

CRAVEN REGIONAL MEDICAL CENTER

ORGANIZATIONAL POLICY

SUBJECT: Patient's Bill of Rights

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PREPARED BY: Administration      APPROVED: Raymond Budrys, President/CEO

PURPOSE

The Patient's Bill of Rights shall serve as a guide to all employees of Craven Regional Medical Center in their interaction with and treatment of all patients.

POLICY

Craven Regional Medical Center believes that every individual should be treated with dignity, compassion, honor, respect, and confidentiality, and that every individual presents with unique health care needs. Care is provided with consideration to the individual's specific physical, emotional, social, cultural, intellectual, and spiritual needs within the life continuum. Craven Regional Medical Center respects the rights of patients, families, and other caregivers to be informed about and involved in formulating their plan of care; Craven Regional supports the patients and their physicians in making informed decisions about treatment choices and other aspects of their care, including the decision to discontinue treatment, to the extent permitted by law.

To this end, Craven Regional Medical Center has adopted the American Hospital Association "A Patient's Bill of Rights" as the model for delineating the rights of patients:

**BILL OF RIGHTS** - Each inpatient receives a written statement of patient rights and responsibilities. (These rights can be exercised on the patient's behalf by a legal guardian or other designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor).

1. The patient has the right to considerate and respectful care given by competent personnel without discrimination based upon age, race, national origin, religion, sex, sexual preference, handicap, disability, source of payment, or any legally protected status. The patient has the right to high quality care and high professional standards that are continually maintained and reviewed.
2. The patient has the right to and is encouraged to obtain from physicians and

other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.

Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to diagnosis, the specific procedures and/or treatments, prognosis, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits. Patients are informed about the outcomes of care, treatment, and services that the patient must be knowledgeable about in order to participate in current and future decisions affecting the patient's care, treatment, and services, including unanticipated outcomes that relate to sentinel events. The responsible Licensed Independent Practitioner or designee informs the patient about those unanticipated outcomes. When it is not possible or medically advisable to give such information to the patient, the information should be given on the patient's behalf to the patient's guardian, health care agent, authorized representative, or designee. (See Organizational Policy 110.03, Outcomes of Care and Communication with Patients.)

Patients receive the name of the physician or other practitioner primarily responsible for their care at the time of admission. Patients receive the name of the physician or other practitioner who will perform their care, treatment, or direct service before a procedure is performed. Upon making a proper request, patients have the right to know the identity of nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or to be transferred to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment or both. Patients receive assistance in obtaining consultation with another physician at the patient's request and expense.

4. The patient has the right to have an advance directive or advance instruction (such as a living will or health care power of attorney) concerning treatment or that designates a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit the hospital's ability to implement fully a legally valid advance directive.

5. The patient has the right to consideration of privacy and security. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy and security.
6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse, public health hazards, and other circumstances when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when the hospital releases it to any other parties entitled to receive or review information in these records.
7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law. The facility shall provide a patient, or patient designee, upon request, access to all information contained in the patient's medical records. 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 shall be restricted only for sound medical reason. A patient's designee, with appropriate authorization given by the patient, 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.
8. The patient has the right to expect that the hospital, within its capacity and policies, will make reasonable responses to the requests of a patient for appropriate and medically indicated care and service. The hospital must provide evaluation, services, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a

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patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and an explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

9. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
10. The 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. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to giving consent. 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. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
11. The patient has the right to expect reasonable continuity of care and to expect that the facility will provide a mechanism whereby he is informed upon discharge concerning his continuing health care requirements following discharge and the means for satisfying them.
12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, the appropriate regulatory body, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods. The patient has a right to full information and counseling concerning the availability of known financial resources for his health care.
13. The patient has the right to appropriate assessment and management of pain.
14. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.

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15. The patient who does not speak English shall have access, when possible, to an interpreter. Patients with hearing impairments will have access to an interpreter and/or adaptive equipment, as appropriate.
16. The patient has the right not to be awakened by hospital staff unless it is medically necessary.
17. The patient has the right to be free from needless duplication of medical and nursing procedures.
18. The patient has the right to medical and nursing treatment that avoids unnecessary physical and mental discomfort.
19. The patient has the right to be informed of his rights at the earliest possible time in the course of his hospitalization.
20. The patient cannot be denied the right of access to an individual or agency that is authorized to act on his behalf to assert or protect the patient's rights.
21. The patient has a right to an environment that preserves dignity and contributes to a positive self image.
22. The patient has the right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
23. The hospital has a complaint and grievance process to address any concern a patient may have about the services provided to him or her. The instructions relating to pursuing a complaint or grievance provide the following directions: "Please contact a patient representative at 252-633-8177 if you have a grievance or concern you would like to share with us. You have the right to file a grievance directly with the North Carolina Department of Health and Human Service, Division of Facility Services. You may call 800-624-3004 or mail your information to 2706 Mail Services Center, Raleigh, NC 27699-2706, even if you do not first use our process. If you are a Medicare beneficiary, you have the right to refer a grievance to Medical Review of North Carolina, Inc. (a quality improvement organization) at 800-722-0468 or 919-951-2955. If you need help with this process, call a patient representative."

**PATIENT RESPONSIBILITIES**

The collaborative nature of health care requires that patients, or their

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families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities.

1. Patients are responsible for providing information about present complaints, past illnesses, hospitalizations, medications, and other matters related to health status.
2. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions.
3. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive and/or advance instruction (for mental health treatment) if they have such documents.
4. Patients must follow the treatment plan developed. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment. Patients are responsible for the outcomes if they do not follow the treatment plan.
5. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees.
6. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.
7. Patients are responsible for recognizing the impact of their life-style on their personal health.

Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease, the immediate and ongoing care and rehabilitation of patients, the education of health professionals, patients, and the community, and research. All of these activities must be conducted with an overriding concern for the values and dignity of patients. Effective care requires integration of resources and collaboration among the hospital, patients, physicians, and other health care professionals.

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**REFERENCE:**

**American Hospital Association, Management Advisory: A Patient's Bill of Rights.**

**North Carolina Administrative Code**

**A Patient's Bill of Rights was first adopted by the American Hospital Association in 1973. This revision was approved by the AHA Board of Trustees on October 21, 1992.**