

# PATIENT RIGHTS- MANAGEMENT

## PURPOSE

---

To demonstrate ways Mason Health respects, protects, and promotes the rights of the patient during their encounters regardless of the patient's age, race, ethnicity, national origin, gender identity or expression, sexual orientation, religion, culture, physical or mental disability, financial status or condition (including the terminally ill or dying), limited English, visual, hearing or learning impaired.

## POLICY

---

**DEFINITION:** Except where CMS regulations explicitly require an interpretation in accordance with State law, wherever the text of a regulation or associated guidance uses the terms "marriage" or "spouse" or includes a reference to a patient's "representative", "surrogate", "support person", "next-of-kin", or similar term in such a manner as would normally implicitly or explicitly include a spouse, the terms are to be interpreted consistent with the guidance noted below:

- "spouse" means an individual who is married to another individual as a result of marriage lawful where it was entered into, including a lawful same-sex marriage, regardless of whether the jurisdiction where the hospital is located, or in which the spouse lives, permits such marriages to occur or recognizes such marriages.
- "marriage" means a marriage lawful where entered into, including a lawful same-sex marriage, regardless of whether the jurisdiction where the hospital is located, or in which the spouse lives, permits such marriages to occur or recognizes such marriages;
- "family" includes, but is not limited to, an individual's "spouse" (see above); and
- "relative" when used as a noun, includes, but is not limited to, an individual's "spouse" (see above).

Mason Health entities and staff members show their support of patient rights through interactions with patients and by involving them in decisions about their care, treatment, and services. This support includes, but is not limited to:

# PATIENT RIGHTS- MANAGEMENT

## IDENTIFICATION OF AND INFORMING PATIENTS OF THEIR RIGHTS AND RESPONSIBILITIES

- Mason Health has developed “Patient Rights and Responsibilities” in compliance with NIAHO Accreditation recommendation, as well as the Centers for Medicaid and Medicare Services, outlining a list of rights and responsibilities.
- Patients are given the opportunity to have a printed copy of the “Patient Rights and Responsibilities” if they desire. A copy of this document is offered at time of admission, and is available on request at any time during the patient stay.
- There are written policies on procedures for specific patient rights, including but not limited to: visitation rights, right to privacy, right to pain management, access to health information, and prohibition to discrimination.
- “Patient Rights and Responsibilities” copies are available to staff to review relevant areas with patients, surrogates, and visitors as appropriate.

## RIGHT TO EFFECTIVE COMMUNICATION (NIAHO PR.2)

- Information and education is provided in multiple modes tailored to patient age, language, learning preferences.
- Interpreter services are available 24/7 for many languages, including those most frequently encountered in the community. [Obtaining Interpreter Services](#) (NIAHO PR.4)
- Provisions are made for learning barriers and impairments, such as for vision and hearing deficits.

## RIGHT TO PARTICIPATE IN CARE DECISIONS (NIAHO PR.2)

- Information about treatment, outcomes, services, and plan of care is provided at multiple points during the patient stay, from their Licensed Independent Practitioner and the Mason Health staff; this includes involvement of the patient for preferences, educational activities, decision making, and the right to refuse care.

## RIGHT TO [INFORMED CONSENT](#) (NIAHO PR.5)

- There are written policies in place for informed consent and refusal
- Information to the patient or family of patient care and to involve the patient and family to make informed decisions regarding their care planning and treatment, including the requesting and/or refusing treatment, their health status, not to be construed as a

# PATIENT RIGHTS- MANAGEMENT

demand for the provision of treatment or services deemed medically unnecessary or inappropriate.

## RIGHT TO KNOW CARE PROVIDERS (NIAHO PR.2)

- Provider information will be provided upon request.

## RIGHT TO FORMULATE AN ADVANCE DIRECTIVE (NIAHO PR.3)

- The CAH must allow the patient to formulate advance directives and to have CAH staff and practitioners comply with the advance directives in accordance with Federal and State law, rules and regulations. The organization must maintain written policies in accordance with 42 CFR Section 489.102 requirements for providers. [Advance Directive](#)

## RIGHT TO PARTICIPATE IN END-OF-LIFE DECISIONS (NIAHO PR.3)

- There are written policies for end-of-life care and surrogacy ([Advance Directive](#))
- Palliative care orders are obtained and implemented as desired by patients or their surrogates.

## RIGHT TO FILE A PATIENT GRIEVANCE (NIAHO PR.6)

- Definition elements: A “patient grievance” is a formal or informal written or verbal complaint that is made to the CAH by a patient, or the patient’s representative, when a patient issue cannot be resolved promptly by staff present. If a complaint cannot be resolved promptly by staff present or is referred to a complaint coordinator, patient advocate or AH management, it is to be considered a grievance. [Patient Grievance Policy and Procedure](#)

## RIGHT TO BE FREE OF RESTRAINT (PR.7, PR.8, PR.9)

- All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, that is not medically necessary, or that is imposed by staff as a means of coercion, discipline, or retaliation. Each patient should be treated with respect and dignity. [Restraint Policy](#)

# PATIENT RIGHTS- MANAGEMENT

## PERSONAL RIGHTS (NIAHO PR.1, PR.2)

- There are written policies regarding the patient's right to be free from neglect; exploitation; and verbal, mental, physical and sexual abuse.
- Private telephone and mail services are available for all patients.
- Contact information is provided for Mason Health Compliance Officer and Privacy Officer as well as the Department of Health Hotline. Advocacy and support contacts are provided on request; these referral numbers are maintained by the Discharge Planning Department.
- There are written policies regarding complaint management.
- Beneficiary Notices:
  - Of non-coverage and right to appeal premature discharge; and,
  - Medicare Outpatient Observation Notice (MOON).
- Provision of care in a safe setting.
- Confidentiality of clinical records.

## RIGHTS OF INVOLUNTARY PATIENTS

- The right to individualized care and adequate treatment.
- The right to discuss treatment plans and decisions with professional persons.
- The right to access treatment by spiritual means through prayer in accordance with the tenets and practices of a church or religious denomination *in addition to medical treatment*.
- Every person receives all the rights set out and retains all rights not otherwise denied.
- No person is presumed incompetent as a result of receiving evaluation and treatment.
- Every person is given a reasonable choice of an available physician, physician assistant, psychiatric advanced registered nurse practitioner, or other "professional person" qualified to provide services, unless they receive services under Single Bed Certification (SBC), in which case those rules and regulations govern.

## REFERENCES:

There are written policies and procedures – NIAHO PR.10  
Rights and Responsibilities of the Individual – NIAHO PR.2, PR.3, PR.4, PR.5, PR.6  
Relevant and supportive policies and procedures found in hyperlinks in this document, with additional references contained within.  
Involuntary Treatment Act and Behavioral Health Services for Minors – RCW 71.05; 71.24  
Patient Rights and Responsibilities – MGH 170 (order from Materials)  
[Patient Rights and Responsibilities - Swing Bed - MGH 1170SB](#)