TITLE: PATIENT RIGHTS AND RESPONSIBILITIES

I. POLICY

All patients who present to St. Tammany Parish Hospital and register for care, services or treatment are informed of patient rights and responsibilities at the time of registration. The Hospital, through this expression of patient rights and responsibilities, provides a foundation for understanding and respecting the rights and responsibilities of patients and their families.¹

II. DEPARTMENTS AFFECTED

All Hospital Departments (including outpatient departments)

III. PROCEDURE

A. Hospital admission clerks will provide each patient (or a patient's designated representative) with a printed statement of patient rights and responsibilities at the time of registration and will use best efforts to obtain a signature acknowledging that the patient has received a copy. [A sample form is attached; the materials provided by the Hospital (or posted) will be in the form attached or in a substantially similar form.]

B. At the time of inpatient admission, Hospital admission clerks will also present all Medicare patients with a document entitled "An Important Message from Medicare." This document details specific rights and responsibilities of Medicare patients for review and signature. A copy will become part of the patient's medical record, and a copy will be provided to the patient.

D. Hospital employees will address questions or comments that a patient (or family member) may have about patient rights or responsibilities and will resolve issues that may arise. If a Hospital employee is unable to promptly resolve a patient's concerns, the employee will refer the patient (or family when appropriate) to the appropriate Hospital resource(s).

IV. PATIENT RIGHTS

All patients (or family when appropriate) have the right to:

- access care and services based upon need and according to the Hospital's mission and vision, admission policies, and capability to provide needed services regardless of race, gender, religion, national origin, age, physical ability, or financial status.
- receive considerate care and care that respects psychosocial, spiritual, and cultural values.
- wear personal and religious or symbolic items provided the items do not interfere with medical therapy or diagnostic procedures.
- have a family member or representative of your choice and your physician notified of your admission.

¹ Note: The Hospital also provides information on patient rights via posted material and provides information on patient responsibilities in its Guide to Guest Services.
receive appropriate pain management and information about pain relief measures. This includes having health professionals who respond quickly to reports of pain and staff who are committed to pain control.

make informed decisions about your care and any proposed procedure or treatment. This includes being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatments. This right is not a mechanism to demand medically unnecessary or inappropriate treatment or services.

have an advance directive concerning end of life care and treatment, for example a living will, or to designate a surrogate decision-maker with the expectation that Hospital staff and practitioners will honor the intent of the directive(s) to the extent permitted by law and Hospital policy.

know the identity of the physician who has primary responsibility for your care and the identity and professional status of individuals responsible for the authorizing or performing procedures or treatments.

be informed of outcomes of care, including any unanticipated outcomes, and be informed if the Hospital proposes to engage in investigational, experimental, research, or educational activity and have the right to refuse to participate in such activity.

voice complaints or submit a written grievance about the Hospital's care and services and receive a response to the complaint or grievance. Submitting a complaint will not compromise your future access to care.

participate in the consideration of the ethical issues that may arise in the course of your care.

expect personal privacy and be interviewed, examined and treated with reasonable visual and auditory privacy.

receive care in a safe setting; be free from all forms of abuse, neglect, or harassment; be free from restraints of any form that are not medically necessary; and be free from seclusion and restraints of any form imposed for behavior management unless clinically necessary.

expect confidentiality of health information and clinical records; have that information provided only to those involved in the your care, to those monitoring its quality, or to those legally authorized to receive such information; and access information contained in your clinical record within a reasonable time frame.

request and receive an itemized explanation of total charges for services rendered by the Hospital regardless of the source of payment.

V. PATIENT RESPONSIBILITIES

All patients (or family when appropriate) are responsible for:

- providing correct, accurate and complete information about your health. [This includes present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.]

- following the treatment plan ordered by your physician, including working with your doctor(s) and nurse(s) to develop a pain management plan, helping measure your pain, and reporting any unrelieved pain.

- considering the rights and property of other patients and Hospital personnel.

- ensuring that the Hospital with a copy of your written advance directive (if you have one).

- following Hospital rules and regulations that apply to patient conduct.
• taking responsibility for your actions if you refuse treatment or do not follow instructions give by your physician.
• making sure that the financial obligations of your health care are met as soon as possible.
• asking questions when you do not understand what you have been told about your care.
• contacting your nurse, physician, or other staff member if you perceive any safety risk relating to your environment or care.

References

Patients’ Rights / Conditions of Participation for Hospitals / Medicare and Medicaid [42CFR482.13]
FOR INFORMATION ON FILING A GRIEVANCE OR FOR ANY QUESTIONS ABOUT ANY OF THE RIGHTS LISTED BELOW, CONTACT GUEST SERVICES AT 985-898-4669 OR THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS AT (225) 342-6429.

AS A PATIENT, YOU HAVE THE RIGHT TO:

- Access care and services based upon need and according to the Hospital's mission and vision, admission policies, and capability to provide needed services regardless of race, gender, religion, national origin, age, physical ability or financial status.
- Receive considerate care that respects psychosocial, spiritual, and cultural values.
- Wear personal and religious or symbolic items provided the items do not interfere with medical therapy or diagnostic procedures. Have a family member or representative of your choice and your physician notified of your admission.
- Receive appropriate pain management and information about pain relief measures. This includes having health professionals who respond quickly to reports of pain and staff who are committed to pain control.
- Make informed decisions about your care and any proposed procedure or treatment. This includes being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatments. This right is not a mechanism to demand medically unnecessary or inappropriate treatment or services.
- Have an advance directive concerning end of life care and treatment, for example a living will, or to designate a surrogate decision-maker with the expectation that Hospital staff and practitioners will honor the intent of the directive(s) to the extent permitted by law and Hospital policy.
- Know the identity of the physician who has primary responsibility for your care and the identity and professional status of individuals responsible for authorizing or performing procedures or treatments.
- Be informed of outcomes of care, including any unanticipated outcomes, and be informed if the Hospital proposes to engage in investigational, experimental, research or educational activity and have the right to refuse to participate in such activity.
- Voice complaints or submit a written grievance about the Hospital's care and services and receive a response to the complaint or grievance. Submitting a complaint or grievance will not compromise your future access to care.
- Participate in the consideration of the ethical issues that may arise in the course of your care.
- Expect personal privacy and be interviewed, examined and treated with reasonable visual and auditory privacy.
- Receive care in a safe setting; be free from all forms of abuse, neglect, or harassment; be free from restraints of any form that are not medically necessary; and be free from seclusion and restraints of any form imposed for behavior management unless clinically necessary.
- Expect confidentiality of health information and clinical records; have that information provided only to those involved in your care, to those monitoring its quality, or to those otherwise legally authorized to receive such information, and access information contained in your clinical record within a reasonable time frame.
- Request and receive an itemized explanation of total charges for services rendered by the Hospital regardless of the source of payment.

YOUR PATIENT RESPONSIBILITIES INCLUDE:

- Providing correct, accurate and complete information about your health.
- Following the treatment plan ordered by your physician, including working with your doctor(s) and nurse(s) to develop a pain management plan, helping measure your pain, and reporting any unrelieved pain.
- Considering the rights of other patients and Hospital personnel.
- Ensuring that the Hospital has a copy of your written advance directive (if you have one).
- Following Hospital rules and regulations that apply to patient conduct.
- Taking responsibility for your actions if you refuse treatment or do not follow instructions given by your physician.
- Making sure that the financial obligations of your health care are met as soon as possible.
- Asking questions when you do not understand what you have been told about your care.
- Contacting your nurse, physician, or other staff member if you perceive any safety risk relating to your environment or care.

If the patient is unable to exercise any of the rights set forth in this document, surrogates in the order provided by Louisiana statute may do so.

By signing this form, the patient (or his/her designated representative) acknowledges that he/she has been given a copy of patient rights and responsibilities for review.

Patient Signature: __________________________ Date: __________

Hospital Representative: __________________________ Date: __________

St. Tammany Parish Hospital
World-Class Healthcare. Close to Home.

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