MONTROSE
REGIONAL HEALTH

Subject:	Patient Rights and Responsibilities	Last Revision Date: 09/24
Scope:	☐ Departmental ☒ Organizational	Last Review Date: 03/21
Approved by:	Clinical Council, Compliance Committee	Effective Date: 02/95
Owner:	Compliance	

PURPOSE:

To provide information on patient rights/responsibilities, access to the patient grievance mechanism, and advance directives. The Patient's Rights/Responsibilities brochure is provided with the expectation that observance of these rights and responsibilities will contribute to more effective patient care and greater satisfaction for the patient, their physician and Montrose Regional Health (MRH). This policy and the brochure will be provided to all patients prior to treatment or upon admission where possible. For any patient care or treatment course requiring multiple patient encounters, disclosure provided at the beginning of such care or treatment course shall meet the intent of this policy.

SCOPE:

The scope of this policy extends to all patients of MRH including at MRH hospital, remote locations, on-or-off campus facilities, departments of MRH operating under its license, MRH's inpatient rehabilitation unit, the Independent Diagnostic Testing Facility (IDTF) and other facilities operating under the hospital's governing body.

DEFINITIONS:

1. Admission – The acceptance of a person as a patient whether on an inpatient or outpatient basis.

2. Patient designated Representative – A person authorized to act on behalf of the patient by state law, by court order or in writing in accordance with the policies and procedures of MRH

3. Restraint – A physical, mechanical or chemical restraint that immobilizes or reduces the ability of the patient to move his/her arms, legs, head or body freely. Methods typically used for medical surgical care such as orthopedically prescribed devices shall not be considered restraints. For the purposes of this definition, physical restraints used for fall prevention (including but not limited to raised bed rails) shall not be considered methods typically used for medical surgical care. Improper application is a restraint or the use of a restraint as a means of coercion, discipline, convenience or retaliation by staff.

4. Abuse – The willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain or mental anguish.

5. Neglect – The failure to provide goods and services necessary to attain and maintain physical and mental well-being.

POLICY:

Upon admission each patient or patient's designated representative will be given a copy of the Patient Rights/Responsibilities brochure. Patients who speak Spanish as a first language shall be a given a copy in Spanish. Copies will be included in the admission packet, and it will be posted in the admission areas of MRH. The brochure will contain information on the patient's rights, responsibilities, grievance mechanism, and advance directives.

PROCEDURE:

A. The Patient's Rights/Responsibilities brochure shall include information concerning:

1. The right of the patient or patient's designated representative to give informed consent for all treatments and procedures that require consent. Informed consent means:

a. Recommended treatment or procedure in laymen's terms and in a form of communication understood by the patient and or the patient's representative.
b. Risks and benefits of a treatment or procedure; the probability of success, mortality risks, and serious side effects.
c. Risks and benefits of alternatives.
d. Probable or likely consequences if no treatment is pursued.
e. Recuperative period which includes a discussion of anticipated problems and the anticipated length of the recuperative period.
f. The name of the provider who will be performing the procedure or treatment.
g. That the patient and/or their representative is free to withdraw his or her consent and to discontinue participation in the treatment regime.
h. If the treatment or procedure is included in research, experimental or for educational purposes relating to the patient's case.
i. It is the responsibility of the physician or licensed practitioner to obtain the patient's or patient's designated representative's informed consent. Please refer to the "Informed Consents" policy.

2. The patient's or their designated representative's right to participate in making decisions involving care, treatment, and services, including the right to have the patient's family and licensed provider promptly notified of their admission to or discharge or transfer from the hospital in accordance with all applicable federal and state laws and regulations.

3. The right to refuse any drug, care, treatment and/or services, to the extent permitted by law; and to be informed of the risks and benefits of this action.

4. The right to be informed of the facility's rules and regulations as they apply to the patient.

5. The right to know the names, professional status and experience/credentials of the personnel that provide care, treatment, and services to the patient and how those staff are identified, i.e., name badge. The right to adequate information about the person(s) responsible for the delivery of their care.

6. The right to provide for personal privacy to the extent possible during the course of treatment.

7. The right to be treated in a dignified and respectful manner that supports the patient's dignity. MRH respects patients' cultural and personal values, beliefs, and preferences. MRH accommodates the patient's right to religious and other spiritual services.

8. The right to confidentiality of the medical record.

9. The right to access, request amendment to, and obtain copies of the patient's medical record with reasonable notice. Access to medical records, including past and current records, is in the form and format requested by the patient (including in electronic form or format) as available and in accordance with law and regulation.

10. Upon request and prior to initiating care or treatment that is non-emergent, the right to an estimate of the cost of care and explanation of a MRH bill upon request.

11. Upon request based upon insurance information given by the patient or his/her legal representative, the right to be given assistance in obtaining an estimate of any co-payment, deductible or other charges that will not be covered by a third-party payer. MRH may provide the estimated charge for an average patient with a similar diagnosis along with information on the variables that may alter the estimated charge.

12. The right to be informed of MRH's general billing procedure and a right to an itemized bill upon request. The itemized bill shall have treatment and services identified by date. The itemized bill shall enable patients to validate the charges for items and services provided and shall contain contact information including telephone number(s) for billing inquires. The itemized bill shall be made available either within 10 business days of the request or 30 days after discharge for inpatient or 30 days after the service is

rendered for outpatients, whichever is later.

13. The right to know if the patient's provider or MRH is participating in teaching programs and/or in research, experimental, or educational projects relating to the patient's own care and the right to refuse to participate.

14. The right to formulate an advance directive and appoint a surrogate or agent to make health care decisions for the patient if unable to do so themselves.

15. The right to receive care in a safe setting, free from harassment, neglect, exploitation, and abuse.

    a. Prevention of abuse and neglect at MRH includes, but is not limited to:
        i. Adequate staffing to meet the needs of the patients;
        ii. Screening employees for records of abuse and neglect; and
        iii. Protecting patient from abuse during investigation of allegations.

    b. Detection of abuse and neglect at MRH includes, but is not limited to:
        i. Establishing a reporting system; and
        ii. Training personnel regarding identifying, reporting, and intervening in incidences of abuse and neglect.

    c. MRH will investigate, in a timely manner, all allegations of abuse and neglect and implement corrective action in accordance with such investigations.

16. The right to have access to protective and advocacy services or have theses accessed on the patient's behalf.

17. The right to be free from the improper application of restraints or seclusion.

18. The right to be accepted for ongoing treatment on the basis of a reasonable expectation that the patient's medical, nursing, and other health care needs can be met adequately at the facility.

19. MRH respects the patient's right to and need for effective communication. MRH will provide information in a manner tailored to the patient's age, language, and ability to understand.

20. MRH will ensure communications with individuals with disabilities, including persons who are deaf, hard of hearing, blind, have low vision, or who have other sensory or manual disabilities, are as effective as communications with others.

21. The right to receive disclosure as to whether referrals to other providers are entities in which the health care entity has a financial interest.

22. The right to request that an in-network healthcare provider provide services at an in-network facility or agency if available.

B. The patient or their legal representative will be informed of the Patient Grievance Mechanism upon admission. (Refer to the "Patient Complaint-Grievance Policy").

1. The patient and/or patient representative has the right to register complaints/grievances.

2. The means of initiating the Patient Grievance Mechanism will be outlined in the patient's rights brochure and posted in the admission areas of MRH.

C. The Patient will be informed of their responsibilities as a patient that include:

1. To provide all information about past illnesses, hospitalizations, medications and other matters relating to their health.

2. Cooperation with the MRH care team by asking questions if directions and procedures are not clearly understood or they do not understand what is expected of them.

3. Following instructions for the care, treatment, and services plans that are developed in conjunction with their input. They must express any reservations they have about their ability to follow the proposed plan. The hospital will make every effort to adapt the treatment plan to the patient's specific needs. When such adaptations are not felt to be in the patient's best interests, the patient will be informed of the consequences of the care/treatment adoptions/alternatives. Patients will be responsible for outcomes if they do not follow the care, treatment and service plan as recommended.

4. Provision of the necessary information for insurance processing and to take the responsibility for payment of a MRH bill.

5. Following MRH policies, rules, and regulations.

6. Showing respect and consideration for MRH staff and property as well as other patients and their property by maintaining civil language and conduct.

D. The Patient's Rights/Responsibilities brochure will address the patient's right to formulate an advance directive for use in the event they are unable to make care decisions for themselves.

1. MRH believes that it has a responsibility to educate patients in regard to the formulation of an advance directive.

2. In the event that a patient presents a previously formulated medical power of attorney MRH recognizes its responsibility to honor the medical power of attorney to the best of its ability and within all tenets of the law.

3. Patient advance directives will be scanned into the patient medical chart.

REFERENCES:

The Joint Commission. Program: Hospital. Chapter: Rights and Responsibilities of the Individual (RI). Effective Date August 1, 2024.

Code of Colorado Regulations. Health Facilities and Emergency Medical Services Division. 6 CCR 1011-1 Chapter 2 Part 7. Client Rights. Effective January 1, 2020.

MRH Notice of Privacy Practices policy. Effective June 2024.
Resources for Covered Entities. U.S. Department of Health and Human Services. Office for Civil Rights (OCR). Content last revised September 6, 2024. https://www.hhs.gov/civil-rights/for-providers/resources-covered-entities/index.html