, including no treatment. The patient has the right to be informed of outcomes of care and treatment, including unanticipated outcomes. The patient may refuse treatment to the extent provided by law, and the relationship with the patient may be terminated with reasonable notice.
- l. Have a family member or representative of his/her choice and his/her own physician receive prompt notification of his/her admission to the hospital.
- m. The patient has the right to have visitors remain with him/her, but there may be times when visitors are restricted to accommodate for privacy and provision of care. The patient may choose who is permitted to visit, including but not limited to, spouse, domestic partner, family or friends. The patient may withdraw and/or change those choices during the hospital stay. The patient may select a "support person" to assist with designation of visitors.
- n. Make decisions regarding the development and planning of his/her care, including obtaining a consultation with another physician at the patient's request and expense. The patient has the right to include family members in those decisions. The patient requests and obtains help in receiving consultation or clinical opinion with another physician.
- o. Information from his/her physician to make informed decisions about his/her care. This may not be possible in an emergency.
- p. Full information about research studies, experimental procedures that he/she may be given, and/or donor programs and the option to participate. The risks, benefits and alternatives are explained. The patient may refuse to participate in research studies at any time, even after beginning to participate in a study, without it affecting his/her access to health care.
- q. Examine and receive an explanation of his/her hospital bill within thirty (30) days of requesting it, regardless of source of payment. The patient also has the right to receive information and advice about any sources of assistance for paying for healthcare that the Health System may know about, including whether Medicare/Medicaid will/will not

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- cover services. The patient has the right to information about other payment disclosures required by Medicare/Medicaid, including the right to appeal, if applicable.
- r. Upon request, receive a copy of and have explained his/her medical record, unless the patient's physician has a sound medical reason for prohibiting the patient from seeing the record.
 - s. Help in planning for his/her discharge so that he/she knows about continuing health care needs after discharge and how to meet them. A patient may discharge himself/herself from the facility if the patient is mentally competent, and the facility is not permitted or required by law to detain the patient.
 - t. Be transferred to another facility when medically and legally permissible, after the receiving facility has accepted the patient for transfer, when care and arrangements have been made, and when the patient has been given complete information about the hospital's obligations under law. Receive emergency care and/or be transferred to another facility, as appropriate, regardless of the patient's ability to pay and without unnecessary delays.
 - u. Have access to people or agencies who may act on the patient's behalf or to protect the patient's right under law. A patient has the right to have protective services contacted.
 - v. Exercise his/her cultural and spiritual beliefs provided it does not interfere with the well-being of others or the planned course of the medical therapy for the patient. Patient's psychosocial, personal values, and beliefs are respected.
 - w. Make Advance Directives, such as a Living Will, Health Care Power of Attorney and/or Advance Instruction for Mental Health Treatment, and to have these directives followed to the extent permitted by law or within certain clinical settings.
 - x. Emotional and spiritual services, including Pastoral Care from the hospital Chaplain, if applicable.
 - y. Have his/her pain assessed and managed in a timely fashion, and to have information about pain relief measures.
 - z. Be free from the use of seclusion or restraints of any form that are not medically necessary or that are used as a means of coercion, convenience, and/or discipline.
 - aa. To quality care and high professional standards that are reviewed on a regular basis to see they are maintained.
 - bb. Not be awakened by hospital staff unless it is medically necessary, and to be protected from medical and nursing treatment that causes unnecessary physical and mental discomfort.
 - cc. Not have unnecessary medical or nursing procedures or tests performed on the patient.
 - dd. Expect the Health System to follow ethical behavior in its care, treatment, services, and business practices. For information about ethical issues, contact the Clinical Ethics Support Services at 615-6039.
 - ee. Have his/her complaints or grievances resolved. Complaints/Grievances are communicated to the Health System's staff; the Patient Relations Department at 615-6120; the NC Department of Health and Human Services, Division of Health Service Regulation Licensure and Certification Section, 2712 Mail Service Center, Raleigh, North Carolina 27699-2712, at 1-800-624-3004; and The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181, phone number 1-800-994-6610.

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2. THE RIGHTS OF MINORS:

- a. The family/guardian of a minor patient has the right and responsibility to be involved in decisions about the care of the minor. A minor has the right to have his or her wishes considered in the decision-making, as prescribed by law.
- b. A minor patient has the right to expect that the care and the physical environment is appropriate to his or her age, size, and needs.
- c. A minor patient whose treatment requires a long absence from school has the right to educational services. These services may be arranged with his/her school system or other licensed school system.

3. PATIENT RESPONSIBILITIES:

Patient is responsible for:

- a. Following the Health System's rules and regulations affecting patient care and conduct.
- b. Providing a complete and accurate medical history, to the extent possible.
- c. Reporting changes in his/her general health conditions, symptoms or allergies to the responsible care giver.
- d. Immediately reporting any allegations of abuse, neglect, harassment, or exploitation to the physician or nurse in charge, Corporate Risk Management, Patient Relations, or Administration.
- e. Reporting if he/she does not understand the planned treatment or his/her part in the treatment plan.
- f. Following the recommended treatment plan that the patient has agreed to, including instructions from staff and practitioners. If the patient does not follow the plan of care, the patient is responsible for the resulting outcome.
- g. Keeping appointments.
- h. Providing the Health System with accurate and timely information about his/her sources of payment and ability to meet financial obligations.
- i. Treating others with respect, and respecting the property and rights of others.
- j. Assisting in the control of noise and the number of visitors in his/her room.
- k. Asking the Licensed Independent Practitioner (LIP) or nurse what he/she may expect regarding pain management, discussing pain relief options and giving input into the plan. The patient is to ask for relief when pain begins and is to tell the LIP or nurse if pain is not relieved.
- l. Providing a copy of any existing Advance Directives. If the copy is not available, provide the information regarding its content to the extent possible.

4. PROCEDURES:

- a. The patient/patient representative is given a copy of the Patient Rights and Responsibilities upon admission or at the earliest possible time thereafter. This is documented by the Admitting staff on the General Consent Authorizations and Agreements.
- b. Staff receives education on Patient Rights and Responsibilities during orientation and annually thereafter.

Related Documents/Policies:

[Interpreter and Translation Services - Limited English Proficiency -LEP](#)

[Interpreter, Translator, and Other Communication Services - Physically Impaired](#)

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[Ethics and Patients' Rights](#)

[Bio-Ethics Committee-Process for Patient Related Consultations](#)

References: