


POLICY & PROCEDURE

	Effective Date: <b>October 2023</b>	General Policy Manual		Policy #: <b>8.17</b>
	Original Revision	Page 1 of 3	Title: <b>Patient Rights &amp; Responsibilities</b>	

**I. POLICY:**

Stoughton Health’s goal is to provide every patient with the best care within the organization’s capacity and applicable law and regulation. This is accomplished by treating each individual with the honor, respect and reverence that is fitting to the dignity of the human being. All patients are entitled to the physical, social, psychological, spiritual and emotional care to meet their needs within the framework of the philosophy and standards of care followed by Stoughton Health.

Stoughton Health will inform the patient (or representative, where appropriate) of his or her rights, including visitation rights, and responsibilities by offering written documentation of these rights. The patient/representative have the right to accept or decline. See also Policy #8.11.

There may be additions to this list of patient rights in relation to specific units or services.

**You, and the Person/s with the Legal Right to Act on Your Behalf, Have the Right to...**

- be given, at the time of admission, a copy of our organization’s policies on patient rights and responsibilities;
- To have a family member or representative and his/her own physician notified promptly of his/her admission to the hospital;
- effective communication, tailored to your age and ability to understand, including access to an interpreter if language barriers are a problem;
- receive appropriate hospital care and visitation privileges regardless of race, creed, color, national origin, ancestry, religion, sex, sexual orientation, gender identity or expression, marital status, age, newborn status, disability, or source of payment;
- receive care that respects your personal values, beliefs, cultural and spiritual preferences and life-long patterns of living.
- to be treated with consideration and respect, and be recognized for your individuality and personal needs as well as your need for confidentiality, privacy and safety/security; to have an environment that preserves dignity and contributes to a positive self-image;
- know who has overall responsibility for your care;
- consult with a specialist including your personal physician, dentist or other licensed independent care provider;
- receive complete and current information concerning your diagnosis, treatment and prognosis, in terms you can understand;
- participate to the fullest extent possible in the planning of your care and treatment; be informed at admission and throughout your stay, of services available in the facility and of related charges not covered by Medicare;
- give informed consent prior to treatment, unless there is an emergency, and the right to receive information from your physician necessary to give informed consent for procedures and treatment;
- give consent prior to participation in any form of research and to have your rights respected and protected during research, investigations and clinical trials;
- refusing to participate in research, investigation, or clinical trials or discontinuing participation at any time will not jeopardize patient’s access to care, treatment and services unrelated to the research;
- give consent for any recording or filming which may occur for purposes other than identification, diagnosis or treatment;

- refuse treatment, to the extent permitted by law, and to be informed of the medical consequences of refusing treatment;
- be informed about the outcomes of care, including unanticipated outcomes;
- continuity of care, including discharge planning, and/or prior explanation (except in emergencies) of why you are being transferred to another facility and to be ensured the receiving facility will accept you;
- remain in this facility unless a transfer is necessary for your welfare or your needs cannot be met here, your health has improved significantly so hospital/transitional care services are no longer needed, your safety is endangered, or the hospital fails to continue operation. Transitional Care patients will be given 30-day prior notice of transfer;
- address your wishes related to end of life decisions, to honor and implement your Advanced Directives which are legal and statutory under Wisconsin State and Federal law (refer to Stoughton Health Advance Directive Policy for additional information);
- pain management and to expect your health care providers to be knowledgeable about such treatment including assessing the level of your pain and providing treatment in a manner which is respectful, dignified and caring;
- be informed about your visitation rights, including any clinical restriction or limitation on such rights, in advance of receiving patient care whenever possible;
- designate who is permitted to visit you during your hospital stay and the right to withdraw or deny such consent at any time;
- have a family member, friend or other individual be present for emotional support during the course of your stay, unless the individual's presence infringes on others' rights, safety, or is medically therapeutically contraindicated;
- share a room with your spouse, if both consent;
- choose whether or not students will be involved with your care;
- meet and participate in activities of social, religious or community groups at your discretion unless medically contraindicated;
- not be required to perform services for the organization that are not included for therapeutic purpose in your plan of care;
- access your medical record, request amendment to and obtain information on disclosures of health information, in accordance with law and regulation;
- confidentially in regard to your medical record, including all computerized medical information;
- visit and communicate privately with persons of your choice, and send or receive your personal mail unopened, unless medically contraindicated;
- be free from mental, physical, sexual and verbal abuse, neglect and exploitation;
- wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment;
- retain and use personal possessions, including some furnishings as space permits, unless to do so would infringe upon the rights and safety of others;
- be free from seclusion and restraint of any form imposed as a means of coercion, discipline, convenience or retaliation by staff; legally acceptable restraint will only be used as a last resort to promote physical healing or in an emergency situation to prevent harm to yourself or others;
- access protective and advocacy services;
- examine your hospital bill and receive an explanation of your bill, regardless of source of payment, and to receive upon request information relating to financial assistance;
- be informed, in writing, how complaints may be filed, reviewed or resolved;
- submit concerns or complaints regarding your care and treatment to the Wisconsin Division of Quality Assurance, P.O. Box 2969, Madison, WI 53701-2969 or phone 608-266-8481.

**You, and the Person/s with the Legal Right to Act on Your Behalf, Have the Responsibility to ...**

- comply with all hospital rules;
- cooperate in your own treatment;
- provide a complete and accurate medical history;
- be respectful of other patients, staff and property;
- provide required information concerning payment of charges.

**If You Have a Question or Concern:**

The Medical Staff and employees of Stoughton Health seek to treat every patient with fairness and concern, recognizing their needs and satisfying them to the fullest extent possible. If you have any questions or problems which have not been answered to your satisfaction or if you have a special need, please ask your nurse.

If you would like to contact a specific department regarding a question or concern, you may dial "0" to be connected with a hospital operator who can assist you in reaching the intended person or department.

The Client Rights Specialist at Stoughton Health is Jennifer White: 608-873-2365.

Albanian (Form #6235A), Spanish (Form #6235S), and English (Form #6235E) versions of the Patient Rights & Responsibilities are on the Intranet under Forms, General Forms.

**II. REFERENCES:**

1. CMS Conditions of Participation RI.01.01.01
2. DNV Accreditation Requirements Interpretive Guidelines & Surveyor Guidance for Critical Access Hospital Revision 20-1, Patient Rights Chapter

**III. COORDINATION:**

**Owner: CNO/VP of Patient Services**

**Reviewed by:**

Administration

Chief of Staff

Board of Directors

Client Rights Specialist

General Policy Review Committee



\_\_\_\_\_  
President/CEO

10/5/23

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Date