

## **Patient Rights & Responsibilities**



Patients at Hospital for Special Care have the right to be treated with dignity and respect, and also have certain responsibilities as part of the Hospital community. Medical care and services offered at the Hospital, including visitation rights, will be provided without discrimination on the basis of race, color, national origin, age, disability, gender, sexual orientation, gender identity, source of payment, or any other basis protected by law.

This packet contains information on:

**Patient Rights**

**Advance Directives**

**Finance, Billing and Insurance  
Information**

**How to Submit a Grievance or  
Complaint**

**Patient Responsibilities**

## **PATIENT RIGHTS**

### **All patients have the right to:**

- Receive information, in a language and manner that they understand, in order to make informed decisions about treatment that is medically indicated.
- Participate in care planning and discharge planning.
- Accept or refuse medical treatment that is offered at the Hospital, including opioids.
- Receive appropriate assessment and management of pain.
- Agree to participate or refuse to participate in clinical research.
- Access protective services and federally-funded patient advocacy programs.
- Communicate with persons of their choice, by mail, telephone, or other forms of communication; any restrictions on communication are medically indicated and are evaluated for their therapeutic effectiveness.
- Have or refuse to have visitors in accordance with Hospital policy.
- Allow a family member, friend or other designated individual to be present during the course of their hospital stay unless this individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated, or conflicts with Hospital policy.
- Have a physician of their choice, family member or other individual/representative notified of their admission.
- Receive a clear explanation of procedures for transfer to another room within the Hospital, transfer to another facility, or discharge, in accordance with state and federal law.
- Exercise their rights as a patient and a citizen without interference, coercion, discrimination or reprisal.
- Be treated in a safe setting, free of abuse, neglect, mistreatment, or any form of restraint/seclusion that is not needed to treat their medical symptoms or is used as a means of coercion, discipline, convenience or retaliation.
- Care that is provided with consideration of personal privacy to the greatest extent possible. Patients may request to have a person of their own gender present during a physical examination or procedure that is performed by a health professional of the opposite gender.
- Use their personal clothing and possessions as long as they do not infringe upon the rights of other patients or are considered medically inadvisable.
- Wear religious or other symbolic items, as long as they do not interfere with diagnostic procedures, treatments, other patients, or staff.
- Confidential treatment of their medical records, in accordance with state and federal law. (Refer to the Hospital's Notice of Privacy Practices for a detailed explanation.)
- Restrict access to their medical information by individuals that are not authorized Hospital staff or that are not directly involved in their care, payment for their care and/or discharge planning.
- Have access to an interpreter, free of charge, if they don't speak English as a primary language. Be provided with auxiliary aides/ assistive devices if they have a visual, speech, hearing, or cognitive impairment, free of charge.
- The patient's family or legally authorized representatives will be able to exercise the rights and responsibilities that are described in this packet on the patient's behalf.

## **Advance Directives**

- Each patient will be offered an opportunity to complete an advance directive that documents his or her wishes regarding life-support and medical care at the end of life, should the patient become unable to express his or her wishes in the future. Each patient has the right to expect that any wishes expressed in an advance directive will be honored by the Hospital and its medical staff.
- Each patient has the right to designate another individual to make health care decisions on his or her behalf, if the patient becomes unable to make those decisions in the future.

## **Finance, Billing and Insurance**

### **All patients have the right to:**

- Be provided information regarding how to apply for Medicare or Medicaid benefits, how to receive refunds for previous payments covered by such benefits, and to receive a copy of any application submitted on the patient's behalf.
- If a Medicare beneficiary, 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.
- Manage their personal financial affairs and receive an accounting of all financial transactions made on their behalf.
- Participate in the Hospital's program to manage patient's personal funds.
- Receive a clear explanation of the bill for services rendered at the Hospital, and of any services that are not covered by insurance, Medicare, Medicaid or another third party payer.
- Be informed regarding eligibility for the Hospital's Financial Assistance Policy.

## **Grievances and Complaints**

Grievances and complaints may be expressed, without interference or reprisal from the Hospital, to the patient's case manager or any Hospital staff member. Prompt efforts will be made to resolve the complaint or grievance.

If any patient feels that his or her complaint or grievance has not been resolved by the Hospital, he or she may file a complaint with the Connecticut Department of Public Health:

Facility Licensing and Investigations Section  
Connecticut Department of Public Health  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: 860.509.7400  
Fax: 860.707.1916 or 860.509.37535  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)

Any patient may also contact The Joint Commission (in writing) with any concern related to patient safety or quality of care by visiting the website at [www.jointcommission.org](http://www.jointcommission.org) and clicking on "Report a Patient Safety Event" or by fax at (630)792-5636, or by mail to:

Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Boulevard, Oakbrook Terrace, IL 60181

If any patient believes that Hospital for Special Care has failed to provide an interpreter or auxiliary aid/service, or has discriminated against him/her in any way, the patient may request services or file a grievance by calling the Hospital's Communication Coordinator at 860.989.9717.

## **PATIENT RESPONSIBILITIES**

***The Hospital's efforts to provide a safe environment and support high-quality healthcare requires a cooperative effort between the Hospital and you. As a patient at Hospital for Special Care, you have the responsibility to:***

- Participate actively in your care plan and the discharge planning process.
- Tell your care provider or doctor as much as you can about your symptoms and health-related complaints, medical history, prior hospitalizations and medications.
- Inform your doctors and nurses of changes in your medical condition or unexpected health problems.
- Ask questions when you do not clearly understand instructions or goals related to your care and treatment.
- Follow your recommended treatment plan, or accept the consequences of your actions if you refuse treatment or do not follow instructions regarding your medical care.
- Arrive on time for any outpatient appointments. Notify the clinic ahead of time if you cannot make a scheduled appointment.
- Provide copies of any advance directives or legal documents authorizing another person to make healthcare decisions for you.
- Follow Hospital policies and procedures, including those related to a smoke-free environment and alcohol usage.
- Follow all Hospital visitation policies and rules of the patient care unit related to patient/visitor conduct. This includes assisting in control of the behavior of your visitors and the control of noise.
- Respect the rights and property of other patients and Hospital personnel.
- Respect the privacy rights of other patients, visitors and Hospital staff. Use of a cell phone, camera or other device to take or share photos (or any other type of digital image or audio recording) of other individuals, without their prior specific consent, is prohibited.
- Meet any financial obligations associated with your care promptly and as agreed to with the Hospital.

***If you have any questions or concerns regarding your rights and responsibilities as a patient, please feel free to contact your case manager, or any Hospital staff member involved in your care at any time.***

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