

**Silverton Health  
GENERAL MANUAL**

**TITLE: RIGHTS & RESPONSIBILITIES, PATIENTS**

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Policy No: GEN-ERR-104**

**Date Issued:** December 2001

**Source/Reference:** Joint Commission CAMH 2011 - RI.01.01.01, RI.02.01.01; Medicare Conditions of Participation, 482.13; American Hospital Association (2006): The Patient Care Partnership.

**Date Reviewed:** February 2010

**Date Revised:** October 2006,  
February 2010, February 2011,  
January 2014

**Departments Affected:** All Patient Care Departments, Patient Access Services, Medical Records, Clinics

**Author:** Quality & Risk Services

**PURPOSE:** To define Silverton Health's (SH) commitment to our mission as reflected in adherence to the protection of patient rights and to define patient responsibilities as partners in their care.

**POLICY STATEMENT:** Silverton Health (SH) adheres to policies and procedures that facilitate all patients being informed of his or her rights regarding treatment, receiving considerate, impartial, and respectful care, knowledge of their provider's name and position and information of their disease process and treatment modalities. The patient has the right to all communication in a language and by a method that the patient understands.

SH prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

**DEFINITIONS:**

**Harassment:** Prohibited harassment includes sexual harassment, unwelcome verbal, nonverbal, physical or any other conduct relating to an individual's gender, age, race, disability, religion, lifestyle, national origin, veteran's status, etc., (or relating these characteristics to an individual's relatives, friends or associates.) Such activity constitutes harassment and is prohibited.

**Patient Rights:**

1. The right to be treated in a dignified and respectful manner.
2. The right to personal privacy.
3. The right to receive information in a manner tailored to the patient's age, language, and ability to understand.
4. The right to care in a timely manner provided with skill, compassion and respect.
5. The right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse; including a right to be free from restraint unless all alternatives fail to protect the patient and necessary medical care.
6. The right to an environment that preserves dignity and contributes to a positive self-image.
7. The right to care by an organization committed to the health care needs of each individual and their family without regard to ethnic, religious or economic diversity.

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8. The right to know the identity of all doctors, nurses and others involved in care and treatment including the right to know if those providing care are students, medical residents or other trainees.
9. The right to give or withhold consent for procedures or observation of procedures by students and to give or withhold consent to participate in research. Withholding consent for these conditions will not impact the quality of the patient's care.
10. The right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.
11. The right to pain management.
12. The right to ask questions about care and treatment at any time.
13. The right to make decisions regarding medical care, including the decision to discontinue care, and to know the consequences of those decisions.
14. The right under Oregon law to prepare and submit a Directive to Physician or Power of Attorney for Health Care which is commonly known as an Advance Directive.
15. The right to have family member(s) of the patient's choice and the patient's own physician notified promptly of admission.
16. The right to have a support individual of the patient's choice present, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative.
17. The right to receive the following information in order to make an informed decision:
  - Benefits and risks of each treatment, including unanticipated outcomes.
  - What can be reasonably expected from treatment and any long-term effects it may have on quality-of-life.
  - What will be needed to be done by the patient and/or family when the patient is discharged?
  - Information pertaining to the need for transfer to another healthcare facility, if indicated, and the alternatives to transfer.
  - Financial consequences of using uncovered services or out-of-network services.
  - Timely notice when treatment is no longer eligible for third party payor insurance to cover the costs of care.
  - Whether the treatment is experimental or part of a research study.
18. The right to consult with another doctor at the patient's own request and expense.
19. The right to pastoral care and other spiritual services.
20. The right to express concern, complaints or grievances by contacting the department manager or other administrative staff, to expect the review of those issues and to obtain resolution according to an established process.
21. The right to access protective and advocacy services.
22. The right to have access to his/her medical records within a reasonable time frame.
23. The right to care in a facility that meets accreditation standards, state regulation and health care law.
24. The right to receive and examine an explanation of the hospital bill.

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**Patient Responsibilities:**

1. The responsibility to ask questions and seek clarification in order to understand and be informed about his/her diagnosis and treatment.
2. The responsibility to participate actively in decisions regarding his/her healthcare.
3. The responsibility to provide accurate, complete, timely and updated information regarding medical history, current symptoms, level of pain, including any changes, problems or other matters relating to his/her health.
4. The responsibility to notify the doctor or nurse at once in these circumstances:
  - If the patient has any concerns about his/her care.
  - If the patient feels care is unsafe.
  - If the patient cannot or will not follow a certain treatment plan.
5. The responsibility to acknowledge when he or she does not understand the treatment course or care decision.
6. The responsibility to accept the consequences if the patient chooses not to follow the instructions and advice of his/her doctor.
7. The responsibility to provide necessary information for insurance claims.
8. The responsibility for promptly meeting any financial obligations agreed to with the hospital.
9. The responsibility to name an individual who the patient wishes to be notified of admission.
10. The responsibility to provide a copy of an Advance Directive if the patient has one.
11. The responsibility to be considerate of other patients and hospital staff and to assist in the control of noise and the number of visitors.
12. The responsibility to be respectful of the property of other persons and of the hospital and to follow hospital rules in effect for patient care and conduct.
13. The responsibility to conduct themselves appropriately with healthcare providers and other staff members. Any form of harassment is not appropriate and will not be tolerated. Refer to DEFINITIONS.

**PROCEDURE:**

1. Patients will receive a statement of patient rights and responsibilities when they sign the Conditions of Service (SH Form AD-01).
2. During general orientation, all staff will receive training on patient rights and responsibilities.
3. During department specific orientation staff will receive training on patient rights and responsibilities specific to the area of care.
4. If a healthcare provider and other staff member feels that they are the subject of harassment by a patient or patient support person:
  - a. They should notify either their manager, house supervisor, the Administrator on Call or Risk Management of the event.
  - b. The event should be documented in an eQMM.
  - c. The manager and Risk Management will collaboratively determine the next steps with the patient.

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- d. Acts of physical violence, intimidation, or other abusive behavior should be handled in accordance with WORKPLACE VIOLENCE, TRAINING & REPORTING GEN-EOC-1397.

**Approvals:** Policy Review Team 1/10/14

**Related Policies:** Advance Directive GEN-ERR-99; Charity/ Community Care Program GEN-LEA-110; Complaints & Grievances, Patient GEN-ERR-1248; Consent, Conditions of Service GEN-ERR-1370; Consent, Patient Procedural Informed GEN-ERR-100; Customer Service, Service Recovery GEN-ERR-1247; Disclosure of Health Information GEN-IM-237; Patient Safety Plan GEN-LEA-113; Workplace Violence, Training & Reporting GEN-EOC-1397; Abuse Identification PC-POC-149; Pain Management, Inpatient PC-POC-162; Restraints PC-POC-165; Transfer of Acute Care Patient, Interfacility PC-POC-764