I. PATIENT RIGHTS

Every patient, and/or his/her representative, shall whenever possible, be informed of the patient’s rights and responsibilities in advance of his or her admission to the hospital. The rights of the patient and/or his/her representative when appropriate include the right to:

1. Have a family member, chosen representative and/or his or her own physician notified promptly of his or her admission to the hospital.

2. Receive treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preference, handicap, diagnosis, ability to pay or source of payment.

3. Be treated with consideration, respect, dignity and recognition of their individuality, including the need for privacy in treatment; and respect for their personal values, beliefs, cultural, psychosocial, spiritual needs and preferences.

4. Be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient. These people shall identify themselves by introduction and/or by wearing a nametag.

5. Receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital’s health care personnel or individuals outside the hospital.

6. Receive and participate in the development and implementation of his/her plan of care.

7. Make informed decisions regarding his or her care, and be informed about the outcomes of care, treatment and services that have been provided, including unanticipated outcomes.

8. Be informed of his/her health status, be involved in care planning and treatment, and be able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

9. Be included in experimental research only when he or she gives informed, written consent to such participation, and to refuse to participate in experimental research, including the investigations of new drugs and medical devices.

Updated April 2014
10. Be informed if the hospital has authorized other health care and/or educational institutions to participate in the patient’s treatment and to know the identity and functions of these institutions, and may refuse to allow their participation in his/her treatment.

11. Formulate advance medical directives (AMD) and have hospital staff and practitioners who provide care in the hospital comply with these directives. The patient’s health care provider may decline to honor an AMD for reasons of beliefs or conscience and/or may decline to comply with the wishes of the patient (or the patient’s agent or surrogate) or if the requested medical care would be medically ineffective or contrary to generally accepted standards, for example, pregnancy. The physician must inform the patient and surrogate of each determination and seek agreement on a mutually acceptable plan of care. If any attending physician refuses to comply with the declaration of a qualified patient, he/she shall make a reasonable effort to transfer the patient to another physician. This provision does not allow a physician to refuse to honor the designation of a patient representative or support person. The hospital will not condition the provision of health care or otherwise discriminate against the patient based upon whether an advanced directive has been executed.

12. Be informed by the attending physician and other providers of health care services about any continuing health care requirements after his/her discharge from the hospital and to have hospital staff make arrangements for the required follow-up care after discharge.

13. Have his/her medical records, including all computerized medical information, kept confidential; and to access information contained in his/her medical records within a reasonable time frame.

14. Be informed of unanticipated outcomes of care, treatment and services that relate to sentinel events considered reviewable by The Joint Commission, by the hospital and/or the LIP.

15. Consent to and receive visitors he or she designates, either orally or in writing, including but not limited to, a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend according to hospital visitation policy; and to withdraw or deny his/her consent to receive specific visitors, either orally or in writing.
16. The Hospital may impose any justified clinical restriction on a patient’s visitation rights in order to provide safe care to the patient or other patients. This may include, but not be limited to one or more of the following: (i) a court order limiting or restraining contact (ii) behavior presenting a direct risk or threat to the patient, hospital staff, or others (iii) behavior disruptive of the functioning of the patient care unit (iv) reasonable limits on the number of visitors at any one time (v) patient’s risk of infection by the visitor or visitor’s risk of infection by the patient (vi) extraordinary protections because of a pandemic disease outbreak (vii) patient’s need for privacy or rest (viii) when patient is undergoing a clinical intervention or procedure and the treating health care professional believes it in the patient’s best interest to limit visitation during the clinical intervention or procedure. Specific unit visitation policies include:

   a. **Obstetrics:** post-partum is 7am-9pm, Labor and delivery does not allow children less than 12 years old and is limited to three persons at a time. Nursery is limited to parents of border babies.

   b. **Intensive Care Unit:** Visitation is not allowed for children less than 12 years of age and is limited to two persons at a time. Visitation hours are daily from 0930-1000am, 1200-1230pm, 5:00-5:30pm, and 8:00pm to 8:30 pm.

   c. **Emergency Department:** Visitation is not allowed for children less than 12 years of age and is limited to one person after the patient is stabilized.

   d. **Senior Care Unit:** Visitation is not allowed for children less than 12 years of age and is limited to two persons at a time. Visitation hours are Monday, Wednesday, Friday from 1:00-2:00pm, Tuesday and Thursday from 5:30 -6:30pm and weekends from 2:00-4:00pm.

The hospital cannot restrict visitation based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability of either the patient (or support person or representative, where appropriate) or the patient’s visitors.

17. Be free from restraints in any form that are not medically necessary or are used as a means of coercion, disciplinary convenience or retaliation by staff.

18. Be free from all forms of abuse and harassment.

20. Receive assistance in pain management.

21. Examine and receive an explanation of the patient’s hospital bill regardless of source of payment, and may receive upon request, information relating to financial assistance available through the hospital.

22. Be informed in writing about the hospital’s policies and procedures for initiation, review and resolution of patient complaints or grievances, including the address and telephone number of where complaints may be filed with the department.

23. Be informed of his/her responsibility to comply with hospital rules, cooperate in the patient’s own treatment, provide a complete and accurate medical history, be respectful of other patients, staff and property and provide required information regarding payment of charges.

24. 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.

25. Access, request amendment to, and receive an accounting of disclosures regarding his/her own health information as permitted under applicable law.

26. Access protective and advocacy services.

II. PATIENT RESPONSIBILITIES

1. It is the patient’s responsibility to treat others with respect. All patients deserve respect, and also, staff, other patients and visitors deserve respect. This includes following rules about smoking, noise, number of visitors, conduct and respect of property that belongs to others or the hospital.

2. It is the patient’s responsibility to give accurate information. There may be a need to answer numerous questions about their health, medical history, etc.

3. The patient is responsible for bringing their advance medical directive to the hospital, if available. This may include living wills, durable power of attorney for health care, and other forms of healthcare decisions.

4. The patient is responsible for following their health care team’s treatment plan while in the hospital and following discharge.

5. The patient is responsible for asking questions if they do not understand certain aspects of their care.
Patient Rights and Responsibilities

6. The patient is responsible for accepting financial responsibility associated with his/her care.

7. The patient is responsible for following the hospital’s rules and regulations.

8. It is the patient’s responsibility to advise the nurse, physician, and/or patient advocate of any dissatisfaction they may have regarding their care or safety.

Please note: Patients who receive treatment for mental illness or developmental disability, in addition to the rights listed above, also have the rights listed in the Mental Health Law.

If you feel your rights have been violated, or a situation has not been appropriately resolved, you may contact:

Department of Health and Human Services at 1-866-280-7737
State Quality Improvement Organization (eQHealth) at 1-800-433-4958
Joint Commission at 1-800-994-6610 http://www.jointcommission.org