

Patient Rights Guidelines

(Comparison of state and Centers for Medicaid and Medicare Services (CMS))

The Department of Health is providing this information as a resource. The following should not be construed as legal advice nor is it a complete and acceptable written statement of patient rights. All facilities must develop a statement of patient rights consistent with the services provided and patient population. State and federal laws and rules are subject to change. It is each entity's responsibility to ensure that its written statement of patient rights complies with all current state and federal laws and rules.

(Comparison of state and Medicare patient rights requirements)

State Regulations ([WAC 246-330-125](#))

All patients have the following rights:

- To be treated and cared for with dignity and respect;
- To be protected from abuse¹ and neglect⁹.
- To access protective services.
- To have confidentiality, privacy ^{7, 10}, security⁸, spiritual care, and not restricted from communication with others.
- If communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient and family.
- To be informed and agree to their care.
[Implied is: patient or their representative is given information about the procedure, the risks and benefits, so that they may give informed consent.]
- To be involved in all aspects of their care including refusing care and treatment, and resolving problems with care decisions.
- To have family input in care decisions, in compliance with existing legal directives of the patient or existing court-issued legal orders.
- To be informed of any unanticipated outcomes³.
[Implied is: by your surgeon before being discharged from the facility.]
- To complain⁴ about their care and treatment without fear of retribution or denial of care.
- To have timely complaint resolution⁵.

[Implied: state the timeframe].

- To be provided with a written statement of their patient rights.
- If the facility participates in any research, investigation, or clinical trials they must not hinder a patient's access to care if he refuses to participate.⁶

Medicare Patient Rights (Appendix L):

That are significantly different or in addition to state patient rights

- Physicians must disclose financial interest or ownership. [May provide a list.]
- Must provide patient or representative with written information concerning its policies on advance directives, and if requested official state advance directive forms.
- [Only substantiated allegations of abuse, neglect, etc., must be reported to the state authority or the local authority, or both]¹¹
- Be free from any act of discrimination or reprisal.
- ⁷Personal privacy.
- ⁸Receive care in a safe setting.
- ⁹Be free from all forms of abuse or harassment.
- ¹⁰ASC must comply with rules for privacy and security of health information (HIPAA).

Footnotes

1. The facility must also adopt and implement policies and procedures to report suspected abuse within forty-eight hours to local police or appropriate law enforcement agency according to [RCW 26.44.030](#).
2. Protective Services phone numbers and how to help patients' access protective services is implied and therefore a policy that defines how that will occur should be in place together with phone numbers and agency names to assist if needed.
3. The facility must also have a policy defining the process the facility will follow when an unanticipated outcome occurs that is consistent with [RCW 70.230.150](#). It should include that the surgeon/practitioner will inform the patient of the unanticipated outcome once the patient is recovered from anesthesia and before being discharged. It should also describe what will be documented in the patient record and what will be documented on the facility's internal quality assurance report, how it will be followed up, etc.

4. The facility must also have a grievance policy that describes how the facility will treat the complaints/grievances received, including the patient in the process of resolution. In other words, it is not a unilateral process. Resolution infers patient involvement in the process.
5. The RCW states a prompt resolution timeframe. The generally applied timeframe is 14 days or less.
6. If the facility does not participate in research, investigation, clinical trials, AND has a policy that states that then this particular patient right can be omitted from the patient rights brochure.
7. CMS regulations state “personal” privacy.
8. CMS regulations state “receive care in a safe setting”.
9. CMS regulations state “be free from all forms of abuse or harassment”.
10. CMS regulations state “ASC must comply ... with rules for the privacy and security of ... health information (HIPAA).”
11. In direct conflict with State Tag A180 ([WAC246-330-120\(8\)](#)): Adopt and implement policies and procedures to report suspected abuse within 48 hours to local police or appropriate law enforcement agency according to [RCW 26.44.030](#).

Complaint Intake Information

(To be posted in a prominent location where patients and their representatives are like to see it; and it should appear on the patient rights brochure.)

Washington State Department of Health

HSQA Complaint Intake

P.O. Box 47857

Olympia, WA 98504-7857

Phone: 360-236-4700

Toll Free: 800-633-6828

Fax: 360-236-2626

Email: <mailto:HSQAComplaintIntake@doh.wa.gov>

Center for Medicare and Medicaid Services (CMS)

Office of the Medicare Beneficiary Ombudsman:

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Medicare Help and Support: 1-800-MEDICARE