

## PATIENT RESPONSIBILITIES

1. Patients, and their families when appropriate, are responsible for providing correct and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to their health.
2. Patients and their families are responsible for reporting unexpected changes in their condition or concerns about their care to the doctor or nurse taking care of them.
3. Patients and their families are responsible for asking questions when they do not understand their care, treatment, and service or what they are expected to do.
4. Patients and their families are responsible for following the care, treatment, and service plans that have been developed by the healthcare team and agreed to by the patient.
5. Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.
6. Patients and their families are responsible for following the hospital's rules and regulations.
7. Patients and their families are responsible for being considerate of the hospital's staff and property, as well as other patients and their property.
8. Patients and their families are responsible to promptly meet any financial obligation agreed to with the hospital.



Carolinan HealthCare System

[CarolinanHealthCare.org](http://CarolinanHealthCare.org)

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PATIENT RIGHTS



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1. A patient has the right to respectful care given by competent personnel.
2. A patient has the right, upon request, to be given the name of his attending physician, the names of all other physicians directly participating in his care, and the names and functions of other health care persons having direct contact with the patient.
3. A patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted discreetly.
4. A patient has the right to have all records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
5. A patient has the right to know what facility rules and regulations apply to his conduct as a patient.
6. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
7. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
8. The patient has the right to full information in laymen's terms, concerning his diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given on his behalf to the patient's designee.
9. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both.
10. A patient has the right to be advised when a physician is considering the patient as a part of a medical care research program or donor program. Informed consent must be obtained prior to actual participation in such program and the patient or legally responsible party, may, at any time, refuse to continue in any such program to which he has previously given informed consent. An Institutional Review Board (IRB) may waive or alter the informed consent requirement if it reviews and approves a research study in accord with federal regulations for the protection of human research subjects including U.S. Department of Health and Human Services (HHS) regulations under 45 CFR Part 46 and U.S. Food and Drug Administration (FDA) regulations under 21 CFR Parts 50 and 56. For any research study proposed for conduct under an FDA "Exception from Informed Consent Requirements for Emergency Research" or an HHS "Emergency Research Consent Waiver" in which informed consent is waived but community consultation and public disclosure about the research are required, any facility proposing to be engaged in the research study also must verify that the proposed research study has been registered with the North Carolina Medical Care Commission. When the IRB reviewing the research study has authorized the start of the community consultation process required by the federal regulations for emergency research, but before the beginning of that process, notice of the proposed research study by the facility shall be provided to the North Carolina Medical Care Commission. The notice shall include:
  - the title of the research study;
  - a description of the research study, including a description of the population to be enrolled;
  - a description of the planned community consultation process, including currently proposed meeting dates and times;
  - an explanation of the way that people choosing not to participate in the research study may opt out; and
  - contact information including mailing address and phone number for the IRB and the principal investigator.
11. The Medical Care Commission may publish all or part of the above information in the North Carolina Register, and may require the institution proposing to conduct the research study to attend a public meeting convened by a Medical Care Commission member in the community where the proposed research study is to take place to present and discuss the study or the community consultation process proposed.

12. A patient has the right to refuse any drugs, treatment or procedure offered by the facility, to the extent permitted by law, and a physician shall inform the patient of his right to refuse any drugs, treatment or procedures and of the medical consequences of the patient's refusal of any drugs, treatment or procedure.
13. A patient has the right to assistance in obtaining consultation with another physician at the patient's request and expense. A patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual preference, national origin or source of payment.
14. A patient who does not speak English or is hearing impaired shall have access, when possible, to a qualified medical interpreter (for foreign language or hearing impairment) at no cost, when necessary and possible.
15. The facility shall provide a patient, or patient designee, upon request, access to all information contained in the patient's medical records. A patient's access to medical records may be restricted by the patient's attending physician. If the physician restricts the patient's access to information in the patient's medical record, the physician shall record the reasons on the patient's medical record. Access shall be restricted only for sound medical reason. A patient's designee may have access to the information in the patient's medical records even if the attending physician restricts the patient's access to those records.
16. A patient has the right not to be awakened by hospital staff unless it is medically necessary.
17. The patient has the right to be free from needless duplication of medical and nursing procedures.
18. The patient has the right to medical and nursing treatment that avoids unnecessary physical and mental discomfort.
19. When medically permissible, a patient may be transferred to another facility only after he or his next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The facility to which the patient is to be transferred must first have accepted the patient for transfer.
20. The patient has the right to examine and receive a detailed explanation of his bill.
21. The patient has a right to full information and counseling on the availability of known financial resources for his health care.
22. A patient has the right to expect that the facility will provide a mechanism whereby he is informed upon discharge of his continuing health care requirements following discharge and the means for meeting them.
23. A patient shall not be denied the right of access to an individual or agency who is authorized to act on his behalf to assert or protect the rights set out in this Section.
24. A patient, or when appropriate, the patient's representative has the right to be informed of his rights at the earliest possible time in the course of his hospitalization.
25. A patient, and when appropriate, the patient's representative has the right to have any concerns, complaints and grievances addressed. Sharing concerns, complaints and grievances will not compromise a patient's care, treatment or services.
  - If a patient has a concern, complaint, or grievance, he may contact his nurse, the nursing supervisor, or call the Customer Care Line at 704-355-8363.
  - If the patient issues are not satisfactorily addressed while the patient remains hospitalized, the investigation will continue. The intent is to provide the patient a letter outlining the findings within seven days.
  - If a patient chooses to identify a concern, complaint, or grievance after discharge, he may call the Customer Care Line at 704-355-8363 or write a letter to the Service Excellence Department at PO Box 32861, Charlotte, NC 28232.
  - The patient has the right to directly contact the North Carolina Department of Health and Human Services (State Survey Agency) or the Joint Commission.

*NC Division of Health Services Regulation  
Complaint Intake Unit  
2711 Mail Service Center  
Raleigh, NC 27699-2711  
[www.ncdhhs.gov/dhsr/ciu/complaintintake.html](http://www.ncdhhs.gov/dhsr/ciu/complaintintake.html)  
1-800-624-3004*

*The Joint Commission  
Email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)  
1-800-994-6610*

26. The patient has the right to participate in the development and implementation of his plan of care, including his inpatient treatment/care plan, outpatient treatment/care plan, discharge care plan, and pain management plan.
27. The patient, or when appropriate, the patient's representative has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. Making informed decisions includes the development of their plan of care, medical and surgical interventions (e.g. deciding whether to sign a surgical consent), pain management, patient care issues and discharge planning.
28. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
29. The patient has the right to have a family member or representative of his or her choice and his own physician notified promptly of his admission to the hospital.
30. The patient has the right to personal privacy. Privacy includes a right to respect, dignity, and comfort as well as privacy during personal hygiene activities (e.g. toileting, bathing, dressing), during medical/nursing treatments, and when requested as appropriate. It also includes limiting release or disclosure of patient information such as patient's presence in facility, location in hospital, or personal information.
31. The patient has the right to receive care in a safe setting. A safe setting includes environmental safety, infection control, security, protection of emotional health and safety, including respect, dignity, and comfort, as well as physical safety.
32. The patient has the right to be free from all forms of abuse or harassment. This includes abuse, neglect, or harassment from staff, other patients, and visitors.
33. The patient has the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
34. The patient has the right to be free from seclusion and restraints, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff.
35. A patient has the right to designate visitors who shall receive the same visitation privileges as the patient's immediate family members, regardless of whether the visitors are legally related to the patient by blood or by marriage.