

PATIENT RIGHTS

Alene Burke & Associates is approved as a provider of Continuing Education by the Florida Board of Nursing, Provider # 50-2502

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PURPOSE OF THE COURSE:

The purpose of this course is to provide the learner with information about patient rights and how these rights can, and must, be upheld during the provision of patient and resident care.

The content of this course includes federal and state laws relating to patient rights; basic patient rights such as the right to be informed, the right to personal privacy and confidentiality, and the right to self-determination and decision-making. Abuse and the forms of abuse are also covered in this course, as are the responsibilities of healthcare providers in reporting abuse, neglect, and any other violations of patients' rights.

OBJECTIVES:

At the conclusion of this course, the learner will be able to:

1. Relate some federal and state laws relating to patient and resident rights
2. Detail some basic patient and resident rights, such as the right to be informed, the right to self determination and decision making, and the right to personal privacy, as well as how these rights can be upheld in our practice;
3. Describe the various forms of abuse and our professional responsibilities relating to the reporting of abuse and any violations of patient or resident rights.

INTRODUCTION

"Where, after all, do universal human rights begin? In small places, close to home—so close and so small that they cannot be seen on any map of the world. Yet they *are* the world of the individual person: the neighborhood he lives in; the school or college he attends; the factory,

farm or office where he works. Such are the places where every man, woman and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world.” (Eleanor Roosevelt 1884- 1962)

All people have basic rights. In the United States, some of these basic rights go back as far as 1789 with Congress’ passage of the first ten amendments to the U.S. Constitution, thus establishing the Bill of Rights.

Since then, the United States Government, our 50 states, and others, such as the American Hospital Association, have addressed the rights of patients and residents in our healthcare facilities. For example, the U.S. Government has recently passed the U.S. Department of Health and Human Services’ *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*; states such as Florida and others have generated and passed patient bills of rights and resident bills of rights; and healthcare organizations, such as the American Hospital Association, have adopted formal patient bills of rights.

These legal and profession commitments reflect some areas of commonality. Generally speaking, most specifically state that patients and residents have rights to:

- respect and dignity
- personal privacy
- confidentiality
- freedom from abuse and neglect
- control over person possessions
- information about their medical condition and treatments
- details regarding options, alternatives, risks and benefits of care and treatment
- choice of their own doctor(s)
- knowledge of the identity of their healthcare providers
- decision-making about their medical care, including decisions about refusing care

- competent care
- the opportunity to consent to or refuse to be part of a research study
- complain about care
- religious and social freedom
- financial information
- accessible healthcare services
- accurate bills for services rendered

American Hospital Association

Patient's Bill of Rights

Bill of Rights

- The patient has the right to considerate and respectful care.
- The patient has the right and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information about his or her diagnosis, treatment, and prognosis.
- Except in emergencies when the patient lacks the ability to make decisions and the need for treatment is urgent, the patient is entitled to a chance to discuss and request information related to the specific procedures and/or treatments available, the risks involved, the possible length of recovery, and the medically reasonable alternatives to existing treatments along with their accompanying risks and benefits.
- The patient has the right to know the identity of physicians, nurses, and others involved in his or her care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial significance of treatment choices insofar as they are known.
- The patient has the right to make decisions about the plan of care before and during the course of treatment and to refuse a recommended treatment or plan of care if it is permitted by law and hospital policy. The patient also has the right to be informed of the medical consequences of this action. In case of such refusal, the patient is still entitled to appropriate care and services that the hospital provides or to be transferred to another hospital. The hospital should notify patients of any policy at the other hospital that might affect patient choice.
- The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision-maker and to expect that the hospital will honor that directive as permitted by law and hospital policy.

- Health care institutions must advise the patient of his or her rights under state law and hospital policy to make informed medical choices, must ask if the patient has an advance directive, and must include that information in patient records. The patient has the right to know about any hospital policy that may keep it from carrying out a legally valid advance directive.
- The patient has the right to privacy. Case discussion, consultation, examination, and treatment should be conducted to protect each patient's privacy.
- The patient has the right to expect that all communications and records pertaining to his/her care will be treated confidentially by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize confidentiality of this information when it releases it to any other parties entitled to review information in these records.
- The patient has the right to review his or her medical records and to have the information explained or interpreted as necessary, except when restricted by law.
- The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient also must have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
- The patient has the right to ask and be told of the existence of any business relationship among the hospital, educational institutions, other health care providers, and/or payers that may influence the patient's treatment and care.
- The patient has the right to consent to or decline to participate in proposed research studies or human experimentation or to have those studies fully explained before they consent. A patient who declines to participate in research or experimentation is still entitled to the most effective care that the hospital can otherwise provide.
- The patient has the right to expect reasonable continuity of care and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
- The patient has the right to be informed of hospital policies and practices that relate to patient care treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patient and/or their families and surrogates participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient's fulfilling certain responsibilities:

- Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other health-related matters. .
- Patients must take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand the current information or instructions.
- Patients are responsible for making sure that the health care institution has a copy of their written advance directive if they have one.
- Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.
- Patients also should be aware that the hospital has to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation.
- Patients and their families are responsible for being considerate of and making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees.
- Patients are responsible for providing necessary information for insurance claims and for working with the hospital as needed to make payment arrangements.
- A patient's health depends on much more than health care services. Patients are responsible for recognizing the impact of their lifestyles on their personal health.

American Hospital Association (1992)

FEDERAL LAWS THAT PROTECT PATIENTS AND RESIDENTS

In 1974, the United States passed *The Privacy Act*. This law protected the confidentiality of personal information that was held by the Federal government. "The Privacy Act of 1974, 5 U.S.C. § 552a (2000), which has been in effect since September 27, 1975, can generally be characterized as an omnibus "code of fair information practices" that attempts to regulate the collection, maintenance, use, and dissemination of personal information by federal executive branch agencies." (U.S. Department of Justice, 2004)

More recently, the United States passed the first nationwide law protecting the rights of a person to have their medical records and

information kept private and confidential. This landmark law is the *Health Insurance Portability and Accountability Act (HIPAA)*.

HIPAA has far-reaching and broad implications for all healthcare providers and all healthcare agencies throughout the country. It impacts all healthcare professions, all healthcare settings, including doctors' offices and all third party payers. With this act, any of our 50 states can continue to pass and enforce laws relative to the confidentiality of medical information. However, these local and state laws must be more stringent than HIPAA.

HIPAA is the law of the land, it is a necessary law which:

- protects medical records and other personal information;
- restricts the release of medical records and information to others;
- gives individuals rights regarding their medical records and information and the release of this information to others;
- supports the right of the individual to their own medical records;
- provides for enforcement through civil and criminal penalties for violations.

Some of the implications of HIPAA for healthcare providers underscore the need for us to:

- be knowledgeable about HIPAA and its requirements;
- generate and follow policies and procedures, as well as laws, relating to medical records;
- educate our patients and family members about their rights and our responsibilities according to HIPAA;
- secure and maintain all medical information and records, hardcopy and electronic, in a highly safe, secure, and confidential manner.

HIPAA provides for the following patient rights:

- limitations on the use of their identifiable health information by others, such as banks, marketing companies and insurance companies, for reasons other than healthcare;
- copies of medical records within a reasonable amount of time after an individual requests it, generally 30 days;
- information regarding the privacy practices and policies of their healthcare providers and their chosen healthcare facilities;

- the ability to complain about privacy issues to the Health and Human Services' Office for Civil Rights at (866) 627-7748. More information about the complaint process can be found at <http://www.hhs.gov/ocr/hipaa> (U.S.Government,2004).

STATE LAWS THAT PROTECT THE RIGHTS OF PATIENTS AND RESIDENTS

FLORIDA STATE'S PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES (381.026)

“(3) PURPOSE.--It is the purpose of this section to promote the interests and well-being of the patients of health care providers and health care facilities and to promote better communication between the patient and the health care provider. It is the intent of the Legislature that health care providers understand their responsibility to give their patients a general understanding of the procedures to be performed on them and to provide information pertaining to their health care so that they may make decisions in an informed manner after considering the information relating to their condition, the available treatment alternatives, and substantial risks and hazards inherent in the treatments. It is the intent of the Legislature that patients have a general understanding of their responsibilities toward health care providers and health care facilities. It is the intent of the Legislature that the provision of such information to a patient eliminate potential misunderstandings between patients and health care providers. It is a public policy of the state that the interests of patients be recognized in a patient's bill of rights and responsibilities and that a health care facility or health care provider may not require a patient to waive his or her rights as a condition of treatment. This section shall not be used for any purpose in any civil or administrative action and neither expands nor limits any rights or remedies provided under any other law.”

The Florida State *Patient's Bill of Rights* establishes the following basic rights of patients:

“(a) *Individual dignity.--*

1. The individual dignity of a patient must be respected at all times and upon all occasions.
2. Every patient who is provided health care services retains certain rights to privacy, which must be respected without regard to the

patient's economic status or source of payment for his or her care. The patient's rights to privacy must be respected to the extent consistent with providing adequate medical care to the patient and with the efficient administration of the health care facility or provider's office. However, this subparagraph does not preclude necessary and discreet discussion of a patient's case or examination by appropriate medical personnel.

3. A patient has the right to a prompt and reasonable response to a question or request. A health care facility shall respond in a reasonable manner to the request of a patient's health care provider for medical services to the patient. The health care facility shall also respond in a reasonable manner to the patient's request for other services customarily rendered by the health care facility to the extent such services do not require the approval of the patient's health care provider or are not inconsistent with the patient's treatment.

4. A patient in a health care facility has the right to retain and use personal clothing or possessions as space permits, unless for him or her to do so would infringe upon the right of another patient or is medically or programmatically contraindicated for documented medical, safety, or programmatic reasons.

(b) *Information.--*

1. A patient has the right to know the name, function, and qualifications of each health care provider who is providing medical services to the patient. A patient may request such information from his or her responsible provider or the health care facility in which he or she is receiving medical services.

2. A patient in a health care facility has the right to know what patient support services are available in the facility.

3. A patient has the right to be given by his or her health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis, unless it is medically inadvisable or impossible to give this information to the patient, in which case the information must be given to the patient's guardian or a person designated as the patient's representative. A patient has the right to refuse this information.

4. A patient has the right to refuse any treatment based on information required by this paragraph, except as otherwise provided by law. The responsible provider shall document any such refusal.

5. A patient in a health care facility has the right to know what facility rules and regulations apply to patient conduct.

6. A patient has the right to express grievances to a health care provider, a health care facility, or the appropriate state licensing agency regarding alleged violations of patients' rights. A patient has the right to know the health care provider's or health care facility's procedures for expressing a grievance.

7. A patient in a health care facility who does not speak English has the right to be provided an interpreter when receiving medical services if the facility has a person readily available who can interpret on behalf of the patient.

(c) Financial information and disclosure.--

1. A patient has the right to be given, upon request, by the responsible provider, his or her designee, or a representative of the health care facility full information and necessary counseling on the availability of known financial resources for the patient's health care.

2. A health care provider or a health care facility shall, upon request, disclose to each patient who is eligible for Medicare, in advance of treatment, whether the health care provider or the health care facility in which the patient is receiving medical services accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the health care provider's office or health care facility.

3. A health care provider or a health care facility shall, upon request, furnish a patient, prior to provision of medical services, a reasonable estimate of charges for such services. Such reasonable estimate shall not preclude the health care provider or health care facility from exceeding the estimate or making additional charges based on changes in the patient's condition or treatment needs.

4. A patient has the right to receive a copy of an itemized bill upon request. A patient has a right to be given an explanation of charges upon request.

(d) Access to health care.--

1. A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

2. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide such treatment.

3. A patient has the right to access any mode of treatment that is, in his or her own judgment and the judgment of his or her health care practitioner, in the best interests of the patient, including complementary or alternative health care treatments, in accordance with the provisions of s. [456.41](#).

(e) *Experimental research.*--In addition to the provisions of s. [766.103](#), a patient has the right to know if medical treatment is for purposes of experimental research and to consent prior to participation in such experimental research. For any patient, regardless of ability to pay or source of payment for his or her care, participation must be a voluntary matter; and a patient has the right to refuse to participate. The patient's consent or refusal must be documented in the patient's care record.

(f) *Patient's knowledge of rights and responsibilities.*--In receiving health care, patients have the right to know what their rights and responsibilities are."

The Florida State *Patient's Bill of Rights* also establishes the following responsibilities of patients:

"(5) RESPONSIBILITIES OF PATIENTS.--Each patient of a health care provider or health care facility shall respect the health care provider's and health care facility's right to expect behavior on the part of patients which, considering the nature of their illness, is reasonable and responsible. Each patient shall observe the responsibilities described in the following summary.

(6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.--Any health care provider who treats a patient in an office or any health care facility licensed under chapter [395](#) that provides emergency services and care or outpatient services and care to a patient, or admits and treats a patient, shall adopt and make available to the patient, in writing, a statement of the rights and responsibilities of patients, including the following:

SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.”

The Spanish version of the Florida State Patient's Bill of Rights and Responsibilities (381.026) can and should be accessed at

<http://www.doh.state.fl.us/mqa/Profiling/billofrights.htm>

Florida State Resident Bill of Rights

Similar to the Patient's Bill of Rights, the State of Florida has a Resident's Bill of Rights to protect those in our long-term care facilities. The full text is below.

400.428 Resident bill of rights.--

“(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:

(a) Live in a safe and decent living environment, free from abuse and neglect.

(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.

(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.

(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.

(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.

(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. [400.427](#).

(g) Share a room with his or her spouse if both are residents of the facility.

(h) Reasonable opportunity for regular exercises several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.

(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.

(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.

(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

(2) The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. This notice shall include the name, address, and telephone numbers of the local ombudsman council and central abuse hotline and, when applicable, the Advocacy Center for Persons with Disabilities, Inc., and the Florida local advocacy council, where complaints may be lodged. The facility must ensure a resident's access to a telephone to call the local ombudsman council, central abuse

hotline, Advocacy Center for Persons with Disabilities, Inc., and the Florida local advocacy council.

(3)(a) The agency shall conduct a survey to determine general compliance with facility standards and compliance with residents' rights as a prerequisite to initial licensure or licensure renewal.

(b) In order to determine whether the facility is adequately protecting residents' rights, the biennial survey shall include private informal conversations with a sample of residents and consultation with the ombudsman council in the planning and service area in which the facility is located to discuss residents' experiences within the facility.

(c) During any calendar year in which no survey is conducted, the agency shall conduct at least one monitoring visit of each facility cited in the previous year for a class I or class II violation, or more than three uncorrected class III violations.

(d) The agency may conduct periodic followup inspections as necessary to monitor the compliance of facilities with a history of any class I, class II, or class III violations that threaten the health, safety, or security of residents.

(e) The agency may conduct complaint investigations as warranted to investigate any allegations of noncompliance with requirements required under this part or rules adopted under this part.

(4) The facility shall not hamper or prevent residents from exercising their rights as specified in this section.

(5) No facility or employee of a facility may serve notice upon a resident to leave the premises or take any other retaliatory action against any person who:

(a) Exercises any right set forth in this section.

(b) Appears as a witness in any hearing, inside or outside the facility.

(c) Files a civil action alleging a violation of the provisions of this part or notifies a state attorney or the Attorney General of a possible violation of such provisions.

(6) Any facility which terminates the residency of an individual who participated in activities specified in subsection (5) shall show good cause in a court of competent jurisdiction.

(7) Any person who submits or reports a complaint concerning a suspected violation of the provisions of this part or concerning services

and conditions in facilities, or who testifies in any administrative or judicial proceeding arising from such a complaint, shall have immunity from any civil or criminal liability therefore, unless such person has acted in bad faith or with malicious purpose or the court finds that there was a complete absence of a justiciable issue of either law or fact raised by the losing party.”

THE PATIENTS’ RIGHT TO INFORMATION

Patients and residents have the right to be fully informed about their medical condition, their care providers, and their rights and responsibilities. Patients have the right to complete, current and accurate information about their health status and their treatments. Healthcare providers have the legal duty and the professional responsibility to explain information in a manner that is understandable to the individual. If the patient is unable to capture this information, secondary to such causes as age, level of cognition, level of consciousness and/or any other reason, the surrogate decision maker must be informed in lieu of the patient themselves.

Patients and residents must know about their care, their options and alternatives of care. Additionally, they have the right to:

- know their medical diagnosis, prognosis, and course of treatment;
- be fully informed about the benefits and risks associated with all care options and alternatives;
- know the qualifications, roles and names of their healthcare providers; and
- refuse to be informed.

THE RIGHT TO SELF DETERMINATION AND DECISION MAKING

Patients and residents have a right to informed consent and informed refusal. Patients have the right to make decisions when they are of majority age and are competent to do so. Minors can receive information about their care and treatment in a manner that is understandable to them, and they can make some minor choices. However, they are not legally able to make a decision about what care they will or not receive until they reach the age of 18 or they are an

emancipated minor. Parents or legal guardians make legal decisions for minor children. A surrogate decision maker or legal guardian makes legal decisions for adult clients that are not legally competent to do so.

Patients and surrogate decision makers have the right to consent to care. They also have a right to refuse any treatment or aspect of care after they have been fully informed about the treatment(s), benefits, risks, alternatives and other options.

Autonomy of decision-making is based on law and the basic tenets of our ethical code. People have freedom of choice, provided that these choices do not interfere with, or jeopardize, the rights of others. The person's right to self-determination must be upheld at all times when these decisions are within the limits of the law and not contrary to the rights of others.

THE RIGHT TO PERSONAL PRIVACY

People do not surrender their right to privacy because they are in a hospital or nursing home. Patients and residents have a right to:

- talk privately with family, friends, and other patients or residents;
- their personal space and effects;
- have their healthcare providers knock on their door before walking in unannounced; and
- personal privacy when bathing and during other activities.

THE RIGHT TO CONFIDENTIALITY

Patients and residents have a right to have personal information kept confidential. Only those with a need to know have a right to medical information.

HIPAA and patient's bills of rights emphasize the individual's right to confidentiality, as detailed above.

Health care workers, should NEVER discuss a person's diagnosis or condition to anyone who is NOT caring for the patient. Do NOT talk

about patients in halls or coffee shops. You never know who is listening!

THE RIGHT TO RESPECT AND DIGNITY

All patients must be treated with respect and courtesy. We must:

- speak to patients with respect and courtesy;
- call people by their proper name. Labels such as “momma”, “pop” and “honey” do not show respect;
- respond to questions and concerns in a reasonably prompt manner;
- allow the individual, as much as possible without jeopardizing safety or the rights of others, to have their own possessions;
- help our patients and residents to be as independent as they can;
- insure that the person is always clean and unsoiled; and
- provide our patients with as many choices as possible.

FREEDOM FROM ABUSE & NEGLECT

All humans should be free from abuse and neglect.

Abuse is defined as 'maltreatment'. Elder abuse affects older adults. Child abuse is the maltreatment of infants and young children. Anyone can be abused. Men, women, adults, children, and people of all ages can be abused; but the vast majority of abuse is directed at the most vulnerable populations. For example, children, the elderly, and the developmentally disabled are at greater risk for abuse and neglect than other populations.

Healthcare professionals and others, such as school psychologists and teachers, must, by law in Florida and many other states, immediately report all cases of suspected elder abuse and child abuse. If you THINK that someone is abusing or neglecting a patient or resident, REPORT IT. You do NOT have to be certain! Report it if you think it may be happening.

Kinds of Abuse

There are several types of abuse. Abuse can be physical, emotional or mental, sexual, or financial.

- *Physical abuse.* Physical abuse is the use of a physical force. A punch, slap, push or pinch is physical abuse. Elders are often physically abused with rough treatment. Grabbing a person out of their bed is physical abuse. Signs of physical abuse are skin tears, bruises and broken bones.
- *Mental abuse.* Mental abuse causes the person to have mental pain. Yelling and name calling are examples of mental abuse. Elders are mentally abused when they are treated like a child or locked in a room. Threats are also mental abuse. Mental abuse can cause very serious mental pain and fear. Signs of mental abuse include fearfulness, crying and sadness.
- *Sexual abuse.* Sexual abuse is sexual contact of any kind without the consent of the other person. Touching, fondling and rape are examples of this type of abuse.
- *Financial abuse.* Financial abuse is the improper or illegal use of the victim's money. Taking money from an elder to use for something they do not want is an example of this type of abuse.

Neglect is different from abuse. Neglect is NOT doing something that should be done. Men, women and people of all ages can also be neglected, but the incidence, again, is greater for populations at risk.

Neglect can be physical and mental, or emotional.

- *Physical neglect.* Examples of physical neglect are not giving a person the food or physical care they need.
- *Mental neglect.* Ignoring a person is an example of mental abuse. Another example of mental neglect is abandoning a person who is afraid of being alone.

THE RIGHT TO COMPETENT CARE

Patients and residents also have the right to safe and high quality care. Good care cannot be done unless nurses, doctors, nursing assistants and all other health care workers are able to do the right thing in the right way.

Everyone must know how to provide safe patient care in the correct way. If you are not sure of how to do something, STOP. Do NOT ever do anything unless you are sure that you can do it the right, or correct, way. Safe patient care is a basic RIGHT of our patients and residents.

THE RIGHT TO RELIGIOUS FREEDOM

All Americans have the right to freedom of religion.

- Do NOT force your religious beliefs on anyone.
- Facilitate chaplain and religious services when the person chooses to avail themselves of these activities.

THE RIGHT TO ACCURATE BILLING

Laws state that all patients and residents have a right to a bill that has ONLY those things that the person actually got. These laws also say that everyone should have their bill explained to them if they want to.

- NEVER charge a supply, such as a urinary drainage bag, or a service to a patient that has not received it.

THE RIGHT TO COMPLAIN

All patients and residents have a right to complain. All concerns, questions and complaints must be heard and listened to. Some hospitals have patient advocates who listen to these questions, concerns and complaints. All nursing homes have ombudsman who speak to residents about their complaints, concerns and questions. Patient advocates and ombudsmen help our customers with their concerns.

Most complaints can be avoided with superior patient care and good customer service. Use good customer service skills. However, if a person is complaining about care, do NOT argue with a patient or resident. Listen to the person and attempt to resolve their concerns in a professional and timely manner.

SUMMARY

Patients and residents have rights. It is the responsibility of all healthcare providers to be mindful of these rights and to insure that they are upheld in a consistent and effective manner.

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