

# Patient Rights and Responsibilities



## Patient Rights

We respect the dignity and pride of each individual we serve. We comply with applicable Federal civil rights laws and do not discriminate on the basis of age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state, or local law. Each individual shall be informed of the patient's rights and responsibilities in advance of administering or discontinuing patient care or otherwise at the earliest possible time in the course of hospitalization. We adopt and affirm as policy the following rights of patient/clients who receive services from our facilities:

### Considerate and Respectful Care

- To receive competent, ethical, high-quality, safe and professional care and high professional standards that are continually maintained and reviewed without discrimination
- To be free from all forms of abuse and harassment
- To be treated with consideration, respect and recognition of their individuality, including the need for privacy in treatment. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted discreetly. This includes the right to request the facility provide a person of one's own gender to be present during certain parts of physical examinations, treatments or procedures performed by a health professional of the opposite sex, except in emergencies, and the right not to remain undressed any longer than is required for accomplishing the medical purpose for which the patient was asked to undress
- A patient has the right to know what facility rules and regulations apply to his conduct as a patient

### Information Regarding Health Status and Care

- To be informed of his/her health status in terms that patient can reasonably be expected to understand, and to participate in the development and the implementation of his/her plan of care and treatment, including diagnosis, treatment, prognosis, and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given on his/her behalf to the patient's designee.
- The right to be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient
- The right to be informed about any continuing health care requirements after his/her discharge from the hospital. The patient shall also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge.
- To be informed of risks, benefits and side effects of all medications and treatment procedures, particularly those considered innovative or experimental
- To be informed of all appropriate alternative treatment procedures
- To be informed of the outcomes of care, treatment and services
- To appropriate assessment and management of pain
- To be informed if the hospital has authorized other health care and/or education institutions to participate in the patient's treatment. The patient shall also have a right to know the identity and function of these institutions, and may refuse to allow their participation in his/her treatment

### Decision Making and Notification

- To choose a person to be his/her healthcare representative and/or decision maker. The patient may also exercise his/her right to exclude any family members from participating in his/her healthcare decisions.
- To have a family member, chosen representative and/or his or her own physician notified promptly of admission to the hospital
- To request or refuse treatment, medication, or procedures and to be informed of this right by his/her physician. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate
- To be included in experimental research only when he or she gives informed, written consent to such participation. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices
- A patient has the right to be advised when a physician is considering the patient as a part of a medical care research program or donor program. Informed consent must be obtained prior to actual participation in such a program and the patient or legally responsible party, may, at any time, refuse to continue in any such program to which he has previously given informed consent. An Institutional Review Board (IRB) may waive or alter the informed consent requirement if it reviews and approves a research study in accord with federal regulations for the protection of human research subjects including U.S. Department of Health and Human Services (HHS) regulations under 45 CFR Part 46 and U.S. Food and Drug Administration (FDA) regulations under 21 CFR Parts 50 and 56. For any research study proposed for conduct under an FDA "Exception from Informed Consent Requirements for Emergency Research" or an HHS "Emergency Research Consent Waiver" in which informed consent is waived but community consultation and public disclosure about the research are required, any facility proposing to be engaged in the research study also must verify that the proposed research study has been registered with the North Carolina Medical Care Commission. When the IRB reviewing the research study has authorized the start of the community consultation process required by the federal regulations for emergency research, but before the beginning of that process, notice of the proposed research study by the facility shall be provided to the North Carolina Medical Care Commission. The notice shall include: (a) the title of the research study; (b) a description of the research study, including a description of the population to be enrolled; (c) a description of the planned community consultation process, including currently proposed meeting dates and times; (d) an explanation of the way that people choosing not to participate in the research study may opt out; and (e) contact information including mailing address and phone number for the IRB and the principal investigator. The Medical Care Commission may publish all or part of the above information in the North Carolina Register, and may require the institution proposing to conduct the research study to attend a public meeting convened by a Medical Care Commission member in the community where the proposed research study is to take place to present and discuss the study or the community consultation process proposed.
- To formulate advance directives and have hospital staff and practitioners who provide care in the hospital comply with these directives
- To leave the healthcare facility against one's physician's advice to the extent permitted by law

### Access to Services

- To receive, as soon as possible, the free services of a translator and/or interpreter, telecommunications devices, and any other

necessary services or devices to facilitate communication between the patient and the hospitals' health care personnel (e.g., qualified interpreters, written information in other languages, large print, accessible electronic formats)

- To bring a service animal into the facility, except where service animals are specifically prohibited pursuant to facility policy (e.g., operating rooms, patient units where a patient is immunosuppressed or in isolation)
- To pastoral counseling and to take part in religious and/or social activities while in the hospital, unless one's doctor thinks these activities are not medically advised
- To safe, secure and sanitary accommodation and a nourishing, well balanced and varied diet
- To access people outside the facility by means of verbal and written communication
- To have accessibility to facility buildings and grounds. We recognize the Americans with Disabilities Act, a wide-ranging piece of legislation intended to make American society more accessible to people with disabilities. The policy is available upon request
- To a prompt and reasonable response to questions and requests for service
- To request a discharge planning evaluation

### Access to Medical Records

- To have his/her medical records, including all computerized medical information, kept confidential and to access information within a reasonable time frame. The patient may decide who may receive copies of the records except as permitted by operation of law, required by law, or through appropriate third party contractual arrangements. A patient's access to medical records may be restricted by the patient's attending physician. If the physician restricts the patient's access to information in the patient's medical record, the physician shall record the reasons on the patient's medical record. Access will be restricted only for sound medical reason. A patient's designee may have access to the information in the patient's medical records even if the attending physician restricts the patient's access to those records.
- Upon leaving the healthcare facility, patients have the right to obtain copies of their medical records

### Ethical Decisions

- To participate in ethical decisions that may arise in the course of care including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawal of life sustaining treatment, and participation in investigational studies or clinical trials
- If the healthcare facility or its team decides that the patient's refusal of treatment prevents him/her from receiving appropriate care according to ethical and professional standards, the relationship with the patient may be terminated

### Protective Services

- To access protective and advocacy services and other individuals or agencies authorized to act on the patient's behalf to assert or protect the patient's rights as described in this document
- To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff
- The patient who receives treatment for mental illness or developmental disability, in addition to the rights listed herein, has the rights provided by any applicable state law
- To all legal and civil rights as a citizen unless otherwise prescribed by law
- To have upon request an impartial review of hazardous treatments or irreversible surgical treatments prior to implementation except in emergency procedures necessary to preserve one's life
- To an impartial review of alleged violations of patient rights
- To expect emergency procedures to be carried out without unnecessary delay
- To give consent to a procedure or treatment and to access the information necessary to provide such consent. Except for emergencies, a physician must obtain necessary informed consent prior to the start of any procedure or treatment, or both
- To be free from duplication of medical and nursing procedures as determined by the attending physician
- To receive medical and nursing treatment that avoids unnecessary physical and mental discomfort
- To not be required to perform work for the facility unless the work is part of the patient's treatment and is done by choice of the patient
- To file a complaint with the Department of Health or other quality improvement, accreditation or other certifying bodies if he /she has a concern about patient abuse, neglect, about misappropriation of a patient's property in the facility or other unresolved complaint, patient safety or quality concern

### Payment and Administration

- To examine and receive an explanation of the patient's healthcare facility's bill regardless of source of payment, and may receive upon request, information relating to the availability of known financial resources
- The patient has a right to full information and counseling on the availability of known financial resources for his/her health care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate
- To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care
- To be informed in writing about the facility policies and procedures for initiation, review and resolution of patient complaints, including the address and telephone number of where complaints may be filed

### Additional Patient Rights

- When medically permissible, a patient may be transferred to another facility only after he or his next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The facility to which the patient is to be transferred must first have accepted the patient for transfer.
- Except in emergencies, the patient may be transferred to another facility only with a full explanation of the reason for transfer, provisions for continuing care and acceptance by the receiving institution
- To initiate their own contact with the media
- To get the opinion of another physician, including specialists, at the request and expense of the patient
- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment
- To request a transfer to another room if another patient or a visitor in the room is unreasonably disturbing him/her
- To request pet visitation except where animals are specifically prohibited pursuant to the facility's policies (e.g., operating rooms, patient units where a patient is immunosuppressed or in isolation)
- The patient has the right not to be awakened by hospital staff unless it is medically necessary.

### Patient Responsibilities

The care a patient receives depends partially on the patient him/herself. Therefore, in addition to the above rights, a patient has

certain responsibilities. These should be presented to the patient in the spirit of mutual trust and respect.

- To provide accurate and complete information concerning his/her health status, medical history, hospitalizations, medications and other matters related to his/her health
- To report perceived risks in his/her care and unexpected changes in his/her condition to the responsible practitioner
- To report comprehension of a contemplated course of action and what is expected of the patient, and to ask questions when there is a lack of understanding
- To follow the plan of care established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders
- To keep appointments or notifying the facility or physician when he/she is unable to do so
- To be responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders
- To assure that the financial obligations of his/her healthcare care are fulfilled as promptly as possible
- To follow facility policies, procedures, rules and regulations
- To be considerate of the rights of other patients and facility personnel
- To be respectful of his/her personal property and that of other persons in the facility
- To help staff to assess pain, request relief promptly, discuss relief options and expectations with caregivers, work with caregivers to develop a pain management plan, tell staff when pain is not relieved, and communicate worries regarding pain medication
- To inform the facility of a violation of patient rights or any safety concerns, including perceived risk in his/her care and unexpected changes in their condition

### Visitation Rights

We recognize the importance of family, spouses, partners, friends and other visitors in the care process of patients. We adopt and affirm as policy the following visitation rights of patients/clients who receive services from our facilities:

- To be informed of their visitation rights, including any clinical restriction or limitation of their visitation rights
- To designate visitors, including but not limited to a spouse, a domestic partner (including same sex), family members, and friends. These visitors will not be restricted or otherwise denied visitation privileges on the basis of age, race, color, national origin, religion, gender, gender identity, gender expression, sexual orientation or disability. All visitors will enjoy full and equal visitation privileges consistent with any clinically necessary or other reasonable restriction or limitation that facilities may need to place on such rights
- To receive visits from one's attorney, physician or clergyperson at any reasonable time
- To speak privately with anyone he/she wishes (subject to hospital visiting regulations) unless a doctor does not think it is medically advised
- To refuse visitors
- Media representatives and photographers must contact the hospital spokesperson for access to the hospital

## TO REPORT A PATIENT RIGHTS CONCERN, PLEASE CONTACT:

NC Division of Health Service Regulation  
Complaint Intake Unit  
2711 Mail Service Center  
Raleigh, NC 27699

Toll Free: 800-624-3004 (NC only)  
Outside NC: 919-855-4500  
E-mail: [dhsr.webmaster@dhsr.nc.gov](mailto:dhsr.webmaster@dhsr.nc.gov)

Quality Improvement Organization (QIO):  
KEPRO  
5201 West Kennedy Boulevard, Suite 900  
Tampa, FL 33609

Toll Free Phone: 888-317-0751  
Toll Free Fax: 833-868-4058  
Local phone: 813-280-8256

#### The Joint Commission:

- At [www.jointcommission.org](http://www.jointcommission.org), using the Report a Patient Safety Event ([https://www.jointcommission.org/report\\_a\\_complaint.aspx](https://www.jointcommission.org/report_a_complaint.aspx)) link in the "Action Center" on the home page of the website
- By fax at 630-792-5636
- By mail to Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181

HCA Ethics Line: 1-800-455-1996

If you need access to services or to report a concern regarding discrimination in access to services, contact:

Dana McGee-Hayes, Equity Compliance Coordinator (ECC)  
125 Hospital Drive  
Spruce Pine, NC 28755  
Phone (828) 766-1815  
Fax (828) 766-1809  
[Dana.McGeeHaynes@HCAHealthcare.com](mailto:Dana.McGeeHaynes@HCAHealthcare.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Dana McGee-Haynes, Equity Compliance Coordinator (ECC) is available to help you.

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 of 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  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>