



Patient Rights & Responsibilities

- To receive necessary care regardless of your race, sex, age, religion, national origin, sexual orientation, disability, or source of payment.
- To receive considerate and respectful care free of verbal or physical abuse or harassment.
- To have your medical records maintained in a confidential manner unless reporting is required by law, or you have given permission to release information.
- To know by name the attending physician primarily responsible for coordinating your care.
- To receive evaluation of pain and effective means of pain management in a timely manner.
- To receive compassionate palliative care at the end of life.
- To access people outside the hospital by means of visitors and verbal or written communication.
- To have an interpreter if a language barrier or a hearing impairment makes it difficult for you to understand your care/treatment.
- To be informed as to any relationship between the hospital and any other health care provider insofar as your care is concerned.
- To consent to or refuse treatment throughout your hospital stay and to be informed of the consequences.
- To consult with a specialist at your own request and expense.
- To receive a complete explanation of a need for transfer to another facility along with the alternatives to such a transfer.
- To request an explanation of the charges for hospital services.
- To know the hospital rules and regulations that apply to you as a patient.
- To expect privacy, to the extent feasible, during provision of care.
- To have immediate family members, guardians or reciprocal beneficiaries stay with you 24 hours a day whenever possible, if you are terminally ill.
- To have a parent or guardian stay with you 24 hours a day, whenever possible, if you are a pediatric patient.
- To expect a secure environment while you are a patient.
- To be free from restraints, unless interventions have been determined to be ineffective.
- To review your medical record and to have information explained.
- To receive information about any continuing health care requirements or supports before you are discharged.
- To have access to spiritual and psychological support.
- To complete advance directives, with assistance if needed, and to know that they will be honored.
- To know about hospital resources, such as patient representatives and the Ethics Committee, which may help resolve problems or questions about your hospital stay and care.
- To obtain, from the physician coordinating your care, complete and current information concerning your diagnosis, treatment and any known prognosis in terms that you can understand, including options related to Act 39 Patient Choice and Control at the End of Life (Physician Aid in Dying).
- To give your consent, or if you are unable to understand or are not competent, to have an immediate family member, guardian or a reciprocal beneficiary, obtain from the physician coordinating your care, complete and current information concerning your diagnosis, treatment and any known prognosis in terms he/she can understand.
- To have complete and current information made available to an immediate family member, guardian or reciprocal beneficiary when it is not medically advisable to give it to you.
- To be given all information necessary to give informed consent prior to the start of any procedure or treatment.
- To refuse to take part in research affecting your care.

- To report a grievance to the Department of Aging and Disabilities, Division of Licensing and Protection without first reporting to the hospital.
- Request a restriction on certain uses and disclosures of your information as provided by 45 C.F.R. § 164.522; however, Copley Hospital is not required to agree to a requested restriction unless the requested restriction (i) relates to disclosures to a health plan for payment and/or health care operations, and (ii) the PHI relates to a health care service or product for which you have paid in full and out of your own pocket.
- Inspect and obtain a copy of your health record (paper or electronic) as provided for in 45 C.F.R. § 164.524.
- Public access of information, Copley Hospital shall make public the maximum patient census and the number of registered nurses, licensed practical nurses, and licensed nursing assistants providing direct patient care in each unit during each shift. Each unit's information shall be reported in full-time equivalents, with either every eight hours or 12 hours worked by a registered nurse, licensed practical nurse, or licensed nursing assistant during the shift as one full-time equivalent. The reporting of this information shall be in a manner consistent with the requirements for public reporting for measures of nurse staffing selected by the commissioner of financial regulation under subdivision 9405b(a)(12) of this title, but shall not in any way change what is required to be posted as set forth in this subsection. Each unit's information shall be posted in a prominent place that is readily accessible to patients and visitors in that unit at least once each day. The posting shall include the information for the preceding seven days.
- (b) The hospital shall provide a telephone number to the public for requesting public information, including information required under this section and sections 1852 and 9405b of this title. The information shall be provided within 24 hours of the request.
- Amend your health record, as provided in 45 C.F.R. § 164.526, by submitting a written request.
- Receive an accounting of disclosures made of your health information as provided by 45 C.F.R. § 164.526 and the HITECH Act.
- Be notified of any breach of your unsecured healthcare information.

As a patient you have the responsibility:

- To provide accurate information about your health, including past illness, and other matters relating to your health status.
- To ask questions when you do not understand information or instructions.
- To follow the treatment plan decided upon by you and your health care team.
- To report unexpected changes in your condition to the nurse or physician.
- To recognize the effect that your lifestyle may have on your health.
- To inform care givers of specific needs with regard to personal values and beliefs.
- To observe safety regulations and respect our smoking policy.
- To be considerate of other patients by respecting their privacy and by limiting visitors.
- To treat hospital personnel with consideration and respect.
- To provide information about insurance and to arrange payment when necessary.
- To provide a copy of your Advance Directive to the hospital and your physician if one has been made.
- To promptly report any grievance related to the quality of care you receive.

Grievance and Complaint Process

If you have a grievance or a complaint to file, we have a process available to you. The purpose of this process is to improve the quality of care and service to our customers. If you have an immediate concern, you are encouraged to communicate this to any of the following:

- the person providing you with the service
- the department manager of the service involved or the nursing supervisor
- the Quality Management Department, 802-888-8351; 528 Washington Highway, Morrisville, VT 05661

If you feel it is necessary to discuss your problem with someone outside the hospital, you may contact any of the following:

Department of Disability, Aging and Independent Living

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury, VT 05671-2306

(802) 241-2345 or Toll-free (in Vermont) 800-564-1612

Vermont Board of Health and Board of Medical Practice Department of Health

PO Box 70

Burlington, VT 05402-0070 (802) 657-4220;

Toll-free (in Vermont) 800-745-7371

For privacy complaints contact:

Secretary of the Department of Health & Human Services

Office for Civil Rights

DHHS

JFK Federal Building – Room 1875

Boston, MA 02203

617-565-1340; 617-565-1343 (TDD)

The above is based on Copley Hospital's Patient Rights and Responsibilities Policy, informed by the Vermont Statute's Patient's Bill of Rights, 18 V.S.A. §1852. You may request a copy of the policy by contacting: Privacy Officer, Health Information Management, Copley Hospital, 528 Washington Highway, Morrisville, VT 05661.

You are entitled to these rights regardless of sex, race, cultural, economic, educational or religious background or the source of payment for your health care.

All your rights as a health care consumer also apply to the person who may have legal responsibility to make decisions regarding your health care.

AS A MEDICARE BENEFICIARY YOU HAVE CERTAIN GUARANTEED RIGHTS

These rights protect you when you get health care; they 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. The rights include:

1. The right to protection from discrimination in marketing and enrollment practices.
2. The right to information 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.

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. Their phone number is 1-800-631-7788. Copley 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.

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