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Policy : Patient Rights and Organizational Ethics

POLICY:

1. Patient Rights and Organization Ethics are the basic rights of independence of expression, decision, action, concern for personal dignity, and human relationships. These patient rights and organizational ethics will be preserved by Forks Community Hospital and Rural Health Clinics.

2. PATIENT RIGHTS:

- a. To be informed of patient rights and receive a written copy before you receive or discontinue patient care whenever possible.
- b. To personal privacy.
- c. To receive care in a safe setting.
- d. To be free from all forms of abuse or harassment.
- e. To file a grievance and to be informed of the process to review and resolve the grievance.
- f. To participate in the development and implementation of your plan of care.
- g. You and your representative have the right to make informed decisions regarding your care, including being informed of your health status; being involved in care planning and treatment; and being able to request or refuse treatment. You do not have the right to demand provision of treatment or services deemed medically unnecessary or inappropriate.
- h. If you are an adult, you have the right to formulate advance directives and to have the hospital staff and practitioners who provide care in the hospital comply with these directives.
- i. To have a family member or representative of your choice and your provider notified promptly of your admission to the hospital.
- j. To the confidentiality of your personal identifiable health information.
- k. To access information contained in your medical record and a copy within a reasonable time.
- l. To be free from restraint or seclusion that is not medically necessary or is used as a means of coercion, discipline, convenience or retaliation by staff.
- m. To receive an appropriate medical screening examination or treatment for an emergency medical condition within the capabilities of the hospital, regardless of your ability to pay for such services.

- n. To an interpreter that is free of charge.
- o. To an explanation of your condition and to be informed about the outcomes of your care, including unanticipated outcomes.
- p. To understand your choices for treatment, including the right to refuse treatment and to be informed of the risks and benefits to your choices.
- q. To obtain a second opinion.
- r. To choose whether to participate in medical research studies and you will receive complete information about the study in order to make an informed decision. Your written consent to participate is necessary. Your medical care will not be impacted if you choose not to participate.
- s. To know the name and role of each person participating in your care.
- t. To know about your medications, any equipment used and community resources you might need.
- u. To pastoral care and other spiritual services.
- v. To have your bill explained to you.
- w. To an assessment of your pain and input in your pain management.

3. SPECIAL RIGHTS OF ADOLESCENTS:

- a. In additions to the patient rights stated in this brochure the law provides the following right for adolescent patients:
 - i. A minor patient 13 years or older may consent to outpatient treatment for mental health and substance abuse.
 - ii. A minor patient 14 years or older may consent to outpatient treatment for sexually transmitted diseases.
 - iii. A minor patient, regardless of age, may consent to birth control or pregnancy-related care.
- b. Emancipated minors may consent for their own treatment. Minors with the right to consent to treatments also have the right to determine who has access to their medical record.

4. PATIENT RESPONSIBILITIES:

- a. Let someone know if you do not understand what you are being told.
- b. Tell us everything you know about your health.
- c. Let someone know if there are changes in your condition.
- d. Participate in your healthcare by making decisions, following directions and accepting responsibility for your choices.
- e. Respect the rights and privacy of others and those of admitted patients.
- f. If you are unable to keep an appointment, let us know or cancel it as soon as possible.
- g. Deal with your bill promptly and let the Patient Financial Services know if you need to make special payment arrangements.

PURPOSE:

None listed.

DEFINITIONS:

None listed.

EQUIPMENT/SOFTWARE:

None listed.

PROCEDURE:

None listed.

REFERENCES:

CMS: Appendix W (2020). Accessed 03.11.2022 from
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf

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