



PATIENTS' RIGHTS AND RESPONSIBILITIES

As a Catholic Health Care Services Provider, Saint Mary's is committed to the following basic rights and responsibilities of patients:

PATIENTS' RIGHTS

Access to Care

Patients have the right to medical treatment and accommodations regardless of race, creed, sex, national origin or sources of payment for care.

Respect and Dignity

Patients have the right to considerate, dignified and respectful care at all times and under all circumstances. Saint Mary's Hospital respects psychosocial, spiritual, and cultural understanding of illness and death.

Exercise of Rights

Patients have the right to participate in the development and implementation of their plan of care, including the right to make informed decisions involving their health care. In particular, patients have the right to be informed of their health status, to be involved in care planning and treatment, and to request, accept or refuse treatment to the extent permitted by law.

- To refuse to talk with or see anyone not officially connected with the hospital. This includes visitors, or persons officially connected with the hospital but not directly involved in a patient's case.
- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- To be interviewed and examined in places that provide visual and hearing privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment or procedure performed by a health professional of the opposite sex. Patients have the right not to remain disrobed any longer than is required for an examination, treatment or procedure. Patients also have the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives. Upon admission to the hospital, a patient also has the right to have the following people notified of his or her admission:

- (1) a family member or representative of his or her choice; and (2) his or her doctor.
- Privacy and Confidentiality

Patients have the right, within the law, to personal privacy, as indicated by the following rights:

- To expect that any discussion or consultation involving a case be discussed privately. Individuals not directly involved in a patient's care will not be present without patient permission.
- To have a medical record read only by individuals directly involved in treatment or in the monitoring of its quality. Other individuals can read the medical record only with written patient or legally authorized representative permission.
- To have all communications and records pertaining to care be treated as confidential. This includes the source of payment, and all clinical records.
- To request a transfer to another room if another patient or a visitor in the room is a disturbance.
- To decline care by a student or other health care professional who delivers clinical care as part of training by notifying the nurse responsible for care.

PATIENT SAFETY

Patients have the right to receive care in a safe setting free from all forms of abuse and harassment.

Comfort

When patients experience pain, they have the right to be believed, to be assessed at regular intervals and to be treated by a variety of therapies, not limited to medication. Patients have the responsibility to report their pain and let their caregiver know what therapies are working.

Information

Patients have the right to know the identity and professional status of individuals providing services. They have the right to know which physician or other practitioner is primarily responsible for care. This includes the right to know of the existence of any professional relationship among individuals involved in care, as well as the relationship to any other health care or educational institutions. Participation by patients in clinical training programs or in the gathering of research data is voluntary. Patients have the right to obtain complete and current information from their practitioner concerning their diagnosis (to the degree known), treatment and any known prognosis. This information is communicated in terms the patient can understand. When it is not medically advisable to give such information to a patient, the information is made available to a legally authorized individual. Patients have the right to participate in the planning of personal care.

Additionally, patients have a right to access their medical records within a reasonable timeframe in accordance with Saint Mary's Hospital's policy.

Communication

Patients have the right to receive visitors and to exchange verbal and written communication. We ask that your visitors respect our visitor behavior expectations and responsibilities. When patients do not speak or understand the predominant language of the community, the hospital makes a reasonable effort to provide interpretation services. This is particularly true where language barriers are a continuing problem.

A confidential interpreter service is provided for patients desiring clarification of specialized or complicated terms or concepts of care. Interpreters provide meaning-for-meaning rather than word-for-word clarification. Interpreters are familiar with technical concepts and are able to accurately interpret explanations from the expert to the lay person. Patients should ask their nurse if they desire interpreter service.

Upon request, a qualified interpreter is provided to all deaf or hearing-impaired patients. Tele-communication Devices for the Deaf (TDD) and hearing-impaired handsets are also available.

Consent

Patients have the right to participate in decisions involving their health care. An understanding of the right is based on a clear, concise explanation of the existing condition and of all proposed medical procedures.

Explanations include possibilities of any risk of serious side effect or mortality, problems related to recuperation and probability of success.

Patients are not to be subjected to any procedure without voluntary consent or the consent of a legally authorized representative. Patients are informed of medically significant alternatives for care or treatment.

Patients have the right to know who is responsible for authorizing and performing procedures or treatment. Patients are informed if the hospital wishes to include them in research/education projects affecting care of treatment. Patients have the right to refuse to participate in any such activity.

Restraint and Seclusion

Patients have the right to be free from physical or mental abuse, and corporal punishment.

Patients have the right to be free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others. Additionally, restraint or seclusion must be discontinued at the earliest possible time.

The term “restraint” includes either a physical restraint or a drug that is being used as a restraint. Specifically, a physical restraint is any manual method, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely. A drug used as a restraint is a medication used to control the patient’s behavior or to restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s medical or psychiatric condition. Seclusion is involuntary confinement of a patient alone in a room or an area where the patient is physically

prevented from leaving. Seclusion may only be used to manage violent or self-destructive behavior.

Restraint or seclusion may only be used when less restrictive interventions have been found to be ineffective to protect the patient, a staff member, or others from harm. Additionally, restraint and seclusion must be used in accordance with a written modification to the patient's plan of care, must be implemented in accordance with safe and appropriate restraint and seclusion techniques, and must be implemented in the least restrictive manner possible. Restraint and seclusion may not be used simultaneously unless the patient is continually visually monitored in person by an assigned, trained staff member, or by trained staff using audio and video equipment in close proximity to the patient.

Restraint and seclusion must be ordered by a physician or licensed independent practitioner who is responsible for the care of the patient and who is authorized by state law and hospital policy to order restraint or seclusion. However, the patient's attending physician must be consulted as soon as possible if the physician did not order the restraint or seclusion. Orders for the use of restraint or seclusion must never be written as a standing order or on an as-needed basis.

A physician, other licensed independent practitioner, or trained staff member will monitor the condition of a restrained or secluded patient. Additionally, when restraint or seclusion is used for the management of violent or selfdestructive behavior, a patient must be seen in person by a physician, other licensed independent practitioner, trained registered nurse, or trained physician assistant in order to evaluate: (1) the patient's immediate situation; (2) the patient's reaction to the intervention; (3) the patient's medical and behavioral condition; and (4) the need to continue or terminate the restraint or seclusion.

Each order for restraint or seclusion used for the management of violent or self-destructive behavior may be renewed for up to 24 hours in accordance with the following age-based limits: (A) adults - 4 hours; (2) children ages 9 to 17 - 2 hours; and (3) children under age 9 - 1 hour. A physician or other licensed independent practitioner must see and reassess the patient before issuing a new order. Each order for restraint or seclusion used to ensure the physical safety of the non-violent or non-self-destructive patient may be renewed according to hospital policy. Patients have the right to safe implementation of restraint or seclusion by trained staff. All staff who have direct patient contact are required to have ongoing education and training in the proper and safe use of restraint application, implementation of seclusion, monitoring, assessment, and providing care for patients in restraint or seclusion. Additionally, staff are also trained on alternative methods for handling behavior, symptoms, and situations that have traditionally been treated through the use of restraints or seclusion. The individuals providing staff training are qualified by education, training, and experience in techniques used to address patients' behaviors.

Saint Mary's Hospital must report to the Centers for Medicare and Medicaid Services any death that occurs: (1) while a patient is restrained or in seclusion; (2) within 24 hours after the patient has been removed from restraint or seclusion; or (3) where it is reasonable to assume that the patient's death is a result of restraint or seclusion.

Consent of Autopsy

- Following the death of a patient, the person authorized to give consent for an autopsy has the right to request that it be performed or attended by a physician not affiliated with Saint Mary's Hospital.
- Likewise, the authorized person may request that the autopsy be done in an institution not affiliated with Saint Mary's Hospital.
- In both requests above, the authorized person shall be held responsible to arrange for the autopsy and any necessary associated services.
- The authorized person shall be totally responsible for payment of all costs related to use of a non Saint Mary's Hospital affiliated physician and/or institution.

Pastoral Care Services

Pastoral Care Services are available on a 24-hour basis. Patients have the right to request a pastoral visit from a member of their religious denomination.

Protective Services

Patients who desire services from any protective service agency (such as protective services for the elderly) are encouraged to ask their nurse to contact a hospital social worker.

Consultation

Patients have the right to consult with a specialist at their own request and expense.

Refusal of Treatment

Patients may refuse treatment to the extent permitted by law. The hospital's relationship with a patient may be terminated upon reasonable notice when refusal of treatment by the patient or a legally authorized representative prevents appropriate professional care.

Transfer and Continuity of Care

Patients are not transferred to other facilities or organizations unless they receive a complete explanation of the need for the transfer. This includes the alternative to such a transfer and the understanding that the transfer is acceptable to the other facility or organization. Patients have the right to be informed of any continuing healthcare requirements following discharge from the hospital. This information is shared by the responsible practitioner or delegate.

Hospital Charges

Patients have the right to request and receive an itemized and detailed explanation of the total bill for services provided in the hospital. The Hospital encourages patients who are interested in the charges and costs of care to call 203-709-6428 to make an appointment with a Saint Mary's Hospital financial counselor. Patients have the right to timely notice prior to termination of eligibility for reimbursement by any third-party payer for the cost of health care.

Patient Communications and/or Complaints Patients are entitled to information about the hospital's channel of communication for initiating, reviewing, and resolving a complaint. Patients may initiate a complaint by calling the Patient Advocate at Saint Mary's Hospital, (203) 709-6286, or by submitting a written grievance to the Patient Advocate at Saint Mary's Hospital, 56 Franklin Street, Waterbury, CT 06706. Additionally, the Connecticut Department of Public Health may be reached by telephone at (860) 509-7400, or by mail at Complaint/Compliance Unit, Division of Health Systems Regulation, Connecticut Department of Public Health, 410 Capitol Avenue, MS#12HSR, Hartford, CT 06134-0308. Please be assured that your quality of care will not be compromised should you raise an ethical issue, a question of patient safety or make a complaint.

PATIENTS' RESPONSIBILITIES

Provision of Information

Patients have the responsibility to provide accurate and complete information about a present illness, past illnesses, hospitalizations, medications, and other health matters. Patients are responsible for reporting unexpected changes in a condition to their physician or nurse. Patient are responsible for indicating whether they understand a treatment plan and if they understand what is expected of them.

Compliance with Instructions

Patients are responsible for following the treatment plan recommended by the practitioner responsible for their care. This may include following the instructions of nurses and other health personnel as they carry out the coordinated plan of care, implement the responsible practitioner's orders and enforce the hospital rules and regulations.

Refusal of Treatment

Patients are responsible for their actions if they refuse treatment or do not follow the practitioner's instructions.

Hospital Charges

Patients are responsible for ensuring that the financial obligations of their health care are fulfilled promptly.

Hospital Rules and Regulations

Patients are responsible for following hospital rules and regulations affecting care and conduct.

Respect and Consideration

Patients are responsible for being considerate of other patients' rights. Likewise, they are responsible for consideration of the rights of hospital personnel. Patients are responsible for assisting in the control of noise and the number of visitors. Patients are expected to respect the no smoking policy of the hospital. Patients are responsible for respecting others' personal property and the hospital's property.

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