


<b>Name of Policy:</b> <u>Patient Rights and Responsibilities</u> <b>Policy Number:</b> 3364-100-60-02 <b>Department:</b> Hospital Administration <b>Approving Officer:</b> Chief Executive Officer <b>Responsible Agent:</b> Chief Nursing Officer  <b>Scope:</b> The University of Toledo Medical Center	  <b>Effective Date:</b> 06/01/2024 <b>Initial Effective Date:</b> 12/1/1992
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

Patients of The University of Toledo Medical Center (“UTMC”) have full and equal rights and specific responsibilities to ensure quality care.

**(B) Purpose of Policy**

To specify patient’s rights and responsibilities in order to build a relationship needed between the UTMC physicians, clinical personnel, staff and the patient to promote quality care.

**(C) Procedure**

Information related to patient rights and responsibilities is readily available at various locations within the hospital (examples are plaques in lobbies and clinics, and Guide to Guest Services in each patient room). Information regarding reporting concerns is available at registration areas, nursing units and ancillary departments.

**RIGHTS**

**(1) ACCESS**

Patients will be granted impartial and non-discriminatory access to treatment or accommodations that are available and/or medically indicated regardless of qualities which include but are not limited to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

**(2) RESPECT & DIGNITY**

The patient has the right to comfortable, considerate and respectful care at all times and under all circumstances, with recognition of his/her personal values and belief systems. This includes consideration of the patient's psychosocial, spiritual and cultural values that influence the perceptions of illness and its treatment/management. Included in this, is the availability of spiritual counseling and religious ministry in order to meet the spiritual needs as identified by the patient/family/significant other.

**(3) Patient or surrogate have the right to choose whom they want to grant visitation privileges to during an inpatient stay without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. The patient or surrogate may choose who may visit regardless of whether the visitor is family, a spouse, a domestic partner (including same sex domestic partner) or other type of visitor, as well as withdraw such consent to visitation at any time.**

The University of Toledo Medical Center may restrict visitation in medically appropriate circumstances. The hospital may restrict patient’s access to visitors based on reasonable clinical needs. The patient’s physician shall determine when it is in the patient’s or patient’s visitors best interest to restrict visitation such as communicable disease.

(4) PRIVACY & CONFIDENTIALITY

The patient has the right, within the law, to personal and informational privacy, as manifested below:

- (a) To refuse to talk with or see anyone not officially connected with the hospital, including visitors, family members, or persons officially connected with the hospital but not directly involved in his/her care.
- (b) To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment or pose a safety risk to the patient or others.
- (c) To be interviewed, examined, or undergo procedures in surroundings designed to assure reasonable visual and auditory 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 and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
- (d) To expect that any discussion or consultation involving the patient will be conducted discreetly and that individuals not directly teaching, learning or involved in his/her care will not be present without the patient's/surrogate's permission.
- (e) To have medical record information read only by individuals directly involved in his/her care or treatment or in the monitoring of its quality, or by authorized representatives of third party payors, or for purposes of teaching or research, and by other individuals only with the written permission of the patient/surrogate. When patient records are used for teaching or research purposes, patient confidentiality will be maintained.
- (f) To expect all communications and other records pertaining to the patient's care, including the source of payment for treatment, to be treated as confidential.
- (g) To request a transfer to another room if another patient or visitor in the room is unreasonably disturbing.

(5) PERSONAL SAFETY AND PROTECTION

The patient has the right to expect reasonable safety insofar as hospital practices and environment are concerned. Measures will be taken to provide protective safety when considered necessary. The patient has a right to access protective services. The patient has the right to freedom from restraint that is not medically necessary.

(6) PAIN MANAGEMENT

The patient has the right to appropriate assessment and attentive management of pain.

(7) IDENTITY

The patient/surrogate has the right to know the identity and professional status of individuals interviewing, examining, authorizing and performing procedures and to know which physician or other practitioner is primarily responsible for his/her care. This includes the patient/surrogate's right to know of the existence of any professional relationship among individuals who are treating him/her, as well as their relationship to any other health care or educational institution involved in his/her care. Participation by patients in clinical training programs or in the gathering of data for research purposes is voluntary.

(8) INFORMATION

The patient/surrogate has the right to obtain, from the practitioner responsible for coordinating the patient's care, complete and current information concerning the diagnosis and prognosis (to the degree known), and treatment along with expectations. This information should be communicated in terms the patient/surrogate can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to the surrogate. Patients and their legally designated representatives may see their medical

record in accordance with established procedures. The patient has the right to know the names and titles of caregivers and doctors.

(9) COMMUNICATION

The patient has the right of access to people outside the hospital by means of visitors and by verbal and written communication. When the patient does not speak or understand the predominant language of the community, he/she should have access to an interpreter. This is particularly true where language barriers are a continuing problem.

Access of family members to the patient (including the ICU) will not be unreasonably restricted, particularly at the end of life. When a restriction to visitors, mail, phone calls, or other forms of communication are required for therapeutic purposes, both the patient and family are involved in the decision process.

(10) CONSENT AND PARTICIPATION

The patient/surrogate has the right to participate in the decision-making process involving all aspects of the patient's medical care. To the degree possible, this should be based on a clear, concise explanation of his/her condition and of all proposed treatments or technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient should not be subjected to any treatment or procedure without his/her voluntary, competent, and understanding consent or the consent of the surrogate. Where significant alternatives for medical care or treatment exist, the patient shall be informed.

To the extent possible (and to the extent desired by the patient) the family and/or significant others shall be included in decisions related to care.

(11) ADVANCE DIRECTIVES

The patient has the right to formulate advance directives and/or to appoint a surrogate to make health care decisions to the extent permitted by law. Provision of care shall not be based on whether or not an advance directive is in place. Advance Directives may consist of Living Will (LW), Durable Power of Attorney for Healthcare (DPAHC) and/or Do Not Resuscitate Orders (DNRCC/DNRCC-Arrest).

The patient has a right to designate a representative decision maker of their choice, including a same-sex partner, to make medical decisions on their behalf in the event he/she is incapable of understanding a proposed treatment or procedure or is unable to communicate his/her wishes regarding care.

The hospital will provide assistance in formulating advance directives for patients who desire it. The patient has a right to change his/her advance directives at any point during the hospital course. Advance directives will be honored within the limits of the law and appropriate medical care.

(12) RESEARCH/CLINICAL TRIALS

The patient/surrogate shall be informed if research or clinical trials affecting care or treatment are proposed. All patients asked to participate in a research program are given:

- (a) A full explanation of procedures to be followed (especially those of an experimental nature)
- (b) A description of the expected benefits
- (c) A description of the potential discomforts and risks
- (d) A description of alternative care that might also prove advantageous to them

The patient/surrogate is told that they may refuse to participate, and that their refusal will not compromise their access to care.

(13) RESOLUTION OF ETHICAL CONCERNS

The patient/surrogate has the right to participate in the consideration of moral and ethical issues that arise in the provision of the patient's care. An ethics consultation service are available by contacting the hospital operator ("0") and asking for the physician or ethicist on call.

(14) RESOLUTION OF COMPLAINTS/GRIEVANCES

The patient has a right to express complaint and obtain resolution of the conflict. See Policy #3364-100-60-01, Complaint Grievance Management, for guidelines. Patients are given information about the hospital's mechanism for the initiation, review and, when possible, resolution of patient concerns.

(15) CONSULTATION

The patient/surrogate, at his own request and expense, has the right to request a consult with a specialist of his/her choice. They have a right to request a change of provider or second opinion if desired.

(16) REFUSAL OF TREATMENT

The patient/surrogate may refuse treatment to the extent permitted by law and has the right to be informed of the medical consequences of such refusal. When refusal of treatment by the patient/surrogate prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice by the provider.

(17) WITHHOLDING RESUSCITATIVE SERVICES/FOREGOING OR WITHDRAWING LIFE-SUSTAINING TREATMENT

These issues will be addressed in accordance with Policy #3364-100-45-1.

(18) END OF LIFE CARE

Patients near the end of life shall be made as comfortable as possible. This is accomplished through treatment, as desired by patient/surrogate, of primary and secondary symptoms; through effective pain management; and through attention to psychosocial, spiritual, and cultural concerns of patients, families, and when appropriate, significant others. Patients, families and surrogates will be involved in every aspect of the patient's care at the end of life.

(19) TRANSFER & CONTINUITY OF CARE

A patient may not be transferred to another facility or organization unless he/she has received a complete explanation of the reason and/or need for the transfer (as appropriate) and of the alternatives to such a transfer. The patient must be included in the decision and be permitted to choose the facility. The transfer must be acceptable to the other facility or organization. The patient/surrogate has the right to be informed by the provider responsible for his/her care, or the provider's delegate, of any continuing health care requirements following discharge from the hospital.

(20) PEDIATRIC PATIENTS

Pediatric patients have the right to care and the participation in care that respects their level of autonomy and maturity. The parents or guardian of a pediatric patient have the right to exercise, to the extent permitted by law, all the patient's rights. This participation (respecting their level of autonomy and maturity) includes:

- (a) Explanations of treatment procedures and options for care
- (b) Opportunities for assent or dissent based on the patient's level of autonomy and maturity

Pediatric patients and their parents or guardians have the right to be with each other as much as possible throughout the child's health care experience.

(21) HEALTHCARE BILLS

Regardless of the source of payment for medical care, the patient has the right to request and receive an itemized and detailed explanation of the total bill for services rendered in the hospital.

## RESPONSIBILITIES

### (1) GIVING INFORMATION

A patient/surrogate has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health. The patient/surrogate is responsible for reporting unexpected changes in his/her condition to the responsible provider. A patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and the expected outcome. Patients/surrogates are responsible for providing a copy of any valid advance directive to UTMC personnel for inclusion on the chart.

### (2) FOLLOWING INSTRUCTIONS

A patient/surrogate is responsible for following the agreed upon plan of treatment recommended by the provider primarily responsible for his/her care. This may include following the instructions of physicians, nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable hospital rules and regulations. The patient/surrogate is responsible for keeping appointments and, when unable to do so for any reason, for notifying the responsible provider.

The patient/surrogate is responsible for following hospital rules and regulations affecting patient care and conduct.

### (3) REFUSAL OF TREATMENT

The patient is responsible for his actions and the consequences of refusing treatment or in not following the provider's instructions.

### (4) HEALTH CARE CHARGES

Patients are responsible for understanding their eligibility for reimbursement by third party payors. The patient is responsible for assuring that the financial obligations of his health care are fulfilled as promptly as possible.

### (5) VALUABLES

Patients are fully responsible for all personal property that they keep in their possession while hospitalized. Cash, checks, credit cards, jewelry, and any other valuables should not be kept in the room but should be sent home or placed in the hospital safe.

### (6) RESPECT & CONSIDERATION

The patient/surrogate is responsible for being considerate of the rights of other patients and healthcare providers and for assisting in the control of noise, smoking and the number of visitors. The patient/surrogate is responsible for being respectful of the property of other persons and of the hospital.

### (7) CONCERNS

The patient/surrogate is responsible for expressing concerns about their care.

## **(D) Definitions**

The term "Family" as used in this policy shall refer to person(s) who play a significant role in an individual's life. This may include a person(s) not legally related to the individual including a friend, or other individual of the patient's choice. Members of "family" include spouses, domestic partners, and both different-sex and same-sex significant others. "Family" also includes a minor patient's parents, regardless of the gender of either parent. Parenthood is to include for this policy - legal parents, foster parents, same-sex parent, step-parents, those serving loco parentis, and other persons operating in caretaker roles.

The term "Patient" as used in this policy shall refer to the individual receiving care.

The term "Surrogate" as used in this policy shall refer to an adult with intact decision making capacity who is:

- a) a parent or legal guardian of a minor patient; or
- b) a representative of a patient who lacks decision making capacity (may be an agent of a Durable Power of Attorney for Health Care or a legal guardian).

<p><b>Approved by:</b></p> <p>/s/ _____</p> <p>Richard Swaine          Chief Executive Officer, UTMIC</p> <p style="text-align: right;">Date _____</p> <p><i>Review/Revision Completed By:</i>          HAS          Customer Care          Office of Legal Affairs - HSC</p>	<p><b>Review/Revision Date:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">10/14/93</td> <td style="width: 33%;">5/28/2008</td> <td style="width: 33%;">05/2018</td> </tr> <tr> <td>9/3/96</td> <td>12/29/2009</td> <td>5/2021</td> </tr> <tr> <td>9/23/98</td> <td>12/13/2010</td> <td>6/2024</td> </tr> <tr> <td>8/20/01</td> <td>6/3/2011</td> <td></td> </tr> <tr> <td>8/4/04</td> <td>2/1/2012</td> <td></td> </tr> <tr> <td>8/8/07</td> <td>2/1/2015</td> <td></td> </tr> </table> <p><b>Next Review Date:</b> 6/1/2027</p>	10/14/93	5/28/2008	05/2018	9/3/96	12/29/2009	5/2021	9/23/98	12/13/2010	6/2024	8/20/01	6/3/2011		8/4/04	2/1/2012		8/8/07	2/1/2015	
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<p><b>Policies Superseded by This Policy:</b> 7-60-2</p>																			