PATIENT RIGHTS AND 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
University of Vermont Health Network – Central Vermont Medical Center (UVM Health Network – CVMC) will honor the rights of patients, their family, significant others, reciprocal beneficiaries or guardians.

UVM Health Network – 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.

UVM Health Network – CVMC follows ethical behavior in its care, treatment, and services and business practices.

PROCEDURE
Each patient will receive a written statement of their rights upon admission. Statements of patient rights and responsibilities are also posted throughout the organization and are available upon request at patient registration.

AS A PATIENT YOU HAVE THE RIGHT TO:
1. Patients will be treated with consideration and respect.
2. An attending physician will coordinate care from admission through discharge. He or she will explain diagnosis, possible treatment, expected outcomes, and continuing health care needs to the patient or, if that is not possible, to a family member or person close to the patient.
3. Except in emergencies, the patient will be treated only if the patient gives UVM Health Network – CVMC permission. UVM Health Network – CVMC will give patients the information necessary to make an informed decision.
4. Patients have the right to refuse treatment, except in exceptional circumstances.
5. Staff will respect patient’s privacy. Patients can always have another person present during an examination. Only people directly involved in the patient’s care will be present unless the patient gives others permission to be there.
6. Patients can wear their own clothes, except when they interfere with medical care.
7. Medical information will be kept confidential. In general, UVM Health Network – CVMC will only share it with others if patients give us permission or as otherwise permitted by law.
8. Staff caring for patients will tell them who they are and what they do. Patients can also ask who is responsible for a particular treatment or procedure.
9. Patients have the right to information about what is covered and how much you have to pay.
10. UVM Health Network – CVMC will ask patients permission if any part of care involves research. Patients can always say no.
11. UVM Health Network – CVMC will use restraints or seclusion only if they are necessary to ensure physical safety, and if no less restrictive intervention is possible.
12. Family and friends are an important part of recovery, and visiting hours are usually flexible. For children and dying patients, families may visit at any time.
13. UVM Health Network – CVMC will provide an interpreter if patients have any difficulty hearing, speaking or understanding English.
14. UVM Health Network – CVMC will treat patient pain promptly and professionally.
15. UVM Health Network CVMC will tell patients about any hospice and palliative care services that may be available.
16. UVM Health Network – CVMC will post the number of nursing staff working on patients unit. UVM Health Network – CVMC will also post the number of patients.
17. Patients will have access to our resources, including ethics and palliative care consultations, if patients need help in any way, including making difficult health care decisions.
18. The hospital bill will be understandable and specific.

AS A MEDICARE BENEFICIARY, YOU HAVE CERTAIN GUARANTEED RIGHTS.
These rights 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.

AS A MEDICARE BENEFICIARY, YOUR RIGHTS INCLUDE:
1. The right to protections from discrimination in marketing and enrollment practices.
2. The right to know 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.
9. 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). UVM Health Network – 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 UVM Health Network – 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 insurance does and does not cover, assure that your health care financial obligations are met as promptly as possible.

PROVIDER NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
University of Vermont Health Network – Central Vermont Medical Center (UVM Health Network – CVMC) respects 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, UVM Health Network – 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. We will tell you promptly if a breach that compromised the privacy or security of your information occurs. If you suspect your records have been accessed without your permission, please contact the Compliance hotline at 1-802-371-5899.

UVM Health Network – CVMC has developed detailed policies and has carefully outlined the circumstances under which your medical information may be released to parties outside UVM Health Network – CVMC (disclosure). We are permitted 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) without authorization.

We will not use or disclose more information than necessary to accomplish the intended purposes of the use or disclosure. UVM Health Network – 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 Health Information Management (formerly Medical Records) department in writing.
The heart and science of medicine.

QUALITY MANAGEMENT

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

- 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 (e.g., court order)
- for public health activities (e.g., blueprint for health), such as public health surveillance, public health investigations or interventions, vital statistics (e.g., to prevent or control disease)
- to report abuse of children, vulnerable adults or mentally disabled individuals (state law)
- 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

UVM Health Network – CVMC may also 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 as fundraising information.

Any fundraising communications you receive from UVM Health Network – CVMC will include information on how you can choose not to receive any further fundraising communications from UVM Health Network – CVMC. UVM Health Network – CVMC may notify family members, personal health care representatives, or other persons responsible for your care about your condition, location, or death or in the event of a disaster. 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 practices 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 will 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:

Patients have a right to file a grievance regarding care, abuse or neglect, issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation, or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489. All grievances will be reviewed and a written response will be provided. It is our goal to resolve grievances within seven days.

If you are a patient and would like to file a grievance, please contact our Patient Advocate in the Quality Management department.

Email: CVMC.Patient.Advocate@cvmc.org Phone: 802-371-4350
Address: University of Vermont Health Network–Central Vermont Medical Center PO BOX 547, Barre, VT 05641
The Patient Advocate is responsible for facilitating the grievance process, and is under the supervision of the Director of Quality Management.

In addition to utilizing our grievance process, or in lieu of, patients are welcome to contact the following outside agencies with a complaint:

**Vermont Department of Health/Board of Medical Practice (For concerns about physicians)**
108 Cherry Street, Burlington, VT 05402-0070
Telephone: 802-863-7200 or 800-464-4343
www.healthvermont.gov/systems/medical-practice-board

**Vermont Secretary of State/Board of Nursing (For concerns about licensed health care professionals including nurses)**
Office of Professional Regulation
89 Main Street, 3rd Floor, Montpelier, VT 05620-3402
Telephone: 802-828-2363
www.sec.state.vt.us/professional-regulation/file-a-complaint.aspx

**Vermont Disabilities, Aging & Independent Living (For compliance with federal and state regulation complaints and adult protective services)**
Division of Licensing & Protection
HC 2 South, 280 State Drive, Waterbury, VT 05671-2060
Email (preferred method): ahs.dailscintake@vermont.gov
Telephone: 888.700.5330
www.dlp.vermont.gov

**The Joint Commission (For concerns about quality or safety):**
One Renaissance Boulevard, Oakbrook Terrace, IL 60181
Telephone: 800-994-6610
www.jointcommission.org/report_a_complaint.aspx

**BFCC – QIO Program, Livanta, LLC (For Vermont Medicare Beneficiaries, concerns about quality or safety)**
9090 Junction Drive, Suite 10, Annapolis Junction, MD 20701
Telephone: 866.815.5430
Fax: 855.236.2423
bfccqioarea1.com/states/vt.html

**U.S. Department of Health and Human Services, Office for Civil Rights (For concerns about HIPAA violation, or discrimination)**
200 Independence Avenue SW, Washington DC, 20201
www.hhs.gov/ocr

**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 PLEASE CONTACT:

QUALITY MANAGEMENT, PO Box 547, Barre, VT 05641 / (802) 371-4350