STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

At UConn Health, we encourage you to be an active, involved and informed participant in your care. Patients receiving care, treatment or service at any UConn Health facility and/or their legal decision-makers have certain rights and responsibilities. To promote safety, mutual understanding and respect, please review the rights and responsibilities for patients and representatives listed below.

YOU HAVE THE RIGHT TO:

Safe and Respectful Care

- Receive care in a safe and secure environment free from all forms of abuse, neglect or mistreatment.
- Be listened to, treated with courtesy, respect and receive care in a manner that supports your dignity.
- Be treated without discrimination based on age, race, ethnicity, religion or religious creed, culture, language, physical or mental disability (including learning disabilities, intellectual disabilities, and past or present history of mental illness), socioeconomic status, sex, sexual orientation, gender identity or expression, color, marital status, national origin, ancestry, genetic information, veteran’s status, prior conviction of a crime, workplace hazards to the reproductive system, or membership in any other protected classes as set forth in state or federal law.
- Have your cultural and personal values, beliefs and preferences respected.
- Have your personal privacy respected during exams, discussions, treatment and care.
- Have confidential treatment of health care records, unless you have given permission, or as otherwise permitted by law.
- Receive access to spiritual services.
- To know if something goes wrong with your care and to receive an honest explanation.
- Be given information about the individuals responsible for, as well as those providing your care, treatment and services.
- To choose a support person and to make decisions regarding visitors, unless an individual’s presence interferes with your or others’ rights, safety or health.
- Receive necessary health care during an emergency.
- Be free from restraints and seclusion in any form unless clinically necessary.

Participation and Decision Making

- Be involved in the development and implementation of your plan of care, including pain management and discharge.
- Be involved in decisions regarding your care, treatment and services, and to include your family and friends in these decisions. This includes the right to have a family member/friend and your doctor notified when you are admitted to the hospital.
- To refuse care, treatment, and services to the extent permitted by law and regulation.

1 Certain patients have different rights than those reflected herein (including but not limited to, inpatient psychiatry patients, presently incarcerated patients, and others).
• Receive an explanation concerning the need for, and alternatives to, a transfer to another facility or level of care.

• Select someone to make health care decisions for you if at some point you are unable to make those decisions (and have all patient rights apply to that person).

• Make or change an Advance Directive and to have your care practitioners comply with those directives to the extent permitted by law.

• Agree or refuse to take part in clinical research or educational studies. You may withdraw from a study at any time without affecting your access to standard care.

Information and Communication

• Receive information in a manner tailored to your preferred language, age and in terms that you can understand, about your health status, care and treatment, outcomes, recovery expectations, ongoing health care needs and anticipated future health status.

• Be provided language interpreting, translation services, and additional vision, hearing, cognitive and speech aids to meet your care needs.

• Access ethics resources, as needed, to help address questions and concerns.

• Be given information about the rules and regulations that apply to you.

• Be informed about hospital or practitioner relationships with outside parties that may influence your treatment or care.

• Access, request amendments to, and obtain information on disclosures of your health information, in accordance with laws and regulations.

• Receive detailed information about your patient bill, payment methods and financial assistance.

Complaints and Grievances

• Express complaints about your care without interfering with your care or services, and to have those complaints reviewed, and when possible, resolved.

• If you have questions or concerns regarding your care, you may speak with your practitioner or other member of your care team or a manager where you are receiving care.

• You may also direct concerns, questions and comments to a patient relations representative:

  Patient Relations
  Office of Patient Experience
  Phone: 860.679.3176
  Email: PatientRelations@uchc.edu
  263 Farmington Ave
  Farmington, CT 06030-1701

• If your concerns are not resolved to your satisfaction, other external groups you may contact include:

  State Agency
  Department of Public Health
YOU HAVE THE RESPONSIBILITY TO:

- Ask questions if there is anything you do not understand. Good communication promotes good care.
- Provide complete and accurate information including your birthdate, address, health history, medications, allergies, and all other matters related to your health.
- Assume responsibility for the consequences of refusing treatment or not following instructions and advice.
- Meet financial commitments related to your health care as soon as possible.
- Be considerate and respectful, in language and conduct, of other people and property, including noise levels and privacy.
- Follow instructions, policies, rules and regulations in place to support quality care for you, other patients and a safe environment for all individuals in the hospital. Observe the no-smoking policy of our organization.
- Do not take pictures, videos or otherwise make any recordings on UConn Health premises of UConn Health employees (including faculty and staff), volunteers, students, residents, applicable contractors and agents, patients or visitors, absent permission from those individuals.
- Leave valuables at home. UConn Health cannot be responsible for lost, misplaced, stolen or damaged items.
- Maintain responsibility for keeping appointments, and when unable to do so for any reason, notify your care practitioner.
Recognize and respect the rights of our employees (including faculty and staff), volunteers, students, residents, applicable contractors and agents involved in providing health care services and other patients. UConn Health will not tolerate discriminatory harassment for any reason, including based on an individual’s age, race, ethnicity, religion or religious creed, culture, language, physical or mental disability (including learning disabilities, intellectual disabilities, and past or present history of mental illness), socioeconomic status, sex, sexual orientation, gender identity or expression, color, marital status, national origin, ancestry, genetic information, veteran’s status, prior conviction of a crime, workplace hazards to the reproductive system, or membership in any other protected classes as set forth in state or federal law.