

# PATIENT RIGHTS & RESPONSIBILITIES

## PURPOSE

To protect the rights of all patients as the organization provides care within its capacity, stated mission and philosophy, as well as in compliance with relevant laws and regulations.

## POLICY STATEMENT

Central Vermont Medical Center (CVMC) will honor the rights of patients, their family, significant others, reciprocal beneficiaries or guardians. The patient's right to treatment or services is respected and supported. CVMC will advise patients of their rights and responsibilities, and will maintain a mechanism for resolving conflicts, complaints, or grievances that arise concerning the care of the patient. CVMC follows ethical behavior in its care, treatment, and services and business practices. When care, that is subject to internal/external review, is denied, the hospital will make decisions/ recommendations for future care.

## PROCEDURE

Each patient may receive a written statement of his or her rights upon admission. Statements of patient rights and responsibilities are also posted throughout the organization and are available for all others upon request at patient registration.

## AS A PATIENT YOU HAVE THE RIGHT TO:

1.  
Expect that CVMC does not discriminate on the basis of race, color, religion, national origin, age, disability and sexual orientation.
2. Have an environment that preserves dignity and contributes to a positive self image.
3.  
Have reasonable access to care or protective services and a reasonable response to your request for services within the capacity of CVMC to provide them, including pastoral care or counseling or other spiritual services.
4.  
Receive considerate and respectful care at all times and under all circumstances, with recognition of your personal dignity, values and beliefs, respect the rights of the patient.
5.  
Expect that properly executed advance directives will be honored, including the right to utilize a designated decision-maker when or if you are unable to understand or communicate your wishes. CVMC will address the wishes of the patient relating to end-of-life decision.
6.  
  
Know the name and professional status of those providing services to you and know by name an attending physician responsible for coordinating or primarily responsible for your care.
7.  
  
Know about your illness and participate in the decisions that affect your health and well being, obtain complete and current information about your diagnosis, the planned course of treatment, and the prognosis, or medical outlook for your future, in terms you can reasonably be expected to understand.

8.

Be informed of the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes. CVMC respects the patient's right to and need for effective communication.

9. An Informed Consent is obtained.

10.

Receive from your physician or other healthcare practitioner, except in emergencies, information necessary to give informed consent prior to the start of any procedure or treatment and know the name of the person responsible for the procedure or treatment. Such information should include the specific procedure or treatment to be performed; the medically significant risks and benefits associated with a recommended treatment or test; the likely duration of incapacitation; the medically significant alternatives for care or treatment when they exist; and the risks and benefits associated with no treatment at all.

11. Written consent is obtained for recording or filming made for purposes other than ID, diagnosis, and treatment.

12.

Refuse treatment to the extent permitted by law and be informed of the medical consequences of that refusal. You have the right to leave the hospital, even if your doctor advises against it, unless you have certain infectious diseases that could affect the health of others, or if you are incapable of maintaining your own or other people's safety as defined by law. CVMC shall be relieved of responsibility for any harm that comes to you as a result of refusal of treatment or leaving against medical advice.

13. Receive appropriate assessment and aggressive management of pain.

14.

Expect reasonable privacy and confidentiality of your medical care program and records. People not directly involved in your care must have your permission to be present when care is given. Certain conditions, such as cases of some communicable diseases, industrial diseases or accidents, and suspected cases of child or elder abuse, must by law be reported to appropriate state agencies, even without your authorization. In some cases involving potential liability, the medical center may disclose information in medical records to its own attorneys and agents.

15.

Be advised if CVMC proposes to engage in or perform human experimentation affecting your care or treatment. Participation by patients in clinical training programs or in research studies shall be voluntary.

16.

Be informed by the attending physician of any continuing health care requirements following discharge.

17. Receive an itemized, detailed and understandable explanation of charges upon request.

18. Know what CVMC rules and regulations apply to your conduct as a patient.

19.

Have family members or other persons you choose participate in care decisions. Patients may enter into a *Reciprocal Beneficiaries Relationship* in Vermont, which provides certain benefits and protections, along with certain responsibilities, that are granted to spouses in a marriage or civil union. A patient's *Reciprocal Beneficiary* shall be recognized and included as a participant in the patient's health care decision-making process at their request.

20.

Have parents, guardians, significant others, reciprocal beneficiaries or immediate family members stay with their children or terminally ill family members 24 hours a day whenever possible.

21.

Have an interpreter if a language barrier or hearing impairment is a problem to your understanding of the care and treatment being provided.

22. Talk about your illness and care to anyone you want.

23. Access protective and advocacy services.

24. Be free from mental, physical, sexual and verbal abuse, neglect, and exploitation.

25.

Know the maximum patient census and the full-time equivalent numbers of registered nurses, licensed practical nurses, and licensed nursing assistants who provide direct care for each shift on the unit where patient is receiving care.

26.

The patient has the right to be informed in writing of the availability of hospice services and the eligibility criteria for those services.

27.

File a written or verbal complaint or grievance with CVMC, regarding your care and treatment and have your grievance reviewed. If you have concerns that you wish to discuss, you should notify your physician, nurse or the **QUALITY MANAGEMENT DEPARTMENT @ 802-371-4215.**

**A PATIENT OR THEIR FAMILY MAY VOICE A COMPLAINT  
DIRECTLY WITH CVMC, OR MAY DIRECTLY CONTACT THE:**

**VT DEPARTMENT OF HEALTH**

Post Office Box 70

Burlington, VT 05402-0070

802-657-4220

Toll-free (in VT) 800-745-737

**OFFICE OF QUALITY MONITORING -THE JOINT COMMISSION**

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

1-800-994-6610 (M-F, 8:30am-5:30pm, Central Time)

**VERMONT DIVISION LICENSING & PROTECTION**

103 South Main Street

Waterbury, VT 05676

1-800-564-1612

**NORTHEAST HEALTH CARE QUALITY FOUNDATION**

5 Old Rollingsford Road, Suite 302

Dover, NH 03820-2830

1-800-772-0151

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

Office for Civil Rights

JFK Federal Building - Room 1875  
Boston, MA 02203  
(617) 565-1340; (617) 565-1343 (TDD)  
(617) 565-3809 FAX

## AS A MEDICARE BENEFICIARY, YOU HAVE CERTAIN GUARANTEED RIGHTS.

These rights protect you when you get health care; they assure you access to needed health care services; and they protect you against unethical practices. You have these Medicare rights whether you are in the Original Medicare Plan or another Medicare health plan.

### YOUR RIGHTS INCLUDE:

1. The right to protections from discrimination in marketing and enrollment practices.
2. The right to information about what is covered and how much you have to pay.
3. The right to information about all treatment options available to you.
4. The right to appeal decisions to deny or limit payment for medical care.
5. The right to know how your Medicare health plan pays its doctors.
6. The right to choose a women's health specialist.

7.

The right, if you have a complex or serious medical condition, to receive a treatment plan that includes direct access to a specialist.

8. The right to receive emergency care.

If you believe that any of your rights have been violated, you may call the State Division of Health Care Administration, Health Insurance Consumer Services (1-800-631-7788). CVMC will send patient satisfaction surveys to a sampling of patients and will respond to any significant complaints mentioned in survey responses. Presentation of a complaint will not compromise a patient's future access to care nor the quality of care provided. Patients on the CVMC Psychiatric Unit may have specific rights as outlined in the Psychiatric Unit Patient Handbook, including the right to access the Vermont Health Care Project of Vermont Legal Aid or Vermont Protection & Advocacy.

### AS A PATIENT YOU HAVE THE RESPONSIBILITY TO:

1. Keep appointments or call as soon as possible to cancel.
2. Be considerate of other patients by respecting their privacy and limiting visitors.
3. Observe safety regulations, including the no smoking policy.

4.

Supply full and accurate personal information and information about your illness and past health to appropriate personnel and report changes in your condition to your health care providers.

5. Recognize the effect of your life-style on your personal health.

6.

Work with the health care team to make informed health care decisions, develop a mutually agreed upon plan of care, and implement the plan.

7. Let us know if you do not understand or cannot follow the instructions or proposed plan for your care.

8.

Be aware of what your health care insurance does and does not cover and assure that the financial obligations of your health care are fulfilled as promptly as possible.

# PROVIDER NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**CENTRAL VERMONT MEDICAL CENTER (CVMC)** is made up of three entities: Central Vermont Hospital, Woodridge Nursing Home, and the Central Vermont Medical Group Practices (CVMGP). CVMC is committed to providing you with high-quality health care and to forming a relationship that is built on trust. This means respecting the privacy and confidentiality of your medical information. We protect your privacy and confidentiality rights by creating and putting into practice policies and procedures that limit access to your personal medical information except for legitimate reasons.

To safeguard patient confidentiality, CVMC has developed detailed policies and training governing access or use of information in your medical records by our staff and employees. A violation of confidentiality or the failure of an employee to protect your information from accidental or unauthorized access will not be tolerated. Corrective action will be taken and may result in the employee being fired from his or her job. These policies conform to the state and federal law.

CVMC has developed detailed policies and has carefully outlined the circumstances under which your medical information may be released to parties outside CVMC (disclosure). We seek your consent to use or disclose health information about you for treatment (e.g., for follow-up care), to obtain payment for treatment (to bill insurance companies), and for administrative purposes (e.g., quality-care reviews). We will not use or disclose more information than is necessary to accomplish the intended purposes of the use or disclosure. CVMC is generally unable to accommodate restrictions to this consent. You may revoke your consent at any time (except to the extent we have relied on it) by notifying the Medical Records department in writing.

We do not let others outside CVMC to access your medical information unless we have the appropriate authorization to do so or are required to do so by law. In most circumstances, we will request your authorization to release personal health information. Examples of circumstances under which we cannot release information without your authorization include, but are not limited to, confidential details of:

- Psychotherapy notes
- Domestic Violence Victims' Counseling
- Sexual Assault Counseling
- HIV test results
- Alcohol/drug abuse records
- Records pertaining to Sexually Transmitted Diseases

These are circumstances under which we may use or disclose identifiable health information about you without your authorization. Subject to certain requirements, we may disclose our protected health information (including psychotherapy notes) without your authorization in the following situations:

- When required by law ( i.e., a subpoena or court order)

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For public health activities, such as public health surveillance, public health investigations or interventions, vital statistics (e.g., to prevent or control disease)

- To report about victims of abuse, neglect, or domestic violence
- For health oversight activities such as regulatory review or inspections
- For judicial and administrative proceedings (e.g., court order)
- For law enforcement purposes (e.g., compliance to legal process or law)
- About decedents (e.g., to coroner or medical examiner)
- For cadaveric donation of organs, eyes, or tissues
- For research studies when the research protocol has been approved by a review board
- In emergencies
- To avert a serious threat to health or safety (duty to warn person at risk)
- For specialized government functions (e.g., Veterans Affairs, National Security)
- To comply with workers' compensation laws

Also, CVMC may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may release your name and address as fundraising information. CVMC may notify family members, personal health care representatives, or other persons responsible for your care about your condition, location, or death. In any other situation, we will ask for your written permission (authorization) before using or disclosing personal health information about you, even to your next-of-kin, family members, or other close personal friends involved in your current health care or payment for care. If you choose to sign an authorization to disclose information, you can later revoke that authorization in writing to stop future uses and disclosures.

We may change our policies at any time, and such change will be effective for all your protected health information that we maintain in our records. Before we make a significant change in our policies, we will change our notice and post the new notice in the registration and waiting areas. You can request a copy of our notice at any time.

## YOUR INDIVIDUAL RIGHTS

In most cases, you have the right to see or get a copy of health information about you that we use to make healthcare decisions about you. If you request copies for personal reasons, we may charge you a nominal fee. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or important information is missing, you have the right to request that we amend the existing information. A request to amend your record must be made in writing through the Medical Record department and must include a reason that supports the requested amendment. Your requested amendment may be attached to the medical record; however, no information will be changed or removed. You also have the right to request communications of your health information by any means or to any location.

## COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may send a written complaint to the U.S. Department of Health and Human Services. CVMC will not retaliate against any individual filing a complaint. Contact addresses are listed above.

## OUR LEGAL DUTY

We are required by law to protect the privacy of your medical information, to provide this notice about our privacy practices, and to follow the information practices described in this notice.

**IF YOU HAVE ANY QUESTIONS OR COMPLAINTS, PLEASE CONTACT:**

**VICE PRESIDENT OF MEDICAL AFFAIRS**

Post Office Box 547  
Barre, Vermont 05641  
802 - 371 - 4215

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