

Notice of Patient Rights and Responsibilities

New England Baptist Hospital is dedicated to providing excellent patient care, education and research in a manner that always respects the dignity of our patients. We are committed to ensuring that you receive information regarding your rights and responsibilities as a patient at the Hospital.

Your Rights as a Patient

1. **You have the right to receive high quality medical care** regardless of your race, religion, national origin, any disability or handicap, gender, sexual orientation, gender identity or expression, age, military service, or the source of payment for your care.
2. **You have the right to prompt, emergency treatment** in a life-threatening situation without discrimination based on economic status or source of payment, and to treatment that is not delayed by discussion regarding the source of payment, (unless such delay can be imposed without material risk to your health). Except in an emergency, you may choose the facility, the physician, and the type of health service for your care, provided that those you choose are able to care for you. You have the right to prompt and safe transfer to another facility if you cannot be treated at the Hospital.
3. **You have the right to be treated respectfully by others**, and to be addressed by your proper name without undue familiarity. To the extent reasonably possible without jeopardizing the health and safety of those around you, your individuality—including your cultural and personal values, beliefs and preferences—will be respected. When you have a question, you may expect to be listened to and receive an appropriate and helpful response.
4. **You have the right to refuse to remove your clothing**, although removal of your clothing may be necessary to properly perform many medical examinations and procedures. However, removal of clothing may be required due to clinical and safety concerns that may be a potential risk to you or to others.
5. **You have the right to feel safe in personal relationships**, as this can affect your health and well-being. If you feel unsafe or if you are being hurt in any of your relationships, staff members at the Hospital are available to help you plan for and maintain your safety.
6. **You have the right to privacy** during your medical treatment within the capacity of the Hospital. If you are being cared for in a setting where there are others present, you can expect a sincere and reasonable attempt to keep all conversations confidential within the capacity of the Hospital. When you are examined, you are entitled to privacy—to have the curtains drawn, to know what role any observer may have in your care, and to have any observer unrelated to your care leave if you so request, so long as such a departure will not affect your safety or the safety of others.

7. **You have a right to confidentiality** of all records and communications, to the extent provided by law.
8. **You have the right to seek and receive all the information necessary** for you to understand your medical situation. You have the right to know the name and specialty of the physicians and other health care providers who are responsible for your care and to talk with these providers. Everyone who examines or observes you is required to wear an identification badge disclosing the person's name, licensure status, if any, and staff position.
9. **You are entitled to seek and receive adequate instruction in self-care**, prevention of disability, and maintenance of health. You have the right to have all reasonable requests responded to promptly and adequately within the capacity of the Hospital.
10. **You have the right to receive a full explanation of the details** of your procedure in advance, in order for you to exercise your right to give informed consent. If you agree to the procedure recommended by your physician, you may be asked to sign a consent form. If you refuse, you may expect to receive help to the extent that the Hospital believes it can offer it under the circumstances.
11. **You have the right to designate a Health Care Proxy**, in accordance with Massachusetts law. A Health Care Proxy is your formal designation of a substitute decision-maker who, in a situation in which you cannot make your own health care decisions, will be legally authorized to make these decisions for you. (For more information please ask for a Massachusetts Health Care Proxy form and talk with your physician, nurse, social worker, or pastoral services representative.)
12. **You have the right to receive specific information in certain circumstances**, as required by law. For example, if you are having a surgical procedure, you will receive specific information about this procedure. If you are diagnosed with an illness, your physician must provide you with information on medically viable treatments. If you are suffering from breast cancer, your physician must provide you with information on medically viable alternative treatments. If you are a victim of rape and are of childbearing age and being treated in an emergency department, you have the right to receive written information about emergency contraception, and to be offered and provided emergency contraception if you so request.
13. **You have a right to be involved in your discharge planning process** to the maximum extent possible. You have a right to review any information which the Hospital has about out-of-hospital resources including community-based services capable of meeting your discharge needs.
14. **You have the right to the presence of a support individual of your choice** (friend, relative, partner or other individual), unless the individual's presence infringes on the rights or safety of others or is medically or therapeutically contraindicated. The individual may be but is not required to be your surrogate decision-maker or legally authorized representative.
15. **You have a right to know the identity and the role of individuals involved in your care**. Because the Hospital is a teaching hospital, there may be additional members of the health care team, including students, participating in your care and treatment. You may request that an individual not be assigned to your care and may expect that this request will be honored whenever this is possible without jeopardizing access to medical or psychiatric attention. You have a right to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.

16. **You have a right to a full explanation of any research study** in which you may be asked to participate. You also have the right to refuse to participate in research. Your refusal will not affect your access to care at the Hospital. The Hospital respects the rights of all individuals who choose to participate (or not participate) in research at the Hospital. For more information about the Hospital's human subjects' research program and your rights as a research participant, or to obtain a copy of the Research Subject Bill of Rights, you may contact the Division of Research at 617-754-6684.
17. **You have the right to leave the Hospital** even if your physicians advise against it, unless you have certain infectious diseases that may influence the health of others, or if you are incapable of maintaining your own safety or the safety of others, as defined by law. If you decide to leave before your physicians advise, the Hospital will not be responsible for any harm that this may cause you, and you will be asked to sign a "Discharge Against Medical Advice" form.
18. **You have the right to access your medical record.** As a general rule, we do not recommend that you review your medical record in the midst of a hospital stay because while you are an inpatient, your medical record is incomplete; it serves as documentation by your physicians and nurses of your current treatment. During your hospitalization, we urge you to direct questions to your physicians and nurses. However, if you still wish to see your record, you have the right to do so. Outpatients and those patients who are no longer in the Hospital wishing to obtain copies of their medical record may make arrangements by calling the Health Information Management department at 617-754-5080. For your protection, we require signed authorization and positive identification to release medical record information. If you have questions about the information you acquire from your medical record, they should be directed to your physician.
19. **You have the right to inquire and receive information** about the possibility of financial assistance. As there are many options for assistance, the Hospital's Department of Patient Financial Services will work with you to obtain the most suitable assistance available. You may request an itemized bill, including laboratory and pharmaceutical services, as well as all credits received towards your bill from insurers and other third-party payors. You may also ask for an explanation of your bill. For inquiries related to financial assistance, please contact 617-754-5282. Financial information provided to the Hospital will remain confidential.
20. **You are entitled to know about any financial or business relationship** the Hospital has with other institutions, to the extent such financial or business relationship relates to your care or treatment. Additionally, you are entitled to know about any financial or business relationship your physician has with any other health care facility, to the extent such a financial or business relationship relates to your care or treatment.
21. **You have the right to appropriate assessment and management of pain.** Your physician and nurse will assess your pain and involve you in decisions about managing pain effectively.
22. **You have the right, if you have limited English proficiency, to meaningful communication** via a qualified interpreter, free of charge, either in person or by phone, as deemed appropriate by your care team. If you are a deaf or hard of hearing patient, the Hospital will provide a certified interpreter.
23. **You have the right to have your spiritual and cultural needs** addressed to the extent reasonably possible without jeopardizing your health and safety or the health and safety of those around you, within the capacity of the Hospital.

24. You have the right to obtain a copy of the rules and regulations **of the Hospital** that apply to your conduct as a patient.
25. **You have the right to receive information about how you can get assistance with concerns,** problems, or complaints about the quality of care or service you receive, and to initiate a formal grievance process with the Hospital or with state regulatory agencies. Should you have concerns, problems, or complaints about the quality of care or service that you are receiving, you are encouraged to speak to the providers directly involved in your care. If the issue is not resolved to your satisfaction, or if you would like the help of someone not immediately involved, patient relations staff are available to help resolve the problem.

You can reach Patient Relations by calling: 617-754-5799 during business hours, or asking for the Nursing Coordinator after hours. If you find the above avenues unsatisfactory, you may choose to file a formal grievance with the Hospital by writing a letter to the President, or you may contact any of the following agencies:

Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
781-876-8200
Fax number: 781-876-8381
On-line: www.massmedboard.org

Massachusetts Department of Public Health
Division of Health Care Quality Complaint Unit
99 Chauncy Street
Boston, MA 02111
800-462-5540
On-line: www.mass.gov/dph/dhcg

Or, if you have Medicare
MassPRO
245 Winter Street
Waltham, MA 02451
800-252-5533
On-line: www.masspro.org

The Joint Commission
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
800-994-6610
Fax number: 630-792-5636
On-line: www.jointcommission.org

Your Responsibilities as a Patient

To ensure the Hospital's ability to provide you with the best care possible, we ask that you accept the responsibility to:

1. **Provide accurate and complete information** regarding your identity, medical history, hospitalizations, medications, alcohol and illicit drug or substance usage, dietary supplements (herbal and other nutritional supplements), and current health concerns. Report any changes in health to care providers.
2. **Follow treatment plans recommended** by physicians and other health care providers working under the attending physician's direction. Let care providers know immediately if you need clarification or if you do not understand your plan of care or the health instructions you are given.
3. **Participate and collaborate** in your treatment and in planning for post-hospital care.
4. **Be part of your pain management plan.** If you are receiving pain medications, ask your medical team about pain management options. Use pain medication as prescribed and provide feedback if certain methods are not working well for you.
5. **Report any hazards** to yourself or others that you observe.
6. **Give proper respect** to other patients of the Hospital, including respecting their right to privacy.
7. **Be considerate and respectful** of other patients and Hospital personnel. Do what you can to help control noise, and ensure that your visitors are considerate as well. Be respectful of Hospital property and the personal property of others.
8. **Follow Hospital rules and regulations,** including those that prohibit offensive, threatening, and/or abusive language or behavior, and the use of tobacco, alcohol, or illicit drugs or substances. Help ensure that your visitors are aware of and follow these rules.
9. **Provide the Hospital with a copy of any advance directive** or health care proxy designation you have prepared.
10. **Honor your financial obligations.** Provide accurate and complete financial information and work with the Hospital to ensure that financial obligations related to your care are met. Notify the Hospital promptly if there is a hardship so that we may assist you as needed.