

**Purpose:** To familiarize patients with his/her rights and responsibilities, thus strengthening the confidence in health care decisions.

**Policy:** Hood Memorial Hospital (HMH) is committed to providing individuals with information about his/her rights and responsibilities as a patient. By becoming familiar with those rights and responsibilities you will be able to make the most of your health care. Our goals are to strengthen your confidence in a fair, responsive and high-quality health care system; to provide effective mechanisms to address your concerns; and to encourage you to take an active role in improving your health and health care.

**Procedure:**

- Patients have rights and responsibilities when receiving care.
- Employees, patients, and visitors are expected to honor those rights and responsibilities.
- Reasonable steps will be taken to determine the patient's wishes concerning the designation of a representative upon admission for the current inpatient admission or outpatient visit. State Law will be followed when determining the patient's legal representative, if applicable, such as a designated durable power of attorney or judicially appointed tutor or curator of the patient.
- A written copy of the hospital's statement of Patient Rights and Responsibilities is given to patients and/or their or designated representative when they arrive for admission or outpatient services and is available to them throughout the duration of treatment. Patients and/or their designated representatives are given opportunities to discuss their rights and responsibilities.
- A statement of Patient Rights and Responsibilities will be posted in all admitting areas.
- For patients unable to read or speakers of foreign languages, appropriate personnel may be provided for interpretation and/or translation of the Patient Rights and Responsibilities statement.
- All employees will be oriented to patient's rights and

responsibilities during New Hire Orientation and will provide care consistent with these standards.

- Patients and/or their designated representative are a part of the healthcare team and will be allowed to participate in the development and implementation of the patient's plan of care.
- Concerning the designation of a patient representative:
  - For the non-incapacitated patient who designates orally or in writing, this shall be documented in the record. Both the patient and the designated representative will be given patient rights information.
  - For the incapacitated patient who presents with an advance directive, medical power of attorney, or similar document which designates a representative to make medical decisions, the document shall be scanned in the electronic medical record and the representative will be given patient rights information.
  - For the incapacitated patient who does not present with an advance directive, medical power of attorney, or similar document and there is not one on file, if an individual declares that they are the patient's representative, then HMMH will accept this and document it in the EMR unless there is more than one individual who declares to be the patient's representative. Patient rights information is given to this individual. If more than one individual declares to be the patient's representative, then each individual will be asked to provide documentation proving that they are the patient's representative. State Law will be followed when determining an individual's eligibility to make decisions for the patient. The Nursing House Supervisor will be called to make this determination based on appropriate documentation. If assistance is needed when making this determination, the Senior Vice President/Legal Services will be consulted.
  - If a request of an individual to be the patient's representative is denied, this shall be documented in the patient's EMR along with the reason for the refusal.
  - Designation of representative is valid for the patient

encounter unless withdrawn either orally or in writing by the patient.

- The following basic patient rights and responsibilities are recognized by HMH for the patient or when appropriate their designated representative:

- **Patient Rights**

- **Access to Care**

You shall be accorded impartial access to treatment and/or accommodations that are available and medically indicated, regardless of race, sex, sexual preference, national origin, age, religion, handicap, or diagnosis. No patient will be denied emergency or stabilization treatment based on sources of payment.

- **Respect, Dignity and Comfort**

You have the right to considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity and comfort, cultural, psychosocial, spiritual and personal values beliefs and preferences. You have the right to be protected from mental, physical, sexual and verbal abuse, neglect, harassment, exploitation, and corporal punishment.

- **Privacy and Confidentiality**

You have, within the law, rights to personal and informational privacy, as described below:

To have your personal privacy protected during personal hygiene activities, treatments, and when requested, as appropriate (Your right to privacy may be limited in situations that require continuous observation).

To refuse to talk with or see anyone not officially connected with HMH, including visitors, or persons that are officially connected with HMH but not involved in your care.

To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatments.

To be interviewed and examined in surroundings designed to afford

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 the medical purpose for which you were asked to disrobe.

To expect that any discussions involving your care will be conducted discreetly and that individuals not involved in your care will not be present without your permission.

To expect that access to all personal health information, including your medical record, is limited to those individuals designated by law, regulator policy or authorized as having a "need to know." Other access will be granted by your authorization. We will make all reasonable efforts to limit use and disclosure of personal health information to the minimum necessary to provide effective care and services.

To expect all communications and other records pertaining to your care, including the source of payment for treatment, to be treated as confidential.

To request a transfer to another room if another patient or visitors in that room are unreasonably disturbing you, or to be placed in protective privacy when considered necessary for personal safety.

You have the right as an inpatient, to have one opportunity to designate an uncompensated caregiver following admission and prior to discharge, for provision of your post hospital care at your residence.

- **Safety and Security**

You have the right to a reasonable expectation of safety with regard to our practices and your environment. It is strongly recommended that all valuables be sent home and not kept at HMH; however, you have the right to safe storage of valuables that you request be placed in the HMH safe secured location.

You have a right to a smoke-free environment within all facilities.

You have the right to access protective services. Your care

manager can assist you with this need.

As a patient, you are considered to be a vital, contributing member of your patient safety team – made up of the many individuals involved in your care. As a member of that team, you have a right to receive care according to the many policies and procedures that have been developed to foster a culture of safety for each patient. Further, as a member of your patient safety team, you have a right to disclosure of information regarding outcomes in your care as they relate to the plan of care directed by your provider.

- Restraints

You have the right to freedom from restraints used in the provision of care unless deemed clinically justified after comprehensive individual assessment.

- Pain Management

Your reports of pain will be acknowledged and responded to in a timely manner. Actions taken will be monitored for effectiveness. You and/or your representative have a right to participate in care decisions regarding your pain management.

- Identity of Caregivers

You and/or your representative have a right to know the identity and professional status of individuals providing service to you, and to know which physician or other practitioner is primarily responsible for your care. This includes your right to know of the existence of any professional relationship among individuals who are treating you, as well as the relationship to any other health care or educational institutions involved in your care. Participation by patients in clinical training programs or in the gathering of data for research purposes is voluntary.

- Information

You and/or your representative have the right to obtain from the practitioner responsible for your care, complete and current information concerning your diagnosis (to the degree known), treatment, any known prognosis, and anticipated or unanticipated outcomes. You and/or your representative have the right to be

involved in your care planning and treatment. Medical information should be communicated in terms you can reasonably be expected to understand. When it is not medically advisable to give such information to you, the information will be made available to a legally authorized individual.

You have a right to inspect, make copies of and request amendment of your medical record. Access to medical records will be granted within a reasonable time frame. Very limited legal restrictions apply to personal access to medical records.

- Communication

You have the right to have a family member or representative of your choice and your physician notified promptly of your admission to the hospital.

You have the right of access to mail and telephone services.

You have the right of access to interpreters and translators, as necessary. This right is demonstrated by HMH' provision of interpreters or translators for patients who do not speak or understand the predominant language of the community, and for speech and/or hearing-impaired patients.

- Visitation

You have the right to consent to receive the visitors whom you designate, including, but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. You have the right to withdraw or deny such consent at any time. Any restrictions due to your medical condition will be explained to you and implemented as a joint provider-patient decision, when possible. Visitation restrictions also may be necessary due to room accommodations and/or the nature of care provided. HMH will also accommodate the wishes of outpatients to have a support person present during their visit, when possible.

- Pastoral Care

HMH will accommodate your right to pastoral and other spiritual services. If you wish to be visited by a member of the clergy, notify your nurse.

- Ethical Issues

You and/or your representative have the right to participate in the investigation of ethical questions, which may arise during the course of your care. This includes issues of conflict resolution, withholding of resuscitative services, forgoing or withdrawal of life-sustaining treatment, and other end-of-life decisions.

- Advance Directives

You have the right to be reasonably informed and to participate in decisions involving your health care, including, but not limited to, information on the formulation of living wills and information on decisions regarding durable health care power of attorney. When you provide us a copy of your advance directive, you have the right to expect HMM to comply with your wishes.

One additional type of advance directive is a psychiatric advance directive. This is a legal document stating your choices for mental health care when you are in crisis. This type of advance directive might be prepared by an individual who is concerned that at some time he or she may be subject to involuntary psychiatric commitment or treatment. A psychiatric advance directive may be created only after an evaluation by a physician who declares that you are capable of making reasoned decisions. If you have concerns or questions regarding the psychiatric advance directive, you may contact the Mental Health Advocacy Services at 1-800-428-5432. Regarding a psychiatric advance directive, your choices may be disregarded if they have not worked to lessen the crisis, and if you present an immediate danger of physical harm.

The existence or lack of an advance directive does not determine your access to care, treatment, or services. You have the option to review and revise advance directives. The hospital staff will comply with the physician's orders, unless there is clear evidence available to the hospital personnel that such orders are inconsistent with the patient's declaration or are illegal. In the event the attending physician chooses not to comply with the declaration of a patient, the Chief of Staff will be contacted to intervene.

- Consent

You and/or your representative have the right to know who is responsible for authorizing and performing procedures or treatment. To the degree possible, decisions about your health care will be based on a clear, concise explanation of your condition and all proposed technical procedures. This includes the possibilities of any risk of mortality or serious side effects, problems related to recuperation and probability of success. Where medically significant alternatives exist, you and/or your representative shall so be informed. You will not be subjected to any procedure, including video monitoring during examination, without the voluntary, competent, and understanding consent of you or your legally authorized representative except where specified in your operative consent.

You and/or your representative have the right to participate in decisions regarding participation in investigational or clinical trial studies. You and/or your representative shall be informed if HMMH proposes to engage in or perform experimentation or research/educational projects affecting your care or treatment. You and/or your representative have the right to refuse to participate in any such activity.

- Consultation

At your own request and expense, you and/or your representative have the right to consult with a specialist regarding your care.

- Involvement in Treatment

You and/or your representative have a right to be involved in the planning and treatment decisions regarding your care. You have the right to request a discharge planning evaluation to identify any care needs you may have after you leave the hospital. Please communicate your needs to your nurse or case manager.

You and/or your representative have a right to refuse treatment, to the extent permitted by law. When refusal of treatment by a patient or his/her legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable

notice. A patient's request for treatment may be denied if the patient's physician deems it medically unnecessary or inappropriate.

You and/or your representative have the right to receive education regarding treatment requests or refusals. If you refuse treatment or fail to follow the practitioner's instructions, you will be responsible for outcomes.

- **Mental Health Rights**

For patients who receive treatment for mental illness or developmental disability, in addition to the rights listed herein, have the rights provided in the Louisiana Mental Health Law.

- **Continuity of Care/Transfer**

You may not be transferred to another facility unless you and/or your representative have received a complete explanation of the need for the transfer and the alternatives to such a transfer, and unless the transfer is acceptable to the other facility.

You and/or your representative have the right to be informed by the practitioner responsible for your care, or his/her designee, of any continuing health care requirements following your discharge. You and/or your representative have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge.

- **Hospital Charges**

Regardless of the source of payment for your care, you have the right to request and receive an itemized and detailed explanation of your total bill for services rendered at HMH, and may receive upon request, information relating to financial assistance available through the hospital. You have the right to timely notice prior to termination of your eligibility for reimbursement by any third-party payer for the cost of your care.

- **Hospital Policies & Procedures**

You and/or your representative will be informed of HMH' policies and procedures applicable to your conduct as a patient. You and/or

your representative are entitled to information about HMMH's mechanism for the receipt, review and resolution of patient complaints.

- **Concerns**

Concerns for your care can be voiced to our Quality Department, which can be reached at (985) 748-9485 or written concerns may be sent to the Patient Advocate at 301 W. Walnut Street, Amite, LA, 70422 or emailed to [feedback@hoodmemorial.com](mailto:feedback@hoodmemorial.com). Because your concerns are important to us, we will attempt their immediate resolution. In the event we are unable to do so, a grievance will be filed on your behalf. All attempts will be made to contact you or your legally authorized representative regarding your grievance within 7 working days. The written resolution of your grievance will be sent to you or your legally authorized representative as soon as the investigation is complete. Grievances can usually be resolved in approximately 7 working days; however, if an extensive investigation is warranted, this process may take longer. If that is the case, you will be contacted regarding the progress of our investigation. Patients also have the right to file grievances with the state's Department of Health and Hospitals, Health Standards Section, Post Office Box 3767, Baton Rouge, Louisiana 70821-3767, [hss.mail@la.gov](mailto:hss.mail@la.gov), (866) 280-7737. Medicare beneficiaries may contact the peer review organization KEPRO for grievances concerning quality of care or non-coverage at (888) 315-0636.

- **Patient Responsibilities**

The following basic responsibilities are recognized by HMMH:

- **Provision of Information**

As a vital member of your patient safety and care planning team, you and/or your representative have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, care directives, and other matters relating to your health. You and/or your representative have the responsibility to report unexpected changes in your condition to your doctor and/or caregiver.

You and/or your representative are responsible for asking questions and/or making it known as to whether you clearly comprehend a planned course of action and what is expected of you.

- Compliance with Instructions

You and your family are responsible for following the treatment plan developed with the practitioner(s) primarily responsible for your care. This may include following the instructions of doctors, nurses and others as they carry out your plan and as they enforce HMH rules and regulations.

You and/or your representative are responsible for expressing any concerns you may have about your ability to follow the proposed treatment plan. You and/or your representative are responsible for reporting any perceived risks or problems with your care, to include pain management. HMH will make all reasonable efforts to adapt your treatment plan. When requested changes are not recommended, you will be informed of the consequences of failing to follow your recommended treatment plan and will accept responsibility for that decision.

You are responsible for keeping appointments, and when unable to do so for any reason, for notifying the responsible practitioner or HMH.

- HMH Charges

You and in some circumstances, your family, are responsible for assuring that the financial obligations resulting from your healthcare are fulfilled as promptly as possible. A patient account representative is available at 985-284-2211 to assist you.

- HMH Policies & Procedures

You and your family are responsible for following HMH's rules and regulations regarding patient care and conduct.

- Respect and Consideration

You and your family are responsible for being considerate of the rights of other patients and HMH personnel, for assisting in the control of noise and the number of visitors you receive, and for being respectful of both the property of other persons and HMH

property.

- **Smoking Policy**

You are responsible for observing the tobacco-free policy at all HMH' properties. This includes all e-cigarettes, and vapes.

Department Directors/Managers, and Nursing Supervisors, are available to assist you during your stay. Please feel free to call the operator by dialing "800" should you have the need to speak with any of the above individuals.

At HMH, we consider it a privilege to be involved in your care. If we can, in any way, assist you in your understanding of these rights and responsibilities or with any other aspect of your care, please let us know.

- **Swing Bed Patient Rights**

The following swing bed patient rights are recognized by Hood Memorial: For the purposes of defining the scope of the rights and responsibilities set forth in this policy, "you" shall mean the patient, and if the patient is not capable of or if the patient allows otherwise, the patient's legally authorized or designated representative.

**Resident Rights:**

In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.

Planning and implementing care: you have the right to be informed of, and participate in your treatment including:

The right to be fully informed in a language that you can understand of your total health status, including but not limited to, your medical condition.

The right to be informed, in advance, of changes to the plan of care.

The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.

The right to choose your attending physician:

- The physician must be licensed to practice, and
- If the physician chosen by you refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation to assure provision of appropriate and adequate care and treatment.
- The facility must ensure that you remain informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for your care.
- The facility must inform you if we determine that the physician chosen by you is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with you and honor your preferences, if any, among options.
- If you subsequently select another attending physician who meets the requirements specified in this part, the facility must honor that choice.

The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

The right to share a room with your spouse when married residents live in the same facility and both spouses consent to the arrangement.

The right to immediate access to you by immediate family and other relatives, subject to your right to deny or withdraw consent at any time.

The right to immediate access to you by others who are visiting with your consent, subject to reasonable clinical and safety restrictions and your right to deny or withdraw consent at any time.

The right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for you through a means other than a postal service, including the right to: privacy of such communications consistent with this section; and access to stationery, postage, and writing implements at your own expense.

The facility must:

- Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when/if you become eligible for Medicaid of-
  - The items and services that are included in the nursing facility services under the State plan and for which you may not be charged;
  - Those other items and services that the facility offers and for which you may be charged, and the amount of charges for those services; and
- Inform each Medicaid-eligible resident when changes are made to the items and services specified in this section.

You have the right to be notified before, or at the time of admission, and periodically during your stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/Medicaid or by the facility's per diem rate.

You have the right to personal privacy and confidentiality of your personal and medical records.

- Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but

this does not require the facility to provide a private room for you.

- The facility must respect your right to personal privacy, including the right to privacy in your oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for you, including those delivered through a means other than a postal service.
- You have a right to secure and confidential personal and medical records.

You have the right to refuse the release of personal and medical records except as provided at 483.70(i)(2) or other applicable federal or state laws.

The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine your medical, social, and administrative records in accordance with State law.

You have the right to be free from verbal, mental, sexual, or physical abuse, neglect, misappropriation of your property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat your medical symptoms.

### **Admission, Transfer, and Discharge Rights:**

You have the right to not be transferred or discharged unless: your health has improved sufficiently so that you no longer need the facility's services; it is necessary for your welfare and your needs cannot be met at the facility; your clinical or behavioral status endangers the safety or health of individuals at the facility; you have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility; and not to be transferred or discharged while a discharge appeal is pending (unless you are being discharged because you are endangering the health and safety of other individuals).

You have the right to be notified prior to transfer or discharge in writing in a language and manner you understand, the details of your transfer or discharge, the reasons for such transfer or discharge, and of your appeal rights within 30 days before discharge. When you have not been at the facility for 30 days, your health improves sufficiently to allow for a more immediate transfer or discharge, you have urgent medical needs, or the safety or health of individuals at the facility is endangered, the notice will be provided to you as soon as possible before transfer or discharge.

**References: CMS Conditions of Participation; Louisiana State Licensing Standards**