

Patient Bill of Rights and Responsibilities

1. SCOPE

1.1. System-wide

- This policy excludes CBRF, SNF, and hospice facilities. This policy also excludes home health. They have policies specific to their patients.

1.2. Facilities and departments included in the scope are further defined in the [Scope Definition Resource Guide](#) if not specifically outlined above.

2. DEFINITIONS & EXPLANATIONS OF TERMS

2.1. Abbreviations

- CMS: Center for Medicare and Medicaid Services
- HIPAA: Health Insurance Portability and Accountability Act
- MCHS: Marshfield Clinic Health System

2.2. Definitions

- The "Patient Bill of Rights and Responsibilities" outlines the rights and responsibilities of patients and/or families served by MCHS and its affiliated organizations. The Patient Bill of Rights and Responsibilities is based on federal and state laws, accreditation standards, and core values. Patients' Rights and Responsibilities will be displayed on the public website, in prominent locations within the facilities, and given to the patient at time of hospital admission.
- Patient Rights: MCHS recognizes that each individual is important, unique, and deserves to be treated with respect and concern. This includes respecting basic rights and personal dignity of all patients without distinction or discrimination.
- Patient Responsibilities: The effectiveness of patient care and satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. Therefore, in addition to patient rights, a patient has certain responsibilities. These patient responsibilities are the collection of patient actions which demonstrate good faith and result in active collaboration with health care providers and services in the context of health care needs.
- Patient Complaint: A verbal expression of dissatisfaction with services provided. Complaints are resolved with the staff present at the time of the complaint or by whomever can quickly be at the patient's location to resolve the issue. Information written by patients on satisfaction surveys are generally considered complaints unless the patient attaches a written letter to the survey form or raises a quality of care issue (issue would then be considered a grievance). Billing issues are generally considered complaints unless they are from a Medicare Beneficiary regarding rights and limitations provided by 42 CFR §489.
- Grievance: A written complaint, or a verbal complaint when the verbal complaint is not resolved at the time of initial complaint by the patient's direct

provider or Staff Present, by a patient or the patient's representative, regarding the patient's care, abuse or neglect, issues related to compliance with the CMS Hospital Conditions of Participation or other regulatory requirements, or issues related to billing rights and limitations affecting a Medicare beneficiary. For these purposes, a Grievance does not include:

- ◇ Complaints unrelated to patient service or care (e.g. general complaints about amount of a patient's bill);
 - ◇ Requests for bedding changes, housekeeping or other room changes;
 - ◇ Requests for preferred food or beverages;
 - ◇ Complaints from third parties not involved in the patient's continuum of care; or
 - ◇ Solicited feedback not requesting resolution (i.e. satisfaction surveys).
- Staff Present: Any staff present at the time of the complaint or who can quickly be at the patient's location (i.e. nursing, administration, nursing supervisors, patient advocates, etc.) to resolve the patient's complaint.
 - Visitor: Anyone designated by the patient including, but not limited to, spouses, domestic partners (including same sex domestic partners), friends, or family members. The patient may withdraw or deny consent to visitors at any time.

POLICY

3. POLICY BODY

3.1. Patient Rights

a. Patients have the following rights in accordance with the Patient Bill of Rights

- Access to Care:
 - The right to receive appropriate treatment and services regardless of race, ethnicity, creed, culture, color, national origin, language, ancestry, religion, sex, sexual orientation, gender identity, marital status, age, newborn status, physical or mental disability, socioeconomic status, gender identity or expression, or source of payment.
- Considerate Care:
 - The right to receive considerate, respectful care from qualified personnel who respect the patient's dignity, personal values, spiritual values, belief system and culture, and the right to be free from all forms of abuse, neglect, humiliation, or harassment. The patient has the right to protective services.
- Privacy:
 - Every consideration will be shown for individual privacy during interviews, examinations, and treatment. This includes the patient's right to request that a person of their own sex be present during certain parts of physical examination, procedure, or treatment.
- Notification of Admission, Discharge, and/or Transfer:
 - The right to have a family member or a representative of the patient's choice and their own physician notified promptly of their admission to the hospital, discharge, and/or transfer to another facility.
- Identity of Physicians and Staff:
 - The right to be informed of the name of the physician who has primary responsibility for coordinating the patient's care and the names and professional relationship of other physicians and staff who provide care and treatment.
- Confidentiality:
 - The right to have the patient's medical records, diagnosis, care, and method of payment kept confidential. This information will not be released to other parties without the patient's/legal guardian's written consent, unless otherwise permitted or required by law. The Health Insurance Portability & Accountability Act (HIPAA) provides patients additional privacy rights as delineated in the [Notice of Privacy Practices](#).
- Information:
 - The right to obtain current information regarding the patient's health status from the physician responsible for coordinating the patient's care. Such information includes diagnosis, treatment options, and prognosis,

communicated in language that the patient can reasonably be expected to understand. In an emergency, if the patient should lack the capability to make decisions, the information will be made available to a legally authorized individual. The patient has the right to access information in their medical record as outlined in the [Notice of Privacy Practices](#).

Healthcare Decision Making:

- The right to be given the information necessary to allow the patient to actively participate in the development and implementation of a plan of care. The right to participate in the ethical questions that arise in the course of the patient's care, including issues of conflict resolution, withholding resuscitative services, and foregoing or withdrawing life sustaining treatment. The right to request a different physician or to transfer to another health care facility for religious or other reasons.

Communication:

- When admitted to the hospital, the right to communicate with people outside the hospital, either in person or through verbal or written communication, and to designate who is and is not permitted to visit during their stay. If the patient does not speak or understand the predominant language of the community, someone will be provided to interpret medical information. Patients with vision, speech, hearing, or cognitive impairment may receive information in a manner that meets the patient's needs.

Advocate:

- To have another person, of the patient's choice, serve as an advocate.

Informed Consent:

- The right to receive information about the medical procedures or treatments that require consent, including an explanation of risks involved, probability of success and alternative treatments that may be available. Except in emergencies, the patient's consent or the consent of their legally authorized representative will be obtained before treatment is administered.

Visitors:

- The right to receive the visitors designated by the patient.

Religious and Spiritual Services:

- The right to access religious and other spiritual services.

Personal Safety:

- Medical providers and other staff will do everything possible to ensure the patient's safety while in the facilities.

Continuity of Care:

- The right to expect reasonable continuity of care and to be informed by physicians and other caregivers of available and realistic options for care when care at the facility is no longer appropriate.
- Consult Another Physician:
 - The right to request a specialist or an opinion from another physician.
- Refusal of Treatment:
 - The right to accept, limit, discontinue, or refuse treatment to the extent permitted by law. The patient will be informed of the potential medical consequences of refusing treatment or leaving the hospital against medical advice. Neither MCHS nor the physician(s) will be responsible for any harm caused to the patient or any other person as a result of the patient leaving against medical advice.
- Transfer:
 - Except in emergencies, the patients admitted to the hospital may not be transferred to another facility unless the patient or his or her legal representative has agreed to the transfer and received an explanation concerning the need for transfer, the risks, benefits, and alternatives of such a transfer. The transfer will not be arranged unless it is acceptable to the receiving facility and the transfer is made in accordance with current laws.
- Research:
 - The patient or his or her legally authorized representative must give prior informed consent for participation in any form of research.
- Advance Directives:
 - The right to have an advance directive (such as a Living Will or Durable Power of Attorney for Healthcare) concerning treatment with the expectation that the facility will honor the intent of that directive to the extent permitted by law and the facility's policy.
- Pain Management:
 - The right to appropriate assessment and management of pain. A patient can expect: (1) information about pain management and pain relief measures, (2) involvement in the process of planning pain management treatment, (3) provision of pain relief measures and other forms of comfort care when needed.
- Explanation of Healthcare Facility Charges:
 - The right to be informed about charges for services and available payment methods. Patients are permitted to examine the bill and receive an explanation of the bill, regardless of source of payment. Upon request, the patient also has the right to receive information relating to financial assistance available through the facility.
- Restraints and Seclusion:

- The right to be free from unnecessary restraint or seclusion. Restraint devices are utilized only when clinically warranted to prevent a patient from injury to self or others and when less restrictive interventions are ineffective or inadequate. Restraint devices are used in a manner that provides safety without causing the patient harm, pain, or physical discomfort and maintaining the highest level of self-esteem possible.

Children's Rights:

- All patients, regardless of age, have rights. Pediatric patients have the following additional rights:

Children will not be subjected to any medical treatment without prior consent from a parent, legal guardian, or the court system. The only exception to this is in the event of an emergency, when treatment would begin immediately.

Children have the right to have their parent or legal guardian serve as their advocate.

Children have the right, during their hospitalization, to socialization and age appropriate emotional support.

3.2. Concerns or Questions About Patient Rights

- a. The top priority at MCHS is to provide the patient with quality health care. Patients have the right to voice any questions, concerns or complaints regarding their care. Each patient has the right to express grievances without coercion, discrimination, or reprisal and to receive prompt resolution. Patients are encouraged to address concerns openly and promptly with their provider or Staff Present. See [Patient Complaint & Grievance Resolution Policy](#).

However, their other resources include:

- The Department or Unit Manager
- The Patient Advocates or Patient Experience Liaisons
- Administrator on call and/or the Risk Manager
- Laboratory Medical Director or Quality Manager (laboratory complaints)
- The Privacy Officer (privacy complaints)
- Wisconsin Division of Quality Assurance
- The Joint Commission
- Center for Medicare and Medicaid Services ("CMS") Quality Improvement Organization
- Department of Health & Human Services Office for Civil Rights (privacy complaints)
- CMS
- Division of Laboratory Services (CLIA or other laboratory complaints)

3.3. Patient Responsibilities

a. Provision of Information:

- Patients have the responsibility to provide accurate and complete information about present medical problems, past illnesses, hospitalizations, medications, and other matters relating to their health to the best of their abilities. Patients are responsible for reporting whether they clearly understand a course of treatment and to request additional information and clarification.

b. Compliance with Instructions:

- Patients are responsible for following the treatment plan recommended by the provider primarily responsible for their care. This may include following instructions or keeping appointments and notifying the responsible provider or the facility if they are unable to do so.

c. Refusal of Treatment:

- Patients are responsible for actions if they refuse treatment or do not follow the provider's instructions. A complete informed consent process of potential risks must be communicated.

d. Payment of Charges:

- Patients are responsible for meeting their financial obligations or making the facility aware of their financial hardship. Additionally, patients are responsible for understanding the requirements of their insurance plan and for providing necessary information for insurance claims.

e. Healthcare Facility Rules and Regulations:

- Patients are responsible for following the facility's policies and procedures regarding patient care, safety, and conduct.

f. Advance Directives:

- Patients are responsible for insuring that the facility has a copy of their written advance directive, if they have one. Patients have a responsibility for informing the physician and other caregivers of their care wishes if they do not have an advance directive.

g. Respect and Consideration:

- Patients have the responsibility for being considerate of the rights and property of other patients and the facility's personnel. Patients admitted to the hospital are also responsible for following the hospital's policy regarding number of visitors.

h. Concerns or Complaints:

- Patients have a responsibility to tell facility staff if they are not satisfied with their care. See [Patient Complaint/Grievance Resolution](#) policy.

3.4. Special Program Requirements Governing Patient's Rights

- a. In some areas of patient treatment, the patient's rights go beyond the scope of these general Patient Rights. These program areas are to follow the

Patient's Bill of Rights as well as any additional responsibilities related to the specific services provided to the patients.

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4. ADDITIONAL RESOURCES

4.1. References:

- 42 CFR 482.13
- 42 CFR §489
- [Notice of Privacy Practices](#)
- [Patient Complaint & Grievance Resolution Policy](#)
- [Non-Discrimination of Admission and Service Delivery/Limited English Proficiency/Impaired Sensory, Manual, or Speaking Skills/Other Disabilities](#)
- [Responding to Allegations of Patient Abuse, Neglect, or Misappropriation of Patient Property \(Caregiver Misconduct\)](#)

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5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	New Document
2.0	Updated definitions for Sections 2.1 and 2.2. Added information on Non-Discrimination policy in Section 3.1 (Communication) and linked policy under References.
3.0	Update Scope
4.0	Updated logo and added additional information under 3.1 Pain Management.
5.0	Updated Scope to include Marshfield Medical Center-Eau Claire.
6.0	Updated Scope to include Marshfield Medical Center-Ladysmith.
7.0	Updated Scope to remove MMC-Ladysmith and add MMC-Marshfield.
8.0	Updated Scope
9.0	Updated Scope, logo, and Section 3.1 to reference spiritual values and services.
10.0	Updated Scope. Added definition for Visitor and "Visitors" info to Section 3.1. Updated formatting, setting metadata field, header, removed logo, added abbreviations, updated author and scope. Updated link to Notice of Privacy Practices.
11.0	Annual review. Minor wording change to first sentence of Section 3.2.a.
12.0	Updated Section 3.1.a second bullet to include neglect and humiliation. Added link to Caregiver Misconduct policy under References.
13.0	Annual review. Added 'gender identity' to Section 3.1.a, first bullet.
14.0	Added Section 1.3 and updated name and broken link for Patient Complaint & Grievance Resolution Policy.
15.0	Updated Notification of Admission info under Section 3.1 to include discharge and/or transfer (11/2021).
16.0	Added information on Advocate under Section 3.1 (11/2021).
17-20	See version history
21.0	DCS Checklist, AO to republish

6. DOCUMENT PROPERTIES

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