# Patient Rights and Responsibilities

# **PATIENT RIGHTS**

BCH respects the right to treatment and care of all our patients and their families. You or your designated proxy have the right to:

# **Decision Making**

- Be informed of your rights before patient care is given or discontinued, whenever possible.
- Have your physicians and people you choose notified of your admission.
- Receive complete and current information regarding your health status including diagnosis, treatment, risks and benefits of treatment, serious side effects, alternatives to treatment and consequences of not receiving treatment in a way you can understand.
- Participate in care planning, treatment and discharge arrangements, and costs.
- Give or withhold informed consent regarding care and treatment.
- Participate in managing your pain effectively.
- Request a specific treatment.
- Have a family member, friend or other individual be present for emotional support during the course of your stay. You will be informed if a restriction or limitation is in place for your health or safety.
- Refuse or discontinue a treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- Have information about the outcomes of care, treatment and services that have been provided, including unanticipated outcomes.
- Request a second opinion.
- Request that an in-network healthcare provider provide services, if available.
- Create an advance directive, which includes your wishes relating to end-of-life decisions, and be informed if these cannot be honored.
- Donate organs.
- Be protected and have your rights respected during research, investigation, and clinical trials involving human subjects.
- Consent to records or films made for purposes other than patient care.
- Receive care and/or referral according to the urgency of your situation. When medically stable, you may be transferred to another facility after the need has been fully explained.

#### **Quality of Care**

- Respectful treatment which recognizes and maintains your dignity, values, beliefs and preferences.
- Care in a safe setting.
- Be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
- Know who is primarily responsible for your care and receive adequate information about the professional status of person(s) responsible for the delivery of your care, treatment and services.
- Pastoral and other spiritual support services.
- Access to protective and advocacy services.
- Information about continuing health care requirements following discharge.

#### **Confidentiality and Privacy**

- Personal privacy including the right to be interviewed and examined in surroundings designed to assure reasonable audio and visual privacy.
- Personal information being shared only with those who are involved in your health care.
- Confidentiality of your Protected Health Information and access to disclosures of your information.

## **Access to Medical Records**

- Review and get a copy of your medical records at any time (behavioral health records are an exception).
- Request an amendment to your medical record.



#### **Grievance Process**

- Voice a complaint to your health care providers and administrators without fear of reprisal.
- Contact the Patient Representative to file a complaint/grievance and/or access protective and advocacy services. At Boulder Community Health dial 303-415-7054.
- Receive a timely response with the results of your complaint. Unresolved complaints are directed to a hospital's vice president who responds within 7 days. Appeals may be made at any time to the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, CO 80246-1530, 303-692-2000 or 303-692-2827; the Joint Commission Office of Quality and Patient Safety, patientsafetyreport@jointcommission.org, One Renaissance Boulevard, Oakbrook Terrace, IL 60181; or to Colorado Department of Regulatory Agencies (DORA), Division of Registration, 1560 Broadway, Suite 1350, Denver, CO 80202, www.dora.state.co.us.
- Grievances involving behavioral health services should be directed to the Colorado Department of Human Services Division of Behavioral Health at 3824 West Princeton Circle, Denver, CO 80236-3111, 303-866-7400 or 800-811-7648.
- Request an ethics consultation if there are questions of value judgments or moral conduct.
- Grievances involving discrimination on the basis of disability, or retaliation under Section 1557 of Affordable Care Act (ACA) 2010, may file a grievance by contacting the Patient Representative. Dial 303-415-7054 or by contacting the Office for Civil Rights, Region VIII, U.S. Department of Health and Human Services, 1961 Stout Street, Room 1426, Denver, CO 80294, 303-844-2024, Fax 303-844-2025, TDD 303-844-3439.

# Accommodations

- Interpreters and/or communication tools to assist language needs tailored to age, languages and understanding.
- Obtain information about the existence and location of services, activities, and facilities that are accessible to and usable by all interested parties.
- Request reasonable accommodations.

# **Seclusion and Restraints**

- Be free of any sort of restraint unless medically necessary.
- Be free from seclusion or restraint for behavioral management unless there is a need to protect your physical safety or the safety of others.

## Billing

• An itemization of your bill and charges within 7 days of your request.

# Psychotherapy

I understand that if seen by a psychologist, counselor or Licensed Clinical Social Work (LCSW) at BCH, I have the right to receive information about that person's credentials, methods, duration of the therapy and fee structure. I understand that I may seek a second opinion or terminate therapy at any time. I understand information I may provide in counseling is confidential and exceptions that arise during the therapy will be discussed with me. Sexual intimacy within a professional relationship is never appropriate and should be reported to the State Grievance Board at 1560 Broadway, Suite 1350, Denver, CO 80202 or 303.894.7766.

# **PATIENT RESPONSIBILITIES**

You and your representative(s) have the responsibility to:

# **Provide Information**

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other health-related matters.
- Report perceived risks in your care and unexpected changes in your condition.
- Understand your treatment plan, ask questions when needed.
- Provide accurate and updated information for insurance and billing.

#### Involvement

- Actively participate in your treatment by following your recommended treatment plan.
- Express any concerns about your ability to follow the treatment plan.
- Accept consequences of outcomes if you do not follow the treatment plan.
- Speak up about concerns you may have about the quality of your care and treatment.

#### **Respect and Consideration**

- Act in a respectful and considerate manner toward health care providers, other patients and visitors. Physical or verbal threats are not tolerated.
- Follow the hospital's rules and regulations.
- Respect the property of others.
- Be mindful of noise levels.

## **Insurance and Billing**

- Know the extent of your insurance coverage.
- Know your insurance requirements such as preauthorization, deductibles and co-payments.
- Call the hospital's billing office with questions or concerns.
- Fulfill your financial obligations as promptly as possible.

