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Owner: *Kathryn McKee: Division Director
Accreditation/Safety*
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Applicability: *CHI Franciscan Systemwide*

Notice of Patients Rights and Responsibilities on Admission, 390.00

PURPOSE

To assure all patients and their legal representative have been informed of their patient rights and responsibilities on admission.

POLICY

It is the policy of Franciscan Health System to recognize and respect the rights of all patients. Discrimination in any form is prohibited. Patients receiving any health care services at Franciscan Health System shall be informed of these patient rights as well as their responsibilities.

SUPPORTIVE DATA

- [Addendum A: Patient Rights/Responsibilities/Standards/Acknowledgement](#)
- [Notice of Interpreter Services, Addendum B](#)
- [Grievance Policy](#)
- [Nondiscrimination Policy](#)
- [Patient Visitation Policy](#)
- [Consent for Treatment Policy](#)
- 42 CFR 482.13 Conditions of Participation: Patient's Rights
- Joint Commission Standards, Current Edition
- Americans with Disabilities (ADA)
- Ethical/Religious Directives for Catholic Health Care

PROCEDURE

Each patient/legal representative is asked to sign the **Notice and Acknowledgment of Patient Rights/Responsibilities** at registration or admission. Each patient/legal representative is offered a written copy of the hospital's Patient's Rights and Responsibilities. Every effort possible is made to provide this information in advance of providing or discontinuing care. The patient rights/responsibilities information may also be made available to patients throughout their stay upon request.

Series Patients

Outpatients in certain therapeutic programs involving ongoing courses of treatments or therapies may sign an

acknowledgement for an entire course of therapy or treatment prior to the first treatment, and a single form may be signed for the entire course of treatment or therapy if:

1. The department has a written policy describing a process for a special population that has ongoing therapy or treatment. The policy describes the time frame for obtaining signatures for ongoing therapies or treatments. The time frame must be at least annually.
2. The patient (or legal representative) is informed of this provision for the acknowledgement requirement. A copy of the acknowledgement is provided to the patient. A note in the medical record is written at the time of the patient's signature denoting the acknowledgement.
3. The acknowledgement is re-obtained, re-documented, and scanned into the EHR as determined by policy but at least annually. A note is written in the medical record at the time of the patient's signature denoting the acknowledgment.

SIGNAGE

Notice of Patient Rights/Responsibilities signs may be posted conspicuously in the main entrance to the hospital, the emergency department entrance and at all the registration areas of the hospital or off campus service locations. The organization at their discretion may determine other locations the signs may be posted. The posted signs must meet the CHI FH approved design standards and have the most current date/version published from marketing. The manager of the service is responsible for assuring the most current sign is posted during construction, renovation, painting or relocation projects.

The hospital **grievance information sign** is conspicuously posted in the emergency department and other designated locations as determined by the organizations.

Access to Interpreter signs are also posted conspicuously in the main entrance to the hospital, the emergency department entrance and all registration areas of the organization.

RESPONSIBILITY

Patient Access/Registration staff is responsible for providing the patient/legal representative with the site specific "Patient Rights/Responsibilities – Notice and Acknowledgment" form. The patient/legal representative is asked to read, acknowledge and sign that he/she has received the information.

The Director of Patient Access or designee is responsible for keeping current procedures in the department relating to the Patient Rights/Responsibilities notices and educating staff in the implementation of the procedures. **The Patient Rights/Responsibility Notice and Acknowledgement form includes detailed information about the hospital's grievance process, contact information and time lines for resolution.** Staff must document on the acknowledgement form if the information is not provided due to the patient's condition or if the legal representative is not immediately available. Patient Access is at point to assure the most current acknowledgement is available in the EHR and at the registration locations.

Complaints relating to discrimination or violations of patient rights are managed through coordination between **Patient Advocates / Risk Management / Compliance.** Risk is at point to assure signs and updated grievance information are posted at each site in Emergency Department, the hospital website, registration areas or other designated locations determined by the organization.

Hospital Staff are responsible for being knowledgeable of the standards and processes supporting patient rights and incorporating them into their day-to-day patient interactions.

Facilities/Construction Project Coordinator are responsible for assuring signs advising patients of their rights are posted in the main entrances of the hospital, emergency departments, registration areas and other appropriate public locations as determined by the organization. The signage is applicable to the main entrance, emergency services entrance and services/programs throughout the organization where patients are registered.

Marketing is responsible for assuring current patient rights/responsibility information posters are accurate and available and posted on the CHI FH INTERNET.

Safety/Regulatory/Risk Departments are responsible for assuring current and accurate content is disclosed on written hospital disclosures, pamphlets, and notices of patient rights and responsibilities provided at registration.

PATIENT RIGHTS

AS A PATIENT AT FRANCISCAN HEALTH SYSTEM, YOU HAVE THE RIGHT TO:

- Be fully informed of all your patient rights and receive a written copy, in advance of furnishing or discontinuing care whenever possible.
- Not be discriminated against because of your race, beliefs, age, ethnicity, religion, culture, language, social, physical or mental disability, socio-economic status, sex, sexual orientation, gender identity or expression.
- To be accompanied by a trained service animal or dog guide.
- Be treated with dignity and respect including cultural and personal beliefs, values and preferences.
- Confidentiality, reasonable personal privacy, security, safety, spiritual or religious care accommodations, and communication. If communication restrictions are necessary for patient care and safety, the hospital must document and explain the restrictions to the patient and family.
- Be protected from neglect; exploitation; verbal, mental, physical or sexual abuse; Access to protective and advocacy services.
- Receive information about your condition including unanticipated outcomes, agree and be involved in all aspects and decisions of their care including: refusing care, treatment and services to the extent permitted by law and to be informed of the consequences of your actions; and resolving problems with care decisions; the hospital will involve the surrogate decision-maker when the patient is unable to make decisions about his or her care.
- Receive information in a manner tailored to the patient's age, language needs and ability to understand. An interpreter, translator or other auxiliary aids, tools or services will be provided to you for vital and necessary information free of charge.
- Make informed decisions regarding care including options, alternatives, risk and benefits. The hospital honors your right to give, rescind and withhold consent.
- 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.
- Have a family member or representative of your choice and your physician notified.
- Know the individual(s) responsible for, as well as those providing, your care, treatment and services.
- Family or representatives notification of your admission and input in care decisions; designate any individual to be present for emotional support during course of stay.
- An appropriate assessment and management of your pain.
- Be free from restraints and seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Have advance directives and for hospitals to respect and follow those directives; The hospital honors

advance directives, in accordance with law and regulation and the hospital's capabilities, religious directives and policies.

- End of life care; Request no resuscitation or life-sustaining treatment.
- Donate organs and other tissues including medical staff input and direction by family or surrogate decision makers.
- Review, request amendment to and obtain information on disclosures of your health information in accordance with law and regulation.
- File a grievance (complaint) and to be informed of the process to review and resolve the grievance without fear of retribution or denial of care. The grievance process and relevant contact information is spelled out in the notice provided to each patient and/or leg representative.

PATIENT RESPONSIBILITIES

AS A PATIENT AT OUR HOSPITAL, YOU HAVE THE RESPONSIBILITY TO:

- Tell your care providers everything you know about your health, and to let someone know if there are changes in your condition. Provide accurate and current health information to your healthcare team.
- Make known when you have advance directives and provide documents describing your preferences and wishes to the admitting staff or clinical healthcare team.
- Ask for explanation and information if you do not understand what you are told.
- Participate in your health care by helping make decisions, following the treatment plan prescribed by your physician, and accepting responsibility for your choices.
- Demonstrate respect and consideration for other patients and hospital personnel.
- Follow hospital rules and regulations about safety and patient care during your stay such as those about visitors, smoking, noise, etc.
- Meet your financial commitments. Deal with your bill promptly, and contact the billing department if you need to make special arrangements.
- Support mutual consideration and respect by maintaining civil language and conduct in interaction with staff and medical staff.
- Tell your care providers if you have special needs your healthcare team should know about.

GRIEVANCE PROCESS

The notice provided to the patient/legal representative must contain information on the grievance process and how to file a grievance if a person believes their rights have been violated. In addition to filing a grievance with the organization, the notice must include contact information for The Joint Commission and Department of Health agencies. In addition, discrimination grievances may be forwarded to the WA State Human Rights Commission at toll free number 1-800 233-3247 or on-line at www.hum.wa.gov.

SERVICE ANIMALS

Individuals with disabilities have a right to be accompanied by a trained service animal or dog guide and receive reasonable accommodations. Refer to hospital policy [#104.50 Service Animal Policy](#).

PATIENT VISITATION RIGHTS

Patients of Franciscan Health System enjoy visitation privileges consistent with the patient preference and subject to the hospital's Justified Clinical Restrictions. Each patient has the right to receive the visitors whom he/ she designates and may designate a support person to exercise the patient's visitation rights on his/ her

behalf. All visitors designated by the patient (or support person where appropriate) shall enjoy visitation privileges that are no more restrictive than those that immediate family member would enjoy. The designation of a support person does not extend to the medical decision making.

The hospital may impose clinically necessary or reasonable restrictions or limitations on patient visitation when necessary to respect all other patient rights and to provide safe care to patients. A justified Clinical Restriction may include, but need not be limited to one or more of the following: (i) a court order limiting or restraining contact; (ii) behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment; (iii) behavior disruptive of the functioning of the patient care unit; (iv) reasonable limitations on the number of visitors at any one time; (v) patient's risk of infection by the visitor; (vi) visitor's risk of infection by the patient; (vii) extraordinary protections because of a pandemic or infectious disease outbreak; (viii) substance abuse treatment protocols requiring restricted visitation; (ix) patient's need for privacy or rest; (x) need for privacy or rest by another individual in the patient's shared room; or (xi) when the patient is undergoing clinical intervention or procedure and the treating health care professional believes it is in the patient's best interest to limit visitation during the clinical intervention or procedure.

REQUIRED REVIEW:

Regulatory, Risk, Patient Access

Attachments

[Addendum B: Notice of Interpreter Services
596491 Patient Rights Responsibilities Notice 2017.pdf](#)
[Addendum A: Patient Rights/Responsibilities/Standards/Acknowledgement](#)

Approval Signatures

Approver	Date
Gillian Payne: Document Control Coordinator	07/2021
Kathryn McKee: Division Director Accreditation/Safety	07/2021

Applicability

CHI Franciscan Health, Franciscan System Services, St. Anne Hospital, St. Anthony Hospital, St. Clare Hospital, St. Elizabeth Hospital, St. Francis Hospital, St. Joseph Medical Center, St. Michael Medical Center