

JAMES E VAN ZANDT VA MEDICAL CENTER  
ALTOONA, PENNSYLVANIA

MEDICAL CENTER MEMORANDUM (MCM) 12-04  
MAY 2012

**PATIENT/RESIDENT RIGHTS AND RESPONSIBILITIES**

1. **PURPOSE:** To describe the rights and responsibilities of patients/residents receiving treatment at this medical center and to establish procedures for informing patients/residents and staff of these rights, responsibilities, and any restriction of patient/resident rights.
2. **SUMMARY OF MAJOR CHANGES:** To update MCM to address the rights and responsibilities of disoriented patients/residents and patient's/resident's right to resolve disagreements about therapeutic issues.
3. **POLICY:**
  - a. This medical center respects the patient's/resident's right to make decisions about his/her care, treatment and services, and to involve the patient's/resident's family in care, services, and treatment decisions to the extent permitted by the patient/resident or surrogate decision-maker. "Family" is defined as a group of two or more persons united by blood or adoptive, marital, domestic partnership, or other legal ties. The family may also be a person or persons not legally related to the individual (such as a significant other, friend, or caregiver) whom the individual considers to be a family. A family member may be the surrogate decision-maker, as defined in VHA Handbook 1004.02, if authorized to make care decisions for the individual, should he/she lose decision-making capacity. This medical center allows a family member, friend, or other individual to be present with the patient/resident for emotional support during the course of a stay. This medical center allows for the presence of a support individual of the patient's/resident's choice, unless the individual's presence infringes on others' rights or safety, or is medically or therapeutically contra-indicated. The individual may or may not be the patient's/resident's surrogate decision-maker or legally authorized representative. If the patient/resident is disoriented or lacks capacity to understand rights at the time of entry, he or she is informed again when he or she is able to understand. This medical center prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity, or expression.
  - b. This medical center is committed to providing high quality medical care in a climate in which the human needs and concerns of the patient/resident are met and in which individual interests are protected. Patients/Residents have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values in an environment free from humiliation and retaliation. Staff at this medical center will strive to fully involve patients/residents in all

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aspects of their care. Staff will respect patients'/residents' rights and ensure that they are informed of their rights. When appropriate, the patients'/residents' next of kin may exercise these rights on their behalf. All patients/residents will receive, to the extent of their eligibility under the law, prompt and appropriate treatment available within the medical center's capacity and mission. Care will be provided in a safe environment where patients'/residents' privacy is respected. Care may not be withheld based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity, or gender expression. The medical center prohibits procedures that deny any basic needs such as nutritious food, water, shelter, and essential and safe clothing. The medical center prohibits corporal punishment, fear eliciting procedures, and the use of intimidation, force, or threat. The medical center does not restrict a patient's/resident's visitors and visiting hours are unrestricted, unless determined that such restrictions protect the safety and infectious exposure of our patients/residents, at which time they are handled on a case-by-case basis. The medical center does not restrict a patient's/resident's mail, telephone calls, or other forms of communication.

c. All patients and residents have the following rights and responsibilities:

(1) Respect and non-discrimination:

(a) Patients and residents will be treated with dignity, compassion, and respect as an individual. Their privacy will be protected. They will receive care in a safe environment. We will seek to honor their personal and religious values.

(b) Patients and residents, or someone they choose, have the right to keep and spend their own money and the right to request and receive an accounting of VA-held funds.

(c) The patients' and residents' personal freedoms will be respected during all phases of treatment. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep the patient, resident, or others free from harm have not worked.

(d) Residents may wear their own clothes and keep personal items. This depends on their medical condition.

(e) Inpatients and residents have the right to social interaction and regular exercise. They will have the opportunity for religious worship and spiritual support. Inpatients and residents may decide whether or not to participate in these activities. (Please refer to MCM 11M-22, Acute Medicine Unit Restriction.) They may decide whether or not to perform tasks in or for the medical center.

(f) Inpatients and residents have the right to communicate freely and privately. They may have or refuse visitors. Inpatients and residents will have access to public telephones. They may participate in civic activities.

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(g) Residents can organize and take part in resident groups in the medical center. Families can meet with the families of other residents.

(h) In order to provide a safe treatment environment for all patients and staff, patients and residents are asked to respect other patients, residents, and staff and to follow medical center rules. Patients and residents are to avoid unsafe acts that place others at risk for accidents or injuries. Any condition believed to be unsafe should be reported immediately.

(i) Inpatients and residents have the right to execute a medical Advanced Directive and/or complete a Mental Health Advanced Directive indicating a trusted healthcare surrogate to help you make decisions when you are too sick to make decisions for yourself. The Mental Health Treatment Preferences Form is a document to make wishes known about mental health emergency care. Social Work Services will provide information and assistance in completing the directives, if requested.

(j) Patients and residents have the right to have a family member, friend, or other individual to be present with the patient/resident for emotional support during the course of their stay, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated.

(k) Patients and residents have the right to request another provider of care which is completed through the Patient Advocate referral process.

(l) Patients and residents have the right to review their health information including mental health records and obtain a copy of these records. If they do not agree with their treatment plan, they are encouraged to notify their provider, request an internal review of their plan of care/treatment/services, and may change their goal(s) at any time. They have the right to resolve disagreements about therapeutic issues and to have content expunged from their medical record.

#### (2) Information disclosure and confidentiality:

(a) Patients and residents will be given information about the health benefits that they can receive. The information will be provided in a way that they can understand.

(b) Patients and residents will receive information about the costs of their care, if any, before they are treated. They are responsible for paying their portion of the costs associated with their care.

(c) Patients' and residents' medical records will be kept confidential. Information about them will not be released without their consent, unless authorized by law (i.e., State public health reporting). We are mandated to report incidents that include the following: fugitive felonies, probation violations, and when there is an active arrest warrant or court order. We shall report to legal authorities any person who has admitted

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to committing a violent crime. Any crimes committed on VA property shall also be reported. Patients and residents have the right to information in their medical record and may request a copy of their records. This will be provided except in rare situations where the patient's/resident's VA physician feels the information will be harmful to the patient or resident. In that situation, his/her VA provider will discuss this with the patient or resident. Patients have the right to be excluded from the medical center directory and be provided a clear explanation of the option to be excluded.

(d) Patients and residents will be informed of all outcomes of care, including any injuries caused by his/her medical care. He/She will be informed about how to request compensation for injuries.

##### (3) Participation in treatment decisions:

(a) Patients, residents, and any persons they choose, will be involved in decisions about their care. They will be given information they can understand about the benefits and risks of treatment. They will be given other options and the benefits and risks of these options. Patients and residents can agree to or refuse treatment. Refusing treatment will not affect a patient's/resident's rights to future care, but he/she has the responsibility to understand the possible results to his/her health. If he/she believes he/she cannot follow the treatment plan, he/she has the responsibility to notify the treatment team. In the Behavioral Health Programs, the patient either signs the treatment plan or the documentation from the social worker indicates that the patient/family is in agreement with the treatment plan.

(b) As an inpatient or a Community Living Center resident, he/she will be provided any transportation necessary for his/her treatment plan.

(c) Patients and residents will be given the name and professional title of the provider in charge of their care, the composition of their service delivery team, and those other providers of care to whom a referral will be made. As a partner in the health care process, they have the right to be involved in choosing their provider. Patients and residents will be educated about their role and responsibility as a patient or resident. This includes care at the end of life.

(d) Patients and residents are encouraged to keep all appointments and call beforehand to cancel within 24 hours.

(e) Patients and residents are expected to be direct and truthful about information related to their care and treatment.

(f) Patients and residents are responsible for treating their case managers with respect. This also applies to patients and other staff.

(g) Patients and residents should tell their provider about their current condition, medications (including VA, non-VA, over the counter, and herbals), and medical history.

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They should also share any other information that affects their health. They should ask questions when they do not understand something about their care. This will help in providing the best possible care to patients and residents.

(h) Patients and residents have the right to have their pain assessed and to receive treatment to manage their pain. Patients/Residents and their treatment team will develop a pain management plan together. Patients and residents are expected to help the treatment team by telling them if they have pain and if the treatment is working.

(i) Patients and residents will be included in resolving any ethical issues about their care. They may consult with the medical center's Ethics Consultation Team and/or other staff knowledgeable about health care ethics.

(j) If the patient or resident, or any medical center staff member, believes that the patient or resident has been the victim of physical assault, sexual assault, sexual molestation, domestic abuse, elder abuse, neglect, or exploitation, he/she will be offered help. (Please refer to MCM 11W-04, Management of Child Abuse, Criminal Behavior, Elder Abuse & Domestic Violence Cases.)

(k) Patients and residents are expected to follow the medical center's rules about weapons onsite as well as alcohol or illegal substances.

(l) Patients and residents are to avoid unsafe acts that place themselves or others at risk for accident or injury. Report any condition that you feel is unsafe.

(4) Concerns: Patients and residents are encouraged and expected to seek help from their treatment team and/or a patient advocate if they have problems or complaints. They will be given understandable information about the complaint process. Patients and residents may complain verbally or in writing, without fear of retaliation.

### 4. RESPONSIBILITIES:

a. **Director** is responsible for ensuring that these rights are communicated throughout the medical center. This includes patients, residents, families, and employees.

b. **Medical center employees** are responsible for ensuring that all patients/residents are treated with dignity, compassion, and respect. Employees will respect and support a patient's/resident's rights. Furthermore, each employee is responsible for reporting any violation or infringement of the rights of patients.

c. **Patient Advocate** is responsible to serve as a grievance mechanism and to assist in resolving conditions or practices that may violate patients'/residents' rights.

## 6. MCM 12-04 Patient/Resident Rights and Responsibilities

### 5. **PROCEDURES:**

a. This medical center respects the rights of patients/residents and informs them of any responsibilities incumbent upon them in the exercise of those rights. Inpatients and residents receive the information upon admission as part of their admission packet, and outpatients receive the information during the enrollment process to the VA.

b. Patients'/Residents' rights and responsibilities posters are located throughout the medical center in patient areas. Pamphlets are also available which list patients'/residents' rights and responsibilities. Patients who fall under CARF accredited programs receive a copy of the "Patient/Resident Rights and Responsibilities" on entry into the program and annually thereafter.

### 6. **REFERENCES:**

a. The Joint Commission Accreditation Manuals

b. MCM 11M-22, Acute Medicine Unit Restriction, dated September 2010.

c. MCM 11W-04, Management of Child Abuse, Criminal Behavior, Elder Abuse & Domestic Violence Cases, dated September 2009.

d. VHA Handbook 1004.02, Advance Care Planning and Management of Advance Directives, dated July 2009.

7. **RESCISSION:** MCM 12-04, Patient/Resident Rights & Responsibilities, March 2012.

8. **REISSUE DATE:** Three years from date of MCM.

9. **FOLLOW-UP RESPONSIBILITY:** Associate Director for Patient/Nursing Services.

/s/

William H. Mills  
Director

Distribution: E