A Patient’s Bill of Rights and Responsibilities, Including Visitation Rights

At Danbury and New Milford Hospitals (referred to as ‘the hospitals), the first concern is caring for patients and restoring them to health. To be most effective, this effort must be a partnership of the healthcare team and the patient, working together in an atmosphere of mutual consideration and respect. The hospitals respect patients’ cultural and personal values, beliefs and preferences and their right to privacy, pain management, full information about their care and freedom from unlawful discrimination.

This Bill of Rights and Responsibilities is intended to comply with the requirements of the Joint Commission on the Accreditation of Healthcare Organizations, the AMA and professional association guidance, and the relevant provisions of Connecticut and Federal law, including the provisions of the Medicare Conditions of Participation for Hospitals addressing patients’ rights, 42 Code of Federal Regulations Statute 482.13.

To achieve and maintain effective health care for all patients, the Board of Directors of New Milford and Danbury Hospitals have adopted the following principles governing patient treatment, safety, concerns and responsibility.

1. A patient has the right to be involved in all aspects of care, including the plan of care. To the extent authorized by a patient, or permitted by law, the patient’s family shall participate in decisions concerning care, treatment and discharge. A patient has the right to have a family member or personal representative of the patient’s choice and the patient’s own physician notified promptly of admission to the hospital.

2. The hospitals will not unlawfully discriminate in providing medical treatment because of age, sex, sexual orientation, gender identity or expression, physical or mental disability, religion, race, national origin, ethnicity or culture, language, socio-economic or financial status. All clinical decision making will be directed by the patient’s hospital physician(s), according to medical need.

3. Care shall be provided in a manner that supports a patient’s privacy, safety, dignity, individuality, cultural, emotional, spiritual and personal values to the best of our ability. Each patient has the right to be free from all forms of abuse or harassment, including seclusion or restraints that are not medically indicated, or are used as a means of coercion, discipline, convenience or staff retaliation.

4. Each patient or duly authorized personal representative has the right to be informed by the physician and give or refuse to give informed consent prior to the start of those specified, non-emergency, medical procedures or
treatments requiring informed consent. The physician should explain to the patient in words the patient understands, specific details about the recommended procedure or treatment, the benefits and risks involved, time required to recovery, and any reasonable alternatives. All patients have the right to be informed about the clinical outcomes, including any clinically significant unanticipated outcomes.

5. The patient has the right to request or refuse treatment, medication and services, including the right to forgo or withdraw life-sustaining treatment or withhold resuscitative services in accordance with the law and regulation once you have been informed of the medical risks of such a decision.

6. The patient has the right to consent or refuse to consent to recordings, films or other images made for external use, and not for diagnosis or treatment purposes.

7. The patient has the right to receive, as soon as possible, translator and interpreter services, if the patient needs one to help communicate with hospital staff and understand their plan of care.

8. Each patient has the right to personal privacy and confidentiality of the patient’s medical records. As required by law, the confidentiality of the patient’s medical care, source of payment and medical record will be protected by the hospitals.

9. Each patient has the right to be informed of the names and functions of all healthcare professionals providing personal care, except where the healthcare professional’s safety may be jeopardized.

10. At a patient’s own request and expense, the patient has the right to consult with other physicians.

11. With the approval of the Institutional Review Board, physicians may ask patients to participate in research. A patient may participate in research only if the patient or the patient’s personal representative has been fully informed and gives written consent. Each patient also has the right to refuse to participate, and refusal, in no way, jeopardizes the right to access to care, treatment or services unrelated to the research.

12. Each patient is requested to cooperate in the education of physicians, nurses and other healthcare professionals. The teaching program is one the Danbury Hospital’s greatest strength and allows the hospital to provide round-the-clock supervised medical care to all patients.

13. Each patient has the right to receive a summary of the patient’s rights and responsibilities that includes the name and phone number of the hospital representative to whom the patient can address questions or concerns about any possible violation of patient rights. Each patient has the right to voice complaints, to have those complaints reviewed and, when possible, resolved. This may be accomplished by speaking with the patient’s physician, nurse or any unit/department manager, or by calling the Director of Patient Relations (see Right 14).
14. Each patient has the right to file a grievance for resolution of patient concerns regarding the quality of care, service or perceived premature discharge. This may be accomplished by calling the Director of Patient Relations, at (203) 739-7430. If preferred, concerns regarding care can be filed with the Complaint/Compliance Unit, Division of Health Systems Regulation, Connecticut Department of Public Health, 410 Capitol Ave, MS #12HSR, Hartford, CT 06134-0308, (860) 509-7400; the Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrance, IL 60181, fax (630) 792-5636; or email at complaint@jointcommission.org, or with Qualidigm (for Medicare), 100 Roscommon Dr., Suite 200, Middletown, CT 06457, 1-800-530-7590.

15. The patient has the right to access information contained in the patient's clinical records within a reasonable period of time. Each patient has the right to obtain a copy of the patient's medical records, at a reasonable fee, within a reasonable time frame.

16. The hospitals support a patient's access to protective services, including guardianship and advocacy services, child or adult protective services.

17. If a patient so requires, a program of additional medical services will be made available to a patient upon discharge from the hospital.

18. The hospitals support a patient's rights to formulate Advance Directives. Lack of an Advance Directive does not hamper access to care. Advance Directive information is offered upon admission and is available at any time during a patient's stay. Examples of Advance Directives include living wills and appointment of a healthcare representative. If an adult patient is incapacitated at the time of admission, or at the start of care, and is unable to receive information (due to incapacitating conditions or mental disorder), or articulate whether or not the patient has executed an Advance Directive, then the hospitals will provide Advance Directive information to the patient's personal representative. Complaints about Advance Directives requirement should be directed to the physician, but, if not resolved, may be filed as provided in Right 14 above.

19. Each patient can expect effective pain management, complete information about pain management and a concerned staff committed to effective pain management.

20. Should it become necessary, personal representatives may request that the hospitals perform an autopsy. Upon request, at the cost of the requestor, an autopsy can be performed by another institution, by a physician unaffiliated with Danbury or New Milford Hospitals.

21. Upon request, patients may receive copies of their hospital charges by contacting a Patient Financial Services Representative at (203) 730-5800 for Danbury Hospital and (860) 210-5433 for New Milford Hospital.

22. **Patient Visitation Rights**, The purpose of this portion of the Patient Rights and Responsibilities Bill is to
comply with Medicare Conditions of Participation, 42 CFR 585.635 (f), Patient Visitation Rights.

In this portion of the Patient’s Bill of Rights and Responsibilities, the term “patient” shall be deemed to include in the event that the patient is incapable of consenting, the patient’s personal representative, and/or the Patient “support person”. The Medicare Conditions of Participation define “support person” as including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend.

1) Whenever possible, each patient shall be informed of visitation rights, including any clinical restrictions or limitations on such rights in advance of the furnishing of patient care.

2) Each patient shall be informed that, subject to the patient’s consent, the patient may receive the visitors whom the patient designates, including but not limited to, a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend of the patient’s right to withdraw or deny such consent at any time.

3) Visitation privileges shall not be restricted, limited, or otherwise denied on a basis of unlawful discrimination, including discrimination on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

4) Visitors shall enjoy full and equal visitation privileges consistent with patient preferences.

However, nothing in this Visitation Policy shall supersede a patient’s obligation to respect other patients’ rights as set forth above. In this regard, patients are obligated to assist the hospitals in the control of noise, non-smoking and the behavior of their visitors. Moreover, visitors are subject to the hospitals’ various safety and security policies. Visitors who pose a threat to patients or staff, or who fail to comply with the hospitals’ rules, will be excluded in accordance with the terms of the specific hospitals’ policy.

With respect to Psychiatric patients, please refer to Danbury Hospital’s 7 West Visitor Policy of the Department of Inpatient Behavioral Health, which addresses special issues in regard to visitation in the inpatient psychiatric unit. Also, refer to the other policies that address special aspects of visitation in areas such as the Emergency Department “Policy of Visitors and Traffic, Control of” and at Danbury Hospital, the Family Birth Center Visitor Policy.

**Patient Responsibilities**

- **Provision of Information**
  
  A patient has the responsibility to provide, to the best of the patient’s knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to the patient’s health. The patient has the responsibility to report perceived risks in the patient’s care and unexpected changes in the patient’s condition to the responsible practitioner. A patient is responsible for making it known whether the patient clearly comprehends a contemplated course of action and what is expected of the patient. The patient is responsible to ask questions whenever something is unclear or the patient desires information.
• **Compliance with Instructions**
  A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for the patient’s care. This may include following instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner’s orders, and comply with and implement applicable Hospitals’ policies, rules and regulations. The patient is responsible for keeping appointments and, when the patient is unable to do so for any reason, notifying the responsible practitioner or the Hospitals. The patient and the patient’s family are responsible for accepting the consequences if they do not follow the care, treatment, and service plan.

• **Refusal of Treatment**
  A patient has a right to refuse any or all treatment, but bears the full responsibility for the potential adverse consequences of the patient’s actions in this regard, including serious and permanent injury or death.

• **Patient Information**
  The patient is responsible for providing accurate information, including information about the patient’s identity, name and address, and insurance and billing information. The patient is responsible for assuring that the financial obligations of the patient’s health care are fulfilled as promptly as possible. The hospitals are required by law, and by its agreements with insurers, to assist in the prevention of healthcare fraud, and to make certain reports to governmental agencies and insurers in regard to suspected healthcare fraud.

• **Respect and Consideration**
  The patient is responsible for following the Hospitals’ rules, regulations, and policies. The patient is responsible for being considerate of the rights of other patients, visitors, and Hospital personnel, and for assisting in the control of noise, non-smoking and the number and behavior of visitors. The patient is responsible for being respectful of the property and rights of other persons and of the Hospitals.

• **Meeting Financial Commitments**
  Patients and their families should promptly meet any financial obligation agreed to with the Hospital.

• **Photography**
  Patients and their visitors may not take pictures or make any recordings, films, or images of staff or other patients.

• **Weapons, Contraband, Patient’s Own Medication**
  Weapons and contraband (for example, illegal substances), whether in the possession of the patient or visitors, are strictly prohibited. For their own safety, patients are not permitted to bring their own medications into the hospital.

• **Complaints and Grievances**
  The patient is responsible for promptly discussing any complaints or grievances with the patient’s physician.

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