



CLINICAL POLICY

Patient Rights and Responsibilities

A. EFFECTIVE DATE:

January 17, 2023

B. PURPOSE:

This policy discusses patient rights and responsibilities as required by state and federal law, the Centers for Medicare and Medicaid Services, The Joint Commission and other applicable accrediting agencies. This policy describes important responsibilities pertaining to patient, family and visitor conduct and applies to UConn Health employees (including faculty and staff), volunteers, students, residents, and applicable contractors and agents involved in providing health care services to patients. UConn Health is committed to supporting and providing a positive environment in which all members of the UConn Health community are treated with respect.

C. POLICY:

All patients have the rights and responsibilities referenced in this policy regardless of a patient'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.

Patient Rights: All patients have the following rights (which are more fully delineated in Attachment A, and as set forth in applicable state and federal law¹):

1. **Safe and Respectful Care:** The right to considerate, respectful care given by competent personnel in a safe environment free from all forms of abuse, neglect or mistreatment, and in a manner that optimizes the patient's comfort and dignity. This includes the right to be free from restraints and seclusion in any form unless clinically necessary.
2. **Participation in Decision Making and Care:** The right to participate in the patient plan of care and to receive information about patient rights and responsibilities, current health status, care needs, anticipated outcomes and future health status. Patient rights may be exercised through the patient individually and/or through individuals authorized to represent their interests.
3. **Information and Communication:** The right to be informed of patient rights and responsibilities at the earliest possible time of encounter and to receive information in a manner and form that the patient understands. This includes interpreting and translation services and additional vision, hearing, cognitive and speech aids to facilitate communications regarding treatment and care.
4. **Quality Care:** The right to receive care in a safe and secure environment which incorporates current standards

¹ Certain patients have different rights than those reflected in this policy (including but not limited to, inpatient psychiatry patients, presently incarcerated patients, and others).

of practice for patient care, environmental safety, infection control, and security.

5. Pain Management: The right to appropriate assessment and management of pain, including providing feedback on pain control.
6. Informed Consent: Patients have the right to make informed decisions about their care including the right to refuse care, to the extent permitted by law.
7. Advance Directives: To make, review or revise an advance directive and to appoint someone to make health care decisions for you if you are unable to do so. This healthcare facility honors advance directives to the fullest extent possible within the limits of law, regulation and the policies and capabilities of our institution.
8. Privacy: Have your personal privacy respected during exams, discussions, treatment and care. Be given a copy of the HIPAA Notice of Privacy Practices.
9. Visitation: To choose a support person and to make decisions regarding visitors unless your medical care team determines that person interferes with your or others' rights, safety or health.
10. Medical Records: The right to access, request amendments to and obtain information on disclosures of information contained in the patient's medical record, unless access is restricted by law.
11. Financial Charges: The right to examine and receive a detailed explanation of the patient's bill and information about payment methods and availability of financial assistance.
12. Complaint/Grievance: The right to receive information about how to get assistance with concerns, problems, or complaints about the quality of care and services, and to initiate a formal grievance process with UConn Health or regulatory agencies, with no adverse impact on current or future patient care, treatment, or services. Concerns may be addressed directly with the practitioner, care team or department manager, subject to their availability, at the time of service and additional assistance is available through a Patient Relations representative. Patients also have the right to contact the following external agencies:

Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
860-509-7400 / TDD 860-509-7191

KEPRO
5700 Lombardo Center Drive
Suite 100
Seven Hills, Ohio 44131
1-888-319-8452/TTY 855-843-4776

The Joint Commission
Office of Quality and Patient Safety
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue
SW Room 509F
HHH Building
Washington, DC 20201

Patient Responsibilities: All patients have the following responsibilities (which are more fully delineated in Attachment A, and as set forth in applicable state and federal law):

1. Demonstrate respect and consideration for UConn Health: Patients as well as their families/visitors are expected to recognize and respect the rights of our other patients, visitors, staff, practitioners and medical staff. Requests for practitioner or medical staff changes based on sex (gender) will be considered on a case-by-case basis. Requests for changes of practitioner or other medical staff based on other protected characteristics, including but not limited to the practitioner or medical staff's age, race, ethnicity, religion or religious creed, disability, sexual orientation, gender identity or expression, color, national origin, ancestry, or membership in any other protected classes as set forth in state or federal law will not be honored. Threats, violence, disrespectful communication or harassment of any member of the UConn Health community for any reason will not be tolerated.
2. Provision of information: Patients and their families must provide, to the best of their knowledge and ability, accurate and complete information regarding the patients' health and health care.
3. Cooperate with care plans. Assume responsibility for the consequences of refusing treatment or not following instructions and advice.
4. Follow UConn Health rules and regulations: Patients and their families must follow UConn Health's rules and regulations in place to support quality care and a safe environment. This includes observing the no smoking policy of our organization.
5. 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. For more information, please see UConn Health Policy Number 2014-03, *Visual, Audio or Recording of Patient Data Obtained Through Any Medium*.
6. Take reasonable measures to protect your personal belongings. ([Patient Lost Items](#))

D. SCOPE:

This policy applies to all Inpatient, ED, Perioperative, and Ambulatory Procedure Locations. All patients and individuals authorized to represent their interests, employees, visitors, volunteers, students, residents, applicable contractors and agents who are involved, either directly or indirectly, in providing health care services to patients at UConn Health.

E. DEFINITIONS:

1. Medical – of or relating to the science or practice of medicine or dentistry, or anything else of or relating to a patient's health-related care, treatment or service.
2. Practitioner and Medical staff – includes any individuals involved in the health-related care, treatment or service of a patient.

F. MATERIAL(S) NEEDED:

None

G. PROCEDURE:

[Procedures for Managing Discrimination from Patients](#)

H. ATTACHMENTS :

[Attachment A Statement of Patient Rights](#)

¹Certain patients have different rights than those reflected in this policy (including but not limited to, inpatient psychiatry patients, presently incarcerated patients, and others).

I. REFERENCES :

[The Joint Commission Comprehensive Accreditation Manual](#)
[CMS Guidelines, State Operations Manual](#)
[University Policy Against Discrimination, Harassment and Related Interpersonal Violence](#)
[UConn Health Policy Number 2017-02, Workplace Violence Prevention](#)
[Mental Health Bill of Rights, HCH2163](#)
[Assessment: Nursing Physical Assessment: Adult Inpatient](#)
[UConn Health Policy Number 2014-03, Visual, Audio or Recording of Patient Data Obtained Through Any Medium](#)
[UConn Health Policy: Patient Complaints/Grievances](#)
[UConn Health Policy: Patient Lost Items](#)

J. SEARCH WORDS:

Rights, Responsibilities, Grievance, Complaints, Harassment, Discrimination, Patients, Families, Visitors

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy. Patients with decision-making capacity and/or individuals authorized to represent their interests who refuse to comply with this policy and associated procedures will be addressed on an individual basis depending on the patient condition, the setting, the circumstances and other factors. Violations may result in appropriate corrective measures in accordance with applicable University policies and state and federal law, up to and including transfer of care to another health system or provider or termination from care from individual practice locations.

L. STAKEHOLDER APPROVALS:

On file

M. COMMITTEE APPROVALS:

Grievance Committee

N. FINAL APPROVAL:

- | | |
|--|--------------------------|
| 1. <u>Bruce T. Liang, MD (Signed)</u>
Bruce Liang, MD
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine | <u>1/17/2023</u>
Date |
| 2. <u>Anne D. Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>1/12/2023</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>1/13/2023</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH and
VP Quality and Patient Service & Chief Nursing Officer | <u>1/17/2023</u>
Date |

O. REVISION HISTORY :

Date Issued: 3/74

Date Revised: 1/86, 12/88, 11/91, 3/94, 5/00, 12/02, 1/03, 8/08, 12/11, 7/16, 10/18, 11/19, 1/23

Date Reviewed: 5/97, 5/03