### PATIENT RIGHTS

**PURPOSE:** To outline and describe patient rights under federal and state law. To provide mechanisms to ensure patients are informed of their rights and are assisted in the exercise of those rights.

**POLICY:**

The patient, or his/her personal representative, is fully informed of his/her rights available under federal and state law, and of all rules and regulation governing patient conduct and responsibilities. The patient will be asked to acknowledge receipt of information on patient rights prior to or at the time of admission. Long term patients will be also be provided written information regarding patient rights annually.

The Hospital informs each patient of these rights in a language and manner that the patient understands.

If a patient is incapable of receiving information, exercising his or her rights, and/or carrying out the patient’s responsibilities as described in this policy, the patient’s personal representative, as recognized under state law and Hospital policy, will be responsible for exercising the patient’s rights and fulfilling his or her responsibilities, subject to any limitations in state or federal law.

**PROCEDURE:**

1. The patient is fully informed, prior to or at the time of admission and during his/her stay, of services available in the facility, and of related charges including any charges for services not covered under Titles XVIII or XIX of the Social Security Act or not covered by third party payors.

   1.1 Upon admission to the hospital. The patient has the right to have a family member or representative of his or her choice notified of his/her admission to the hospital. The patient also has the right to have a physician of his or her choice notified as soon as practicable, but not later than 24 hours after the request, of his/her admission.

2. The patient will receive written information at the time of admission regarding the patient’s rights under state law to make decisions concerning medical care, the right to...
accept or refuse medical or surgical treatment and the right to formulate advance directives. (Refer to Advance Directives policy.)

2.1 On admission the patient, 18 years or older, will be asked whether he/she has executed an advance directive.

2.2 A copy of the advance directive will be requested, and any documentation that is presented by the patient (or his/her representative on his/her behalf) will be retained as part of the medical record. This will include, but not be limited to, 1) a copy of any living will documented by the patient (including advance directives related to medical treatment preferences), 2) a copy of any documents executed by the patient designating a personal representative (such as a health care representative, future conservator, or authorized representative per section 1-56r of the state statutes), and 3) a copy of the document of gift if the patient is an organ donor. A copy should also be obtained of any court-appointed legal representative (such as a guardian or conservator).

2.3 If an adult patient is incapacitated at the time of admission and is unable to receive information (due to incapacitating conditions or mental disorder) or articulate whether or not she or he has executed an advance directive, the advance directive information will be provided to and requested of the patient's legal representative.

2.4 If at any time during the hospitalization, the patient is no longer incapacitated or unable to receive advance directive information, the information will be provided to the patient directly.

2.5 If the patient wishes to institute or change advance directives, the attending physician will be available to provide information and document the patient’s expressed wishes related to medical treatment decisions in the medical record.

2.6 The patient has the right to file any complaint concerning noncompliance with advance directive requirements with the State of Connecticut, Department of Public Health.

2.7 In the outpatient setting, patients over the age of 18 years are informed of the hospital’s policies related to advance directives. Outpatients requesting assistance with formulating advance directives will be provided a packet of information regarding advance directives recognized under state law, and relevant forms if applicable.

3. Regardless of the source of payment for his/her care, the patient has the right to request and receive an itemized and detailed explanation of his/her total bill for services rendered at the hospital.

4. If a Medicare beneficiary, the patient has the right to be provided with a notice of discharge appeal rights and notice of non-coverage for services or continued hospitalization that will not be covered by the Medicare program.
5. The patient is entitled to choose his/her own physician on the medical staff and to be fully informed by a physician of his/her medical condition, unless medically contraindicated as documented by the physician in his/her medical record.

6. The patient has the right to receive adequate information about his/her medical status, diagnosis, prognosis, and outcomes of care and will be given the opportunity to actively participate in the development and implementation of his/her treatment and care plan, discharge plan, and pain management plan, and to consent to or refuse medical and surgical interventions. This information should be communicated in a language and manner that the patient can understand. When it is not medically advisable to give such information to the patient, the information should be made available to the patient’s personal representative or legally responsible individual. See Informed Consent for Treatment Policy.

6.1 This right applies to inpatient and outpatient care.

6.2 When appropriate, the patient or his/her family is informed about unanticipated outcomes of care, treatment and services; at minimum, those considered reviewable Sentinel Events by Joint Commission.

6.3 A patient has the right to delegate decision-making to another person to make health care decisions in the event of his/her incapacity, or the patient and family may have agreed among themselves on a decision-making process. To the degree permitted by State law, and to the maximum extent practical, the hospital will take reasonable steps to determine and respect the patient’s wishes regarding designation of a representative to exercise his/her right to participate in development and implementation of the plan of care. See hospital policies regarding advance directives and legal decision-makers.

   The Hospital may offer the form to designate a Health Care Representative (as recognized in state law) to the patient, as appropriate.

6.4 The patient’s right to make decisions about health care is not equivalent to an ability to demand treatment or services that are deemed medically unnecessary or inappropriate.

7. The patient has the right to know who is responsible for authorizing and performing the procedures or treatment.

8. The patient, at his/her own request and expense, has the right to consult with a specialist.

9. The patient, at his/her own expense, is entitled to the opinion of two physicians concerning the need for surgery, except in an emergency situation, prior to such surgery being performed.

10. The patient has the right to know the identity and professional status of individuals providing services to him/her, and to know which physician or other practitioner is primarily responsible for his/her care. This includes the patient’s right to know the existence of any professional relationship among individuals who are treating him/her,
as well as the relationship to any other health care or educational institutions involved in the patient’s case.

11. The patient or the patient's family or other authorized decision-maker will receive adequate notice before his room or his roommate in the facility is changed. A patient may be transferred from one room to another within the facility only for medical reasons, safety, for his/her welfare or that of other patients. This must be documented in his/her medical record and no advance notice to patient or legal representative is warranted. However, the hospital will attempt, whenever possible, to notify patient/family and roommate of this change prior to transfer.

11.1 The hospital will attempt to minimize disruptive effects of transfer. The actions taken to minimize any disruptive effects of such transfer will be documented in the medical record.

12. No patient may be involuntarily transferred from one room to another within the facility if such transfer will subject the patient to a reasonable likelihood of serious physical injury or harm or, in the opinion of a psychiatrist, the transfer will exacerbate a prior psychiatric problem which would last over a significant period of time and require psychiatric intervention.

13. Upon decision to initiate involuntary transfer from one room to another within the facility, the patient, legal representative, guardian or conservator must be given at least thirty (30) days and no more than sixty (60) days written notice to ensure orderly transfer, except where the health, safety or welfare of other patients is endangered or where immediate transfer from one room to another is necessitated by urgent medical need of the patient or where a patient has resided at the hospital less than thirty (30) days in which case, notice shall be given as many days before the transfer as practicable.

14. The patient is informed of the Hospital rules and regulations applicable to his/her conduct.

15. The patient is encouraged and assisted throughout his/her period of stay to exercise his/her rights as a patient and as citizen. To this end, the patient has the right to be fully informed about patients’ rights by state or federally funded patient advocacy programs.

15.1 The patient is informed upon admission on how to register a complaint or grievance.

15.2 The patient may voice grievances and recommend changes in policies and services to any Hospital employee, or to any outside representative, agency or patient advocacy group of his/her choice, free from restraint, interference, coercion, discrimination, or reprisal.

15.2.1 Hospital employee may include:

Administration
Business Unit Director
Clinical Managers
Social Worker
Physician
Case Manager
Nursing staff member
Therapist

15.2.2 At any time the patient has the right to lodge a grievance with the State accrediting agency directly regardless of whether he/she has first used the hospital's grievance process. The phone number and address for lodging a grievance with the State agency, Joint Commission on Accreditation of Healthcare organizations (JCAHO) and Commission on Accreditation of Rehabilitation Facilities (CARF), will be provided at admission and upon request.

15.3 The patient shall have prompt efforts made by the facility to resolve grievances the patient may have, including those with respect to the behavior of other patients. (See Concern/Grievance Management Policy)

15.4 The patient is entitled to information about the mechanism for the initiation, review, and resolution of patient complaints.

15.4.1 Within two weeks of resolution of the grievance, written notice of the hospital’s determination regarding the grievance must be communicated in a language and manner the patient or the patient’s legal representative understands.

16. The patient may manage his/her personal financial affairs and is given a quarterly accounting of financial transactions made on his/her behalf.

16.1 The patient is informed of the patient money account upon admission and any transactions which may take place during the hospitalization.

17. The patient has the right to expect reasonable safety in so far as the Hospital practices and environment are concerned.

18. The patient is free from all forms of abuse, neglect (as a form of abuse) harassment or retaliation (real or perceived). This includes mental and physical abuse, including sexual abuse and physical punishment, corporal punishment, humiliating, threatening and exploiting actions, involuntary seclusion and any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the patient’s medical symptoms.

18.1 Restraints or seclusion may be imposed only if less restrictive measures have been found ineffective to ensure the physical safety of the patient, other patients or staff, and only upon the written order of a physician that specifies the type of restraint and the duration and the circumstances under which restraints are to be used, except in emergencies until a specific order can be obtained.
19. The patient is assured privacy for visits by his/her spouse or a person designated by the patient under section 1-56r of the Connecticut General Statutes. If both spouses are inpatients in the facility, they are permitted to share a room, unless medically contraindicated as documented by the attending physician in the medical record.

Patients may choose to designate certain visitors, including a spouse, domestic partner (including same-sex domestic partner), other family members or friends, and will have his/her visitation rights honored in accordance with the Visitation Policy. The patient may also deny or withdraw consent to certain visitors at any time.

20. The patient is fully informed on the availability of and may examine all current state, local and federal inspection reports and plans of correction.

21. The patient may organize, maintain, and participate in a patient-run resident council, as a means of fostering communication among patients and between patients and staff, encouraging patient independence and addressing the basic rights of the patients, free from administrative interference or reprisal.

22. The patient is entitled to have the patient's family meet in the facility with the families of other patients in the facility to the extent the facility has meeting space available which meets applicable building and fire codes.

23. The patient is entitled to file a complaint with the State Department of Social Services, the State Department of Public Health or any other agency or group that the patient so wishes regarding patient abuse, neglect or misappropriation of patient property.

24. The patient is entitled to have psychopharmacologic agents administered only on orders of a physician and only as part of a written plan of care designed to eliminate or modify the symptoms for which the drugs are prescribed and only if, at least annually, an independent external consultant reviews the appropriateness of the drug plan. The effectiveness of the medication will be monitored routinely by the attending physician, psychologist or psychiatrist.

25. The patient shall not be required to waive any rights to benefits under Medicare or Medicaid or to give oral or written assurance that he/she is not eligible for, or will not apply for benefits under Medicare or Medicaid.

26. The patient is entitled to be provided information by the facility as to how to apply for Medicare or Medicaid benefits and how to receive refunds for previous payments covered by such benefits. Patients also have the right to receive a copy of any Medicare or Medicaid application completed on his/her behalf by the Hospital, or to designate a family member or other representative to receive a copy.

27. The patient shall not be required to give a third party guarantee of payment to the facility as a condition of admission to, or continued stay in, the facility.

28. In the case of an individual who is entitled to medical assistance, the patient is entitled to have the facility not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under Medicaid, any gift, money, donation, or other consideration as a precondition of admission or expediting the admission of the individual to the facility or as requirement for the individuals continued stay in the
facility and the patient shall not be required to deposit his/her personal funds in the facility.

29. The patient is not required to perform services for the facility that are not included for therapeutic purpose in his/her plan of care.

30. The patient has the right to refuse to participate in experimental research and to expect that research will be carried out in accordance with applicable law and regulation for human research subjects. Refusing to participate in research or clinical trials will not jeopardize the patient’s access to care, treatment and services that is unrelated to the research.

31. The patient may associate and communicate privately with persons of his/her choice, including other patients, unless medically contraindicated, as documented by his or her physician in the medical record.

31.1 Patients who desire private telephone conversations have access to space and telephones appropriate to their needs and the care, treatment and services provided.

31.2 The patient has the right of access to people outside the hospital by means of visitors such as clergy or other spiritual counselors and by verbal and written communication. When the patient does not speak or understand the predominant language of the community, he/she will have access to an interpreter. This is particularly true where language barriers are a continuing problem.

31.3 The patient may 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.

31.4 The patient may send and receive his/her personal mail unopened and make and receive telephone calls privately, unless medically contraindicated, as documented by his or her physician in the medical record.

31.5 When a patient’s communication is restricted, the restrictions are determined with the participation of the patient (and family where appropriate). The restrictions and justification for such restrictions are documented in the medical record, and are evaluated for therapeutic effectiveness on an ongoing basis.

32. The patient may meet with and participate in activities of social, religious and community groups at his discretion.

32.1 The patient is entitled to organize and to participate in patient groups in the facility and to participate in social, religious and community activities that do not interfere with the rights of other patients, unless medically contraindicated, as documented by his/her physician in his/her medical record.

33. The patient may retain and use his/her personal clothing and possessions unless to do so would infringe upon rights of other patients or unless medically contraindicated, as documented by his/her physician in his/her medical record.
33.1 The patient may wear religious or other symbolic items, as long as they do not interfere with diagnostic procedure or treatment.

34. The patient is assured confidential treatment of his/her personal and medical records, including the source of payment for treatment, as described in hospital policy and the CSC Notice of Privacy Practices. The patient may approve or refuse their release to any individual outside the facility, subject to applicable law and hospital policy, except in case of his/her transfer to other providers or as required by law or third party payment contract.

34.1 The patient’s medical record may be read only by individuals directly involved in his/her treatment, payment activities, and hospital operations, such as quality monitoring/improvement, education or research activities. Other individuals within the hospital can only read his/her medical record when permitted or required by law, or on his/her written authorization or that of his/her legal representative.

34.2 The patient has the right to access information contained in his or her current clinical record within 24 hours of a request by the patient or his/her legal representative (excluding weekend or holiday hours). The patient may obtain a copy of his/her medical record within 2 days of such request. See policy “Patient Access to Protected Health Information.” The patient also has certain rights as described in the CSC Notice of Privacy Practices and hospital policy to obtain a copy of his/her medical records, to request an amendment to his/her medical records, to obtain an accounting of disclosures, and to object to certain disclosures or request restrictions on disclosures.

35. The patient receives quality care and services with reasonable accommodation of individual needs and preferences, except where the health or safety of the individual would be endangered.

35.1 Individual shall be afforded impartial access to treatment or accommodations that are available and medically indicated, regardless of race, color, disability, age, religious creed, sex, marital status, national origin, sexual orientation, language spoken or source of payment for care.

35.2 The patient is entitled to be treated equally with other patients with regard to transfer, discharges, and the provision of all services regardless of the source of payment.

35.3 The care of the patient includes consideration of the psychosocial, spiritual and culture variables that influence the perceptions of illness.

36. The patient is treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in accommodations, treatment and in care for his/her personal needs. The patient has the right to an environment that supports the patient’s positive self image and dignity and respects his/her personal values, beliefs, and preferences.
36.1 The patient is to be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes the right to have a person of one's sex present during certain parts of a physical 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.

36.2 The patient may expect that any discussion or consultation involving his/her care will be conducted discreetly, and that individuals not directly involved in his/her care will not be present without patient's permission.

36.3 The patient may expect that while being cared for, individuals not involved in the care, should not be present without the patient’s permission. Additionally, video or electronic monitoring/recording methods will not be used during the examination without the patient’s permission.

36.4 A patient’s right to privacy may be limited in situations when a person must be continuously observed, such as when restrained or in seclusion, when immediate and serious risk to harm self or others exists.

36.5 The patient may expect that the number of patients in a room is appropriate to the hospital goals, patient ages, developmental levels and clinical conditions and/or diagnosis needs.

37. Except in emergency life threatening situations, the patient may not be transferred to another facility unless he/she or legal representative/ conservator has received a complete explanation of the need for the transfer and of the alternatives to such a transfer and unless the transfer is acceptable to the other facility. The patient has the right to be informed by the practitioner responsible for his/her care, or his/her delegate, of any continuing health care requirements following discharge from the hospital.

38. The patient has the right to participate in voting.

39. The patient or the patient's designated representative has the right to participate in the consideration of ethical issues that arise in the care of the patient.

40. The patient or the patient’s designated representative has the right to expect a concerned staff committed to pain prevention and management, health professionals who are responsive to reports of pain or pain behaviors, and to the degree possible effective pain management.

41. In the event of the patient’s death, the patient’s representative has the right to arrange for an autopsy by a qualified physician at any hospital that routinely performs autopsies. The patient’s representative also has the right to limit the extent of an autopsy.

41.1 Hospital for Special Care does not provide on-site autopsy services. Autopsies are performed, at no expense to the family or representative, by the Pathology Department at The Hospital of Central Connecticut (New Britain
General Hospital campus), or at Saint Francis Hospital for patients at the HSC-Mount Sinai Campus. Should the representative choose to make autopsy arrangements at another hospital, they may do so at their own expense and must make the necessary arrangements.

41.2 This section does not apply to autopsies ordered by the Chief Medical Examiner in accordance with state law.

41.3 The patient’s representative has the right to have information regarding the rights and responsibilities related to autopsy provided in a language understood by that person.

**Patient Responsibilities**

42. The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations medications, history of pain and methods utilized for relief as well as other matters relating to his/her health. A patient has the responsibility to report unexpected changes in his/her condition to the responsible practitioner. A patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of him/her. The patient is expected to report any perceived or identified safety concerns related to his/her care or the physical environment to his/her physician(s) or other health care providers and ask questions accordingly.

43. A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel 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.

44. The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.

45. The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

46. The patient is responsible for following Hospital rules and regulations.

47. The patient is responsible for respecting the rights of other patients and Hospital personnel. This includes, but is not limited to, personal rights to privacy and freedom from harassment or offensive behavior of any kind.

48. The patient is responsible for assisting in ensuring an appropriate environment for delivery of patient care, including but not limited to the control of noise, smoking, and the number of visitors.

49. The patient is responsible for being respectful of the property of other persons and of the Hospital.
50. The patient will refrain from taking and/or transmitting recordings, photos or digital images of other patients, visitors or Hospital staff using a cell phone, any type of camera, audio recording devices, or any other device without prior specific consent or authorization. In the case of staff members, the prior specific consent of the staff member’s supervisor is required.

51. The patient (or his/her representative) is responsible for informing the Hospital of any advance directives which may exist on admission or will be in effect during the hospitalization. The patient (or his/her representative) is also responsible for providing updated information and related documents after admission, if advance directives are revoked or changed, or if there is a change to the patient’s legally appointed representative/decision-maker.

52. The patient is responsible for complying with Hospital policy on alcohol usage and will consume alcohol only when it is permitted according to physician's order.

53. The patient is responsible for complying with hospital policy on a smoke-free environment.

54. The patient is responsible for asking his/her doctor or nurse what to expect regarding pain and pain management. In order to enable staff to better respond to the patient’s pain issues, the patient should:

54.1 Discuss pain relief options with his/her health care team. Work with his/her health care team to develop a pain management plan
54.2 Ask for pain relief when pain first begins
54.3 Help his/her health care team assess his/her pain
54.4 Tell his/her doctor or nurse if the pain is not relieved
54.5 Tell his/her doctor, nurse, or pharmacist about any worries he/she has about taking pain medication.