

PATIENT RIGHTS

The Baptist Health System respects the rights of the patient. Every patient to include neonate, child, adolescent, adult, and geriatric patient who is receiving care, treatment, and/or services in the Baptist Health System, has the following rights. These rights can be exercised on the patient's behalf by the legal representative or surrogate decision maker, next available family member(s), parent(s) and/or guardian(s) if the patient lacks decision-making capacity, is legally incompetent, or is a minor:

The hospital respects, protects, and promotes patient rights.

1. The hospital has written policies on patient rights. The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.
2. The hospital informs the patient of his or her rights. The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time.

The hospital respects the rights of the patient 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. The hospital may not deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability. The hospital may restrict visitation in medically appropriate circumstances, as well as, the clinical decisions that medical professionals make about a patient's care or treatment.

3. The hospital treats the patient in a dignified and respectful manner that supports his or her dignity.
4. The hospital respects the patient's right to and need for effective communication.
5. The hospital respects the patient's cultural and personal values, beliefs, and preferences.
6. The hospital respects the patient's right to privacy.
7. The hospital respects the patient's right to pain management.

8. The hospital accommodates the patient's right to religious and other spiritual services.
9. The hospital allows the patient to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation. The patient has the right to the confidentiality of his or her clinical records.
10. The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay.
 - a. The hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on other's rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative.
11. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
12. You have the right to freedom from restraints used in the provisions of acute medical and surgical care unless specific clinical justification criteria are met and your doctor writes an order. The hospital will only use restraints if necessary to improve your well being, and less restrictive interventions have been determined to be ineffective. The term "restraint" includes any manual method, physical or mechanical device, material, or equipment, solely for the purpose of restraint. If you are restrained, you or a member of your family has a right to be told the reason, how long you will be restrained, and what you have to do to be removed from restraint. The restraint has to be stopped as soon as possible.
13. You have the right to freedom from seclusion and restraints used in behavior management unless a specific clinical justification criterion is met and your doctor writes an order. The hospital will only use restraints or seclusion for behavior management in emergency situations if it is necessary to ensure your physical safety as well as those around you and less restrictive interventions have been determined to be ineffective.

The hospital respects the patient's right to receive information in a manner he or she understands.

1. The hospital provides information in a manner tailored to the patient's age, language, and ability to understand.
2. The hospital provides language interpreting and translation services. Interpreting services may be provided in person, via telephone, or video remote access. The hospital will determine which translated documents and languages are needed based on its patient population.

3. The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.

The hospital respects the patient's right to participate in decisions about of his or her care, treatment, and services.

1. The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have a family or physician promptly notified of his or her admission to the hospital.
2. The hospital informs the patient or when appropriate, the patient's representative of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.
3. The hospital provides the patient with written information about the right to refuse care, treatment, and services.
4. The hospital respects the patient's right to refuse care, treatment, and services, in accordance with law and regulation.
5. When a patient is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions.
6. When a surrogate decision-maker is responsible for making care, treatment, and services decisions, the hospital respects the surrogate decision-maker's right to refuse care, treatment, and services on the patient's behalf, in accordance with law and regulation.
7. The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.
8. The hospital provides the patient or surrogate decision-maker with the information about the outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions.
9. The hospital informs the patient or surrogate decision-maker about unanticipated outcomes of care, treatment, and services that relate to sentinel events as defined by The Joint Commission.
10. The licensed independent practitioner responsible for managing the patient's care, treatment, and services, or his or her designee, informs the patient about unanticipated outcomes of care, treatment, and services related to sentinel events when the patient is not already aware of the occurrence or when further discussion is needed.

The hospital honors the patient's right to give or withhold informed consent.

1. The hospital has a written policy on informed consent.
2. The hospital's written policy identifies the specific care, treatment, and services that require informed consent, in accordance with law and regulation.
3. The hospital's written policy describes circumstances that would allow for exceptions to obtaining informed consent.
4. The hospital's written policy describes the process used to obtain informed consent.
5. The hospital's written policy describes how informed consent is documented in the patient record.
6. The hospital's written policy describes when a surrogate decision-maker may give informed consent.
7. The informed consent process includes a discussion about the patient's proposed care, treatment, and services.
8. The informed consent process includes a discussion about potential benefits, risks, and side effects of the patient's proposed care, treatment, and services, the likelihood of the patient achieving his or her goals, and any potential problems that might occur during recuperation.
9. The informed consent process includes a discussion about reasonable alternatives to the patient's proposed care, treatment, and services. The discussion encompasses risks, benefits, and side effects related to the alternatives, and the risks related to not receiving the proposed care, treatment, and services.
10. The informed consent process includes a discussion about any circumstances under which information about the patient must be disclosed or reported. (i.e., disclosure of information regarding cases of HIV, tuberculosis, viral meningitis, and other diseases that are reported to organizations such as health departments or Centers for Disease Control and Prevention.)
11. Informed consent is obtained in accordance with the hospital's policy and processes and except in emergencies, prior to surgery.

The hospital honors the patient's right to give or withhold informed consent to produce or use recording, films, or other images of the patient for purposes other than his or her care.

1. Occasionally, hospitals make and use recordings, films, or other images of patients for internal use other than the identification, diagnosis, or treatment of the patient (for example, performance improvement and education). When this occurs, and the patient is able to give consent, the hospital obtains and documents informed consent

prior to producing the recording, films, or other images (i.e., photographic, video, electronic, or audio media).

2. When recordings, films, or other images of patients are made for external use, the hospital obtains and documents informed consent prior to producing the recordings, films, or other images. This informed consent includes an explanation of how the recordings, films, or other images will be used.
3. When a patient is unable to give informed consent prior to the production of recordings, films, or other images, the production may occur provided that doing so is permitted by the hospital's written policy.
4. When a patient is unable to give informed consent prior to the production of recording, films, or other images, the product remains in the hospital's possession and is not used for any purpose until and unless informed consent is obtained.
5. When a patient is unable to give informed consent prior to the production of recordings, films, or other images and informed consent for use cannot subsequently be obtained, the hospital either destroys the product or removes the no consenting patient from the product.
6. The hospital informs the patient of his or her right to request cessation of the production of the recordings, films, or other images.
7. Before engaging in the production of recordings, films, or other images of patients, anyone who is not already bound by the hospital's confidentiality policy signs a confidentiality statement to protect the patient's identity and confidential information.
8. The hospital accommodates the patient's right to rescind consent before the recording, film, or image is used.

The hospital protects the patient and respects his or her rights during research, investigation, and clinical trials.

1. The hospital reviews all research protocols and weighs the risks and benefits to the patient participating in the research.
2. To help the patient determine whether or not to participate in research, investigation, or clinical trials, the hospital provides the patient with all of the following information:
 - a. An explanation of the purpose of the research.
 - b. The expected duration of the patient's participation.
 - c. A clear description of the procedures to be followed.
 - d. A statement of the potential benefits, risks, discomforts, and side effects.
 - e. Alternative care, treatment, and services available to the patient that might prove advantageous to the patient.

3. The hospital informs the patient that refusing to participate in research, investigation, or clinical trials, or discontinuing participation at any time, will not jeopardize his or her access to care, treatment, and services unrelated to the research.
4. The hospital documents the following in the research consent form:
 - a. That the patient received information to help determine whether or not to participate in the research, investigation, or clinical trials.
 - b. That the patient was informed that refusing to participate in research, investigation, or clinical trials or discontinuing participation at any time will not jeopardize his or her access to care, treatment, and services unrelated to the research.
 - c. The name of the person who provided the information and the date the form was signed.
 - d. Describes the patient's right to privacy, confidentiality, and safety.
5. The hospital keeps all information given to subjects in the medical record or research file along with the consent forms.

The hospital respects the patient's right to receive information about the individual(s) responsible for, as well as, those providing, his or her care, treatment, and services.

1. The hospital informs the patient of the name of the physician, clinical psychologist, or other practitioner who has primary responsibility for his or her care, treatment, or services.
2. The hospital informs the patient of the name of the physician(s), clinical psychologist, or other practitioner(s) who will provide his or her care, treatment, and services.

The hospital addresses patient decisions about care, treatment, and services received at the end of life.

1. The hospital has written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services, in accordance with law and regulation.
2. For outpatient hospital setting: The hospital's written advance directive policies specify whether the hospital will honor advance directives.
3. The hospital implements its advance directive policies.
4. The hospital provides patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.

5. Upon admission, the hospital provides the patient with information on the extent to which the hospital is able, unable, or unwilling to honor advance directives.
6. The hospital documents whether or not the patient has an advance directive.
7. Upon request, the hospital refers the patient to resources for assistance in formulating advance directives.
8. Staff and licensed independent practitioners who are involved in the patient's care, treatment, and services are aware of whether or not the patient has an advance directive.
9. The hospital honors the patient's right to formulate or review and revise his or her advance directives.
10. The hospital honors advance directives, in accordance with law and regulation and the hospital's capabilities.
11. The hospital documents the patient's wishes concerning organ donation when he or she makes such wishes known to the hospital or when required by the hospital's policy, in accordance with law and regulation.
12. The hospital honors the patient's wishes concerning organ donation within the limits of the hospital's capability and in accordance with law and regulation.
13. The existence of lack of an advance directive does not determine the patient's right to access care, treatment, and services.
14. For outpatient hospital settings: The hospital communicates its policy on advance directives upon request or when warranted by the care, treatment, and services provided.
15. For outpatient hospital settings: upon request, the hospital refers patients to resources for assistance with formulating advance directives.
16. The hospital defines how it obtains and documents permission to perform an autopsy.

The patient has the right to be free from neglect, exploitation, and verbal, mental, physical and sexual abuse. The patient has the right to receive care in a safe setting.

1. The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services.
2. The hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the hospital.

3. The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events or as required by law.

The patient has the right to an environment that preserves dignity and contributes to a positive self-image.

1. The hospital allows the patient to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service.
2. The hospital offers patients telephone and mail service, based on the setting and population.
3. The hospital provides access to telephones for patients who desire private telephone conversations in a private space, based on the setting and population.

The patient and his or her family have the right to have complaints reviewed by the hospital.

1. The hospital establishes a complaint resolution process.
2. The hospital informs the patient and his or her family about the complaint resolution process.
3. The hospital reviews and, when possible, resolves complaints from the patient and his or her family.
4. The hospital acknowledges receipt of a complaint that the hospital cannot resolve immediately and notifies the patient of follow-up to the complaint.
5. The hospital provides the patient with the phone number and address needed to file a complaint with the relevant state authority.
6. The hospital allows the patient to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.
7. The hospital provides the individual with a written notice of its decision, which contains the following:
 - a. The name of the hospital contact person
 - b. The steps taken on behalf of the individual to investigate the complaint
 - c. The results of the process
 - d. The date of completion of the complaint process
8. The hospital determines time frames for complaint review and response.

9. The process for resolving complaints includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the Quality Improvement Organization (QIO).
10. Texas Administrative Code: Department of State Health Services – The hospital informs the patient and his or her family about their right to file a grievance about any violation of the patient’s rights.
11. Texas Administrative Code: Department of State Health Services – The hospital informs the patient and his or her family about their right to file a grievance in writing and get help writing it if they are unable to read or write and request writing materials, postage, and access to a telephone for the purpose of filing a grievance.
12. Texas Administrative Code: Department of State Health Services – The hospital shall not retaliate against patients who try to exercise their rights or file a grievance; or restrict, discourage, or interfere with the patient’s communication with an attorney or with the relevant state/national authority for the purposes of filing a grievance.

The patient has the right to access protective and advocacy services.

1. When the hospital serves a population of patients that need protective services (for example, guardianship or advocacy services, conservatorship, or child or adult protective services), it provides resources to help the family and the courts determine the patient’s needs for such services.
2. The hospital maintains a list of names, addresses, and telephone numbers of patient advocacy groups, such as a state authority or a protection and advocacy network.
3. The hospital gives the list of patient advocacy groups to the patient when requested.

The hospital informs the patient about his or her responsibilities related to his or her care, treatment, and services.

1. The hospital has a written policy that defines the patient’s responsibilities, including but not limited to the following:
 - i. providing information that facilitates their care, treatment, and services
 - ii. asking questions or acknowledging when he or she does not understand the treatment course or care decision
 - iii. following instructions, policies, rules, and regulations in place to support quality care for patients and a safe environment for all individuals in the hospital
 - iv. supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners
 - v. meeting financial commitments
2. The hospital informs the patient about his or her responsibilities in accordance with its policy.

The hospital supports the right of a patient to request and have a chaperone present during certain sensitive physical examinations and treatments. Sensitive physical examinations and treatments are typically those that involve the reproductive and sexual organs, those that may be perceived as potentially threatening to a patient's sense of privacy or modesty or those that may induce feelings of vulnerability or embarrassment.

Service Animals – the hospital has a written policy based on (ADA) Americans with Disabilities regulations that define the patient's rights and responsibilities regarding Service Animals.

PATIENT RESPONSIBILITIES

In order to promote quality care, the Baptist Health System affirms the following patient responsibilities, while receiving care, treatment, and services, as an integral part of the healing process:

1. Responsible for providing accurate and complete information about present health, past illnesses, hospitalizations, medications, allergies, and other health matters to the best of your knowledge.
2. Responsible for reporting to your doctor and/or nurse any changes in your condition.
3. Responsible for participating in developing and for following the treatment plan recommended to you. This includes instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the physician's orders, and enforce applicable hospital rules and regulations. You are also responsible for reporting to your doctor and/or nurse whether you clearly comprehend a contemplated course of action and what is expected of you.
4. Responsible for your actions if you refuse treatment or do not follow instructions given to you.
5. Responsible for providing the hospital with a copy of your written advance directive(s), if one has been executed. Also, reporting any changes in your advance directive(s).
6. Responsible for assuring financial obligations are fulfilled promptly by providing the necessary information to ensure processing of hospital bills.
7. Responsible for following hospital rules and regulations affecting patient care and conduct.
8. Responsible for protecting your own valuables. You are also responsible for being respectful of the property of other patients and of the hospital.
9. Responsible for being considerate of the rights of other patients, volunteers, visitors, and hospital personnel.

10. Responsible for asking questions if directions and/or procedures are not understood.
11. In relation to pain management, you are responsible for asking your doctor or nurse what you should expect in relation to pain and pain management; you are responsible for discussing pain relief options with your doctor and/or nurse; you are responsible for working with your doctor and/or nurse to develop a pain management plan; you are responsible for asking for pain relief when pain first begins; you are responsible for helping your doctor and/or nurse measure your pain; and you are responsible for telling your doctor and/or nurse if your pain is not relieved.
12. Responsible for notifying hospital personnel if you and/or your surrogate decision maker are concerned about any patient safety related issues.