

The Health Care Authority of the City of Anniston

Administrative Policy

SUBJECT: PATIENT OR (HIS/HER REPRESENTATIVE) RIGHTS AND RESPONSIBILITIES

I. INTRODUCTION

- A. The purpose of this is to promote and protect each patient or his/ her representative's rights and to ensure that each patient or when appropriate (his / her representative) is informed of those rights. Effective health care requires collaboration between patient or (his /her representative), physicians, and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. It is supported by the hospital, its medical staff, employees, volunteers and patient or (his/ her representative). These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision-maker if the patient lacks decision-making capacity, is legally incompetent, is a minor or at the request of the patient.

II. PATIENT OR (HIS OR HER REPRESENTATIVE) RIGHTS

- A. **Access to Care** - Individuals shall be afforded impartial access to treatment, pain management and accommodations that are available and medically indicated; regardless of race, creed, color, religion, culture, ethnicity, physical or mental disability or sex (consistent with the scope of sex discrimination described at 45 CFR 92.101 (a) (2) (or sex, including sex characteristics, including intersex traits: pregnancy or related conditions: sexual orientation; gender identity, and sex stereotypes) , national origin, age or sources of payment for care.

- B. **Participation** -The patient or (his/her representative) has the right to participate in the development and implementation of their plan of care.

- C. **Respect and Dignity** – The patient or (his/ her representative) has the right to considerate, respectful care at all times and under all circumstances, with recognition of his/her cultural and personal values, beliefs and preferences, religious and other spiritual services and personal dignity.

The patient has the right to wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatments.

- D. **Privacy and Confidentiality** – The patient or (his/ her representative) has the right, within the law, to personal and informational privacy, as manifested by the following rights:

1. The right to choose who may and may not visit him/her.
2. To refuse to talk with or see anyone not officially connected with the hospital, including visitors, or persons officially connected with the hospital but not directly involved in his/her care.
3. To be interviewed and examined in surrounding designed to assure reasonable visual and auditory privacy. This includes the right to have a person of one's own sex present during certain parts of a physician examination, treatment, or procedure performed by a health professional of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
4. To expect that any discussion or consultation involving his/her case will be conducted discreetly and that individuals not directly involved in his/her care we will not be present without his/her permission.
5. To have his/her medical record read only by individuals directly involved in his/her treatment or monitoring of its quality and by other individuals only on his/her written authorization or that of his/her legally authorized representative.
6. To expect all communications and other records pertaining to his/her care, including the source of payment for treatment to be treated as confidential.
7. To request a transfer to another room if another patient or (his or her representative) or visitors in that room are unreasonably disturbing him/her by their actions.

E. **Personal Safety** – The patient or (his/ her representative) has the right to expect reasonable safety insofar as the hospital practices and environment is concerned. To be placed in protective privacy when considered necessary for personal safety.

F. **Identity** – The patient or (his/ her representative) has the right to know the identity and professional status of individuals providing service to him/her and to know which physician or other practitioner is primarily responsible for his/her care.

G. **Information** –The patient or (his/ her representative) has the right to obtain, from the practitioner responsible for coordinating his/her care, complete and accurate information concerning his/her diagnosis (to the degree known), treatment, and any known prognosis in terms the patient or (his/ her representative) can reasonably be expected to understand to include interpreting or translations services as needed. When it is not medically advisable to give such information to the patient or (his/ her representative) the information should be made available to a legally authorized individual.

The patient or (his/ her representative) has the right to access, request amendment to, and receive an accounting of disclosures regarding his/her health information as permitted under applicable law.

H. **Communication** – The patient or (his/ her representative) has the right of access to people outside the hospital by means of visitors, and by verbal and written communication. The patient has the right to request that his/her family, surrogate, or physician be notified of their admission. When the patient or (his/ her representative) does not speak or understand the predominant language of the community, he/she should have access to an interpreter. This is particularly true where language barriers are a problem. The Health Care Authority of the City of Anniston provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats). The Health Care Authority of the City of Anniston provides free language services to people whose primary language is not English, such as qualified interpreters, and information written in other languages.

I. **Consent** – The patient or (his/her representative) has the right to participate in informed decisions involving his/her health care. To the degree possible, this should be based on a clear, concise explanation of his/her condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient or (his/ her representative) should not be subjected to any procedure without his/her voluntary, competent, and understanding consent or that of his/her legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient or (his/ her representative) shall be so informed.

The informed consent process includes a discussion about any circumstances under which information about the patient must be disclosed or reported. The patient has the right to provide consent to, or refusal of medical or surgical interventions, and in planning for care after discharge from the hospital. Note: such circumstances may include requirement for disclosure of information regarding cases of HIV, tuberculosis, viral meningitis and other diseases that are reported to organizations such as the health departments or the Centers for Disease Control and Prevention.

The patient or (his/ her representative) has the right to know who is responsible for authorizing and performing the procedures and treatment. The patient or (his/ her representative) shall be informed if the hospital proposes to engage in or perform human experimentation or other research/education projects affecting his/her care or treatment, and the patient or (his/ her representative) has the right to refuse to participate in any such activity.

J. **Visitation** – The patient may receive visitors of his/her choice, including, but not limited to a spouse, domestic partner, same sex domestic partner, another family member or friend, without discrimination based on age, race, ethnicity, religion, culture, language, mental or physical disability, socioeconomic status, sex, sexual orientation, and gender identity of expression. A patient has the right to withdraw or deny consent for anyone previously allowed visitation

rights. Each patient is allowed to designate a support person who may visit at any time.

The patient or (his/ her representative) may designate a Support Person to exercise visitation rights on his/her behalf. The patient or (his / her representative) may designate this person in any manner, including orally, in writing or through non-verbal communication (such as pointing).

Potential reasons for restricting or limiting visitors:

- Any court order limiting or restraining contact
 - Behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment
 - Behavior disruptive of the functioning of the patient care unit
 - Patient's risk of infection by the visitor
 - Visitor's risk of infection by the patient
 - Extraordinary protections because of a pandemic or infectious disease outbreak
 - Substance abuse treatment protocols requiring restricted visitation
 - Patient's need for privacy or rest
 - Need for privacy or rest by another individual in the patients' shared room
- Children under age 12 must be accompanied by a responsible adult and may visit immediate family members only.

There are suggested visiting guidelines, so that each patient can receive the required care and rest.

The hospital can apply reasonable visitation restrictions if the presence of the visitor(s) and/or designated Support Person infringes on others' rights, safety, or is medically or therapeutically contraindicated.

- K. **Consultation** – The patient or (his/ her representative), at his/her own request and expense, has the right to consult with a specialist.
- L. **Refusal of Treatment** – The patient or (his/ her representative) may refuse treatment to the extent permitted by law. When refusal of treatment by the patient or (his/her representative) or his legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient or (his/her representative) may be terminated upon reasonable notice.
- M. **Transfer and Continuity of Care** – A patient or (his/her representative) may not be transferred to another facility unless he/ she has received a complete explanation of the need for the

transfer, the alternatives to such a transfer, and unless the transfer is acceptable to the other facility.

- N. **Restraints and Seclusion-** The patient has the right to be free from restraints, or seclusion of any form, that are not medically necessary or are used for purposes other than patient benefit and safety.
- O. **Hospital Charges** – – Regardless of the source of payment for his/her care, the patient or (his/her representative) has the right to request and receive an itemized and detailed explanation of his/her total bill for services rendered in the hospital. The patient or (his/her representative) has the right to timely notice prior to termination of his/her eligibility for reimbursement by any third-party payer for the cost of care. Medicaid regulations prohibit the release of detail bills to any patient or (his/ her representative) that has Medicaid as a primary or secondary insurance, without the explicit authorization from the Medicaid agency.
- P. **Hospital Rules and Regulations** – The patient or (his/ her representative) should be informed of the hospital rules and regulations applicable to his/her conduct as a patient or (his/her representative).
- Q. **Complaint Process** –The patient or (his/her representative) is entitled to information about the hospital's mechanism for the initiation, review, and resolution of patient complaints.
- R. **Advance Directives-** The patient has the right to have an advance directive, including a living will and/or a power of attorney for health care concerning treatment or designating a surrogate decision-maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. The patient or (his/ her representative) has the right to formulate their advance directives.

1. Outpatient

In this facility, resuscitative measures will be initiated anytime they are needed in an outpatient setting:

This information will be provided to outpatients seeing care and/or services

If patient is later admitted as an inpatient that patient's Advance Directive will be honored pursuant to Alabama law and regulation.

- S. **Pain Management** - The patient has the right to appropriate assessment and management of pain.

T. Chaplain Services- The patient has the right to pastoral care and other spiritual services.

U. Modifications- the Health Care Authority of the City of Anniston provides people with disabilities reasonable modifications

V. PATIENT OR (HIS/ HER REPRESENTATIVE) RESPONSIBILITIES

A. Provision of Information- The patient or (his/ her representative) has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health. The patient or (his or her representative) and or legally authorized representative have the right to participate in decisions about care.

B. Compliance with Instructions- The patient or (his/ her representative) is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care including following the instructions of nurses and other staff as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and /when he/she is unable to do so for any reason, for notifying the responsible practitioner or the hospital.

C. Refusal of Treatment- The patient or (his/her representative) is responsible for his/ her actions if he/she refuses treatment or does not follow the practitioner's instructions.

D. Hospital Charges- The patient or (his/ her representative) is responsible for ensuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

E. Hospital Rules and Regulations- The patient or (his/ her representative) is responsible for following hospital rules and regulations affecting patient's care and conduct.

F. Respect and Consideration- The patient or (his/ her representative) is responsible for being considerate of the rights of other patients and hospital personnel and for being respectful of the property of other persons and of the hospital.

G. Pain Management The patient has the responsibility to communicate to the doctor and nurse when pain begins and when it is not relieved, and to discuss pain relief options with the doctor or nurse.

PATIENT OR (HIS/HER REPRESENTATIVE) COMPLAINTS

If you feel that your treatment or rights as a patient or (his/ her representative) at the Health Care Authority of the City of Anniston, below the desired quality, we offer a mechanism for you to voice those complaints. A complaint will not affect or jeopardize your quality of care or access to care in the future. The patient or (his/ her representative) can freely voice complaints and concerns and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

To voice a concern, please contact the Compliance Department for The Health Care Authority of the City of Anniston and all at 400 East Tenth Street, Post Office Box 2208, Anniston, Alabama 36202, 256-235-5368, email address Compliance@rmccares.org. or Compliance Officer at 256-235-5121.

If you have a concern this healthcare facility did not resolve effectively, you may contact the Alabama Department of Public Health Complaint Line: 1-800-356-9596.

If you have a concern this healthcare facility did not resolve effectively, you may contact the Joint Commission as follows:

E-Mail: The patient or (his or her representative) may email patient safety concerns to www.jointcommission.org to Report a Patient Safety Event

- At www.jointcommission.org, using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website
- By fax to 630-792-5636
- By mail to Office of Quality and Patient Safety, The Joint Commission,
One Renaissance Boulevard,
Oakbrook Terrace, Illinois 60181

Report a Patient Safety Event

Do you have a patient safety event or concern about a health care organization?

How do you file a concern?

- Online: [Submit a new patient safety event or concern.](#) | [Submit an update to your incident.](#) (You must have your incident number) Fax: 630-792-5636
- Mail: Office of Quality and Patient Safety The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

What information do you need to include?

- The name and address of the organization.
- Tell us about your concern in one or two pages.
- Give us your name, address or e-mail address if you would like follow-up information sent to you.

What happens to your incident?

- We check for other patient safety events about the organization.
- We may write to the organization about your concern.
- Sometimes, we visit the organization to see if there is a problem in meeting the requirements that deal with your concern.
- We will not share your name with the organization unless you say it is OK

What can you do about concerns that The Joint Commission cannot help with?

- You may want to talk to the organization about your concern.
- Your state's department of health may be able to help.

If you have questions about how to file your complaint, you may contact the Joint Commission at this toll free U.S. telephone number, (800) 994-6610. 8:30 a.m. to 5 p.m., Central Time, weekdays.

If you believe that The Health Care Authority has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with The Compliance Department for The Health Care Health Care Authority of the City of Anniston's Hospital, Clinics or Physicians' offices. Please contact the System's Compliance Department at 400 East Tenth Street, Post Office Box 2208, Anniston, Alabama 36202, 256-235-5121 or email address Compliance@rmccares.org.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available 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
1800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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