Section 9	Clinical Policies	04/05/93 -Originated
Subject 9.3	Patient Rights	07/07/11 -Reviewed w/changes -Reviewed w/o changes
Policy 9.3.13	**Patient Rights and Responsibilities**	Patient Services Dept. -Author

Patient Rights and Responsibilities

Definitions

Advance Directive: a written instruction such as living will or medical power of attorney for health care recognized under State law and relating to the provision of such care when the person is incapacitated.

Family: As used in this policy, family is defined to include a spouse, a domestic partner (including a same-sex domestic partner), siblings, children, other family members, or a friend. *This definition should not be confused with the definition of "family" as contained in other IHOP policies; for example, for issues regarding consent or refusal to treatment, please refer to the appropriate IHOP policies.*

Medical Power of Attorney (formerly Durable Power of Attorney for Health Care): a document delegating authority to an agent to make health care decisions on the principal's behalf if the principal's attending physician certifies that the principal is incompetent (i.e., lacks decisional capacity).

***Surrogate Decision Maker*:** A person with decision-making capacity who is identified as the person who has authority to consent to medical treatment on behalf of an incapacitated patient in need of medical treatment.

Policy

All patients have rights and responsibilities concerning their health care. All patients:

1. have the right to make informed decisions about the medical and health care services they receive from physicians and other health care providers. This includes the right to be informed of their health status, choose who is involved in their care planning or treatment, and request, refuse or withdraw from (to the extent permitted by law) any treatment.

2. have a responsibility to be an active participant in their medical and healthcare services and treatment as applicable. This includes not withholding information, meeting financial commitments, keeping appointments, following instructions, etc, to better ensure optimal outcomes.

3. Other aspects of patient's rights such as advance directives and

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end of life care, informed consent, refusal of treatment, management of patient's belongings, visitors, and patient privacy are covered in other policies. This policy is intended to service as a resource for all employees and to enable compliance with regulatory requirements.

Notification of Rights and Responsibilities

Upon admission to the hospital, each patient shall have easy access to a written *Patient Rights and Responsibilities* statement. This statement is an assurance that all health care activities are conducted with an overriding concern for the patient's rights and dignity as a human being, as well as provide patients and their families a short summary of their rights and responsibilities. For patients with language barriers or those who are unable to read, the contents of the statement should be interpreted and/or explained to the extent possible.

Patient Rights and Responsibilities statements are also posted and kept in those public areas accessible to patients and their families, as well as broadcasted on the closed circuit patient access channels. Additional copies are available upon request from the Department of Patient Services.

Patient Rights

Identity of Care Providers

Patients have the right to know the identity and professional status of the individuals involved in their care, including which physician or other practitioner is primarily responsible for their care. Patients may obtain information as to any relationship UTMB has with other health care or educational institutions insofar as their care is concerned. Patients also may obtain information as to the existence of any professional or business relationship among individuals, by name, involved in their care.

Considerate and Respectful Care

All patients have the right to be treated in a considerate and compassionate manner that recognizes their personal dignity, privacy and respects their cultural and personal values, beliefs and preferences.

For example, patients may wear personal clothing and religious or other symbolic items, as long as they do not harm or offend others, or interfere with their diagnostic procedures or care.

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Religious and Other Spiritual Services

Clergy are available to provide support to patients and their family, reasonable efforts will be made to accommodate spiritual expression and patients' preferences regarding personal clergy.

Involvement in Care

Adult patients (and their families or designated representatives, to the extent permitted by law) have the right to participate in the development and implementation of a plan of care by:

1. consenting to recommended treatments or procedures;
2. formulating advance directives;
3. deciding whether to withhold resuscitative services;
4. deciding whether to forgo or withdraw life-sustaining treatment;
5. being an active participant in resolving dilemmas involving care decisions;
6. determining the extent and type of care to be provided at the end of life; and
7. appointing a surrogate decision maker.

Please refer to the IHOP policies referenced at the end of this document for specific issues related to consent to treatment.

Pain Management

Pain assessment and management is considered an important part of a patient's health care experience and plan of care.

Procedures and resources are in place to manage that pain and respond appropriately.

Communication

Patients have the right to effective communication. Ann interpreter service is available to assist patients with language barriers in order to ensure the communication of information in a manner that is understandable to each patient.

Additional resources are also available for patients with communication impairments. Such resources include sign language interpreters, Text Telephones for the Deaf, telephone receiver amplifiers and closed-

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captioned television for the hearing impaired; and augmentation communicative devices and electrolarynx devices for the speech impaired.

Conflicts in Care

When patient care decisions involve questions, differences, conflicts or other dilemmas for hospital staff and the patient, family or other decision makers, resources are available to assist e.g., the Ethics Consultation Service.

Notification of Outcomes of Care

All patients (and their families or designated representatives, to the extent permitted by law) have the right to be informed about the results of treatment, including any significant unexpected patient care outcomes or when the outcomes differ significantly from the anticipated outcomes.

Continuity of Care: Access to and Transfer of Care

To the extent possible, UTMB will arrange evaluation, service, and/or referral as indicated by the urgency of each particular case in order to ensure that patients have reasonable and impartial access to available, medically indicated care, treatment and services regardless of race, religion, beliefs, cultural values, sex, age or financial status

With the exception of incarcerated patients, all patients must be informed of: the risks, benefits, necessity and alternatives to transfer before leaving the hospital; and post-discharge continuing health care requirements, including contact information for physicians and the scheduling of appointments.

Patient Complaint Process

An organized system exists to receive and address patient complaints, in any form (e.g., written, verbal, received via telephone or in person). This system is maintained by the Department of Patient Services which provides a centralized and effective mechanism for the initiation, review, and to the extent possible, resolution of patient complaints and/or concerns.

Patients are notified of the services offered by the Department of Patient Services during the admissions process, through information provided

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on patient care units, closed circuit televisions and visitation from Patient Services representatives. Individuals who file complaints are notified of the outcome of their complaints, once the investigation has been completed.

Privacy Complaints

Patients who feel their privacy may have been breached may notify the Department of Patient Services and/or the Institutional Privacy Office directly.

The Institutional Privacy Office is responsible for investigating all allegations of breaches of privacy and will be notified by the Department of Patient Services department of all such patient complaints. Additionally, patients may file privacy complaints with the Department of Health and Human Services.

Information regarding the method for filing a complaint with state survey and certification agencies is also available upon request.

Security

The UTMB Police Department takes all reasonable measures to safeguard the security of each patient and their family. UTMB has a zero tolerance policy for violence. UTMB encourages patients to send home via family for safekeeping any valuables not required in their personal care.

Access to Protective Services

If clinically pertinent or upon the request of a patient written information shall be provided to patients and their families regarding how to access client advocacy groups.

Consent Involving Research Programs

Patients must be informed if their recommended care is associated with a research, investigation or clinical trials program. In addition to the information which must be provided to patients to obtain informed consent and comply with the Institutional Review Board requirements, the following information must be reviewed with patients considering participation in such programs:

1. the purpose of the study;

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2. the expected benefits of participating in the study;
3. the potential risks and discomforts;
4. alternate services or treatments that might be beneficial;
5. a complete explanation of the procedures to be performed, including what is going to happen, what is expected of the patient and the expected duration of the study;
6. the approximate number of subjects involved in the study; and
7. any additional expenses to the patient or the patient's insurance carrier which may occur during the performance of the study.

All patients asked to participate in research studies may refuse without compromising their ability to access medically indicated services or treatment. Consent requirement for research studies are addressed in greater detail in the Institutional Review Board Manual.

Patient Responsibilities

Each patient (and their family, as applicable) has the responsibility to:

1. provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, allergies, medications (including over-the-counter or alternative therapy medications) and other matters relating to their health;
2. provide other names by which he or she has been known and any changes in address or phone number;
3. report perceived risks in their care and unexpected changes in their condition;
4. actively guide providers with their goals; participate in efforts to manage their condition and care; and inform caregivers about how best to accommodate their unique needs and perspectives;
5. report whether they clearly comprehend a contemplated course of action and what is expected of them;
6. keeping appointments or notifying the responsible practitioner or appropriate hospital or clinic staff in advance when unable to do so;
7. provide feedback to the hospital and clinics about service needs and expectations in regard to facilitating the safe delivery of care, treatment and services.

Treating Others with Respect and Consideration

Patients and their families must be considerate of hospital and clinic staff and property, as well as the rights of other patients and their

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property. UTMB maintains a zero tolerance policy for any threats,threatening behavior, or acts of violence by patients, their family members, visitors, volunteers, and/or employees.

Asking Questions

Patients and their families must ask questions when they do not understand their care, treatment or service, or what they are expected to do to comply.

Follow-through with Instructions

Patients and their families are expected, to the best of their ability, to follow the treatment plan developed in collaboration with their health care provider in order to achieve optimal outcomes. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce applicable hospital and clinic rules and regulations. Patients and their families should express any concerns about their ability to follow the agreed upon treatment care plan. In return, practitioners should make every effort to adapt the plan to the specific needs and limitations of each patient; and if such modifications may compromise outcomes, to explain in order to permit the patient and their family to make an informed decision after considering the risks and benefits of treatment alternatives and not following the recommended course.

Patient Valuables and Personal Medical Devices

Patients and their families are responsible for securing all valuables, personal medical devices or belongings kept in the patient's room or at his or her bedside. Patients must submit to have all personal medical devices brought to the hospital checked for safety by the Department of Clinical Equipment Services prior to their use.

Meeting Financial Commitments

Patients and their families must provide any necessary financial information or documentation requested by hospital staff, and should promptly meet any financial obligations agreed to with the hospital and clinics.

References

Policy 6.2.0	General Policy on the Use and Disclosure of PHI
Policy 6.2.1	Use and Disclosures of PHI based on Patient Authorization

References, continued

Policy 6.2.2	Use and Disclosure of PHI to Family and Friends for Individual Care and Notification Purposes Minors and Deceased Patients
Policy 6.2.4	Use and Disclosure of PHI for Patient Directories
Policy 9.2.6	Medical Record Access
Policy 9.2.7	Use and Disclosure of Inpatient Protected Health Information
Policy 6.2.14	Minimum Necessary Use and Disclosure of PHI
Policy 6.2.37	Reporting and Investigating Allegations of Privacy Violations
Policy, 8.1.4	Workplace Violence
Policy 8.2.5	Security Management
Policy 9.1.1	Registration at UTMB Hospitals and Clinics
Policy 9.1.12	Interfacility Transfer of Patients from UTMB
Policy 9.1.14	Patient Discharge Planning
Policy 9.1.21	Examination and Treatment for Emergency Medical Conditions and Women in Labor
Policy 9.3.1	Resources Available for Patients with Disabilities
Policy 9.3.2	Consent to Photograph, Video/Audio Record and/or Televise patients
Policy 9.3.10	Reporting Suspected Abuse, Neglect and Exploitation of Children the Elderly and/or Disabled Persons
Policy 9.3.10	Consent for HIV antibody Testing and for Disclosure of Results
Policy 9.3.16	Refusal of Consent/Treatment
Policy 9.3.17	Patient Consent - Overview and Basic Requirements
Policy 9.3.18	Consent for Medical Care of a Minor – Overview
Policy 9.3.20	Universal Childhood and Adolescent Immunizations
Policy 9.3.21	Consent for Sterilization
Policy 9.9.1	Security Associated with Patients in non-TDCJ Areas
Policy 9.9.2	Security Associated With The TDCJ Hospital
Policy 9.13.18	Communication of Unanticipated Outcomes
Policy 9.15.5	Initiating Advance Directives, including DNR Orders
Policy 9.15.6	Withholding or Withdrawing Life Support with Directive