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 References:

Patient Bill of Rights

Policy:

Mid-Valley Hospital and Mid-Valley Medical Group consider the basic rights of human beings for independence of expression, decision and action and concern for the personal dignity and human relationships to be the basis for all care provided.

Scope:

All in patients and out patients at Mid-Valley Hospital and Mid-Valley Medical Group.

Responsibilities:

Administration and staff members must read and comply with this policy. Administration and Management must ensure compliance. Staff members must ensure patients are aware of the policy and contents.

Control:

Administrator, Board of Directors

Procedure:

- A. 1. The patient has the right to know the names and responsibilities of all of those providing their care.
- 2. The patient has the right to receive considerate, respectful, and compassionate care in a safe setting regardless of age, gender, race, national origin, religion, sexual orientation, gender identity or disability.
- 3. The patient has the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- 4. The patient has the right to have a family member or designated person and their doctor informed of hospital admission.
- 5. The patient has the right to have a support person remain with them during their hospital stay, unless the visitor's presence compromises others rights, safety or health. The patient also has the right to request no visitors.

6. The patient has the right to be informed by their doctor about their diagnosis and possible prognosis, the benefits and risks of treatment, the expected outcome of treatment, including unexpected outcomes.
7. The patient has the right to obtain from his/her/his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. **EXCEPT** in emergencies, such information for informed consent should include, but not necessarily, be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information.
8. The patient has the right to access protective and advocacy services in cases of abuse or neglect. The hospital will provide a list of protective and advocacy resources.
9. The patient (and family/friends as the patient wishes) has the right to participate in discussions about care, treatment and services provided, including: the right to refuse treatment, end of life care decisions, and resuscitation decisions to the extent permitted by law and be informed of the medical consequences of their action.
10. The patient has the right to have their pain assessed and be involved in decisions about treating their pain.
11. The patient has the right to be free from restraints and seclusion in any form that is not medically required.
12. The patient has the right to spiritual services.
13. The patient has the right to voice your concerns about the care received without retribution or denial of care. Patient care concerns will be resolved in as timely a manner as possible.
14. The patient has the right to expect that all communication and records pertaining to their care be treated as confidential unless permitted by law. The patient has the right to see or get a copy of their medical record. The patient may add information to their medical record by contacting the Medical Records Department.
15. The patient has the right to every consideration of his/her privacy concerning his/her own medical program. Case discussion, consultation examination and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have the permission of the patient to be present.
16. The patient has the right to expect that within its capacity, a hospital must make reasonable response to the request of the patient for services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another hospital only after he has received complete information and explanation concerning the needs for and alternatives to such
17. The patient has the right to be involved in their discharge plan. Patients will be informed in a timely manner if discharge planning or transfer to another facility is required. Before discharge, information about follow-up care will be provided.
18. The patient has the right to agree or refuse to take part in medical research studies. The patient may withdraw at any time without impacting standard care.
19. The patient has the right to make an advance directive.
20. The patient has the right to make a decision regarding organ and tissue donation with input from their

- physician, and when indicated, under the direction of family or surrogate decision maker.
21. The patient has the right to expect reasonable safety insofar as the hospital practices and environments are concerned. The patient has the right to be placed in protective privacy when considered necessary for personal safety. The patient can request a transfer to another room if another patient or visitor is unreasonably disturbing him by their actions.
 22. The patient has the right to wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment. The patient has the right 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 own sex present during certain parts of a physical examination, treatment, or procedure performed by a health care 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.
 23. 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 in the hospital. The patient has the right to timely notice prior to termination of his/her eligibility for reimbursement by any third party payer for the cost of his/her care when known to the hospital.
 24. The patient should be informed of the hospital rules and regulations applicable to his/her conduct as a patient. Patients are entitled to information about the hospital's mechanism for the initiation, review and resolution of patient complaints.
 25. Mid-Valley Hospital has chosen to not participate under the Death with Dignity Act. This means that in the performance of their duties, Mid-Valley Hospital physicians, employees, independent contractors and volunteers shall not assist a patient in ending the patient's life under the Act. In addition, no provider may participate on the premises of the hospital or in property owned by the hospital. No patient will be denied other medical care or treatment because of the patient's participation under the Act. The patient will be treated in the same manner as all other Mid-Valley Hospital patients. The appropriate standard of care will be followed. Any patient wishing to receive life-ending medication while a patient at this hospital will be assisted in transfer to another facility of the patient's choice. The transfer will assure continuity of care.

NOTE: No record of rights can guarantee for the patient the kind of treatment he has a right to expect. A hospital has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients. All these activities must be conducted with an over-riding concern for the patient, and, above all, the recognition of his/her dignity as a human being. Success in achieving his/her recognition assures success in the defense of the rights of the patient.

Resources:

Courtesy of the American Hospital Association, Chicago, Illinois

Courtesy of the Joint Commission on Accreditation of Healthcare Organization, Oakbrook Terrace, Illinois
Managers In Health Service Organizations, Jonathon S. Rackich, Ph.D, et al, W.B. Saunders Col, pp 86-89

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Attachments:

No Attachments

Approval Signatures

Approver	Date
Randy Coffell: HR Director/Safety/Education	11/2017
Rebecca Christoph: Director of Patient Care Services	11/2017

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