

New England Baptist Hospital

Notice of Patient Rights and Responsibilities

Patient Rights

Access to Care

- You have the right to receive 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.
- You have the right to prompt life-saving treatment in an emergency without discrimination based on your economic status or source of payment and without delaying treatment to discuss the source of payment.
- You have the right to prompt and safe transfer to another facility if you cannot be treated at the Hospital.

Notification

- You have the right to have your personal physician notified promptly of your admission to the Hospital.
- You have the right to have a family member or representative of your choice notified promptly of your admission to the Hospital.

Plan of Care

- You or your representative have the right to participate in the development and implementation of your care plan.
- You or your representative have the right to participate in decisions about your care, treatment and service.
- You or your representative have the right to participate in decisions about your discharge plan.
- You have the right to appropriate assessment and effective management of pain.

Respect and Dignity

- You have the right to considerate and respectful care at all times, with recognition of your personal dignity and individuality.
- 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.

Privacy and Confidentiality

- 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.
- You have the right to personal privacy during your medical treatment within the capacity of the Hospital.
- You have a right to confidentiality of all records and communications, to the extent provided by law.

Personal Safety

- You have the right to receive care in a safe environment and to be free from all forms of abuse or harassment.
- You have the right to receive care in the least restrictive environment.

Identify

- You or your representative have the right to know the name and specialty of the physicians and other health care providers who are responsible for your care
- You have the right 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.

Information

- You have the right to reasonable access of your medical record within a reasonable time frame.
- You have the right to access, receive a copy of, or request amendment to your medical record and to obtain information on disclosures of your health information.
- You have the right to have all reasonable requests responded to promptly and adequately within the capacity of the Hospital.

Personal Support and Visitation

- You have the right to receive any visitors that you designate, including but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend and it is your right to withdraw or deny such consent at any time.
- You have the right to designate an individual of your choice either verbally or in writing to be your representative.
- 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.

Communication

- You have the right 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.

Informed Consent

- You or your representative have the right to informed consent to the extent provided by law, including the right to be informed of your health status and make informed decisions regarding your care and treatment. You have a right to a full explanation of any research study in which you may be asked to participate.

Refusal of Treatment

- You or your representative have the right to request or refuse treatment or services deemed medically unnecessary or inappropriate.
- You have the right to refuse to participate in research. Your refusal will not affect your access to care at the Hospital.
- You have a right to request that an individual not be assigned to your care 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.

Advance Directive

- You have the right to formulate an Advance Directive and designate a Health Care Proxy, in accordance with Massachusetts law, and have Hospital staff comply with these directives to the extent provided by law.

Financial Issues

- You have the right to receive an itemized bill or statement of charges submitted to a third party by the Hospital for your care, and an explanation of it.
- You have the right to inquire about available financial assistance.

Complaint Process

- 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, you can reach the Patient Advocate at 617-754-5147 during business hours or by 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:

New England Baptist Hospital
 Office of the President and CEO
 125 Parker Hill Avenue
 Boston, MA 02120
 617-754-5002
nebh.org

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

Massachusetts Board of Registration in Medicine
 200 Harvard Mill Square, Suite 330
 Wakefield, MA 01880
 781-876-8200
 Fax number: 781-876-8383
<http://www.mass.gov/eohhs/gov/departments/borim/>

The Joint Commission
Office of Quality and Patient Safety
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Fax number: 630-792-5636
jointcommission.org

For Medicare Concerns
KEPRO Quality Improvement Organization
Beneficiary and Family Centered Care (BFCC)- QIO
5700 Lombardo Center Dr., Suite 100
Seven Hills, OH 44131
Telephone: 844-455-8708
TTY: 855-843-4776
Website: www.keproqio.com

Rules and Regulations

- You or your representative have the right to obtain, upon request, a copy of the Hospital's rules and regulations that apply to your conduct as a patient.

Patient Responsibilities

To help ensure the Hospital's is able 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 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.

References

Massachusetts's law (M.G.L.c.11., s.70E)

CMS, Conditions of Participation, Interpretive Guidelines A-0117, 482.13

Joint Commission, CAMH, Rights and Responsibilities of the Individual (RI)