



## MMG-POLICIES AND PROCEDURES

<b>Title:</b>	Patient Rights & Responsibilities	<b>Clinical Policy:</b>	New _____ Revised <u>  X  </u> _____ Reviewed _____
<b>Purpose:</b>	To ensure awareness of patient rights and responsibilities as it applies to patients, their families, caregivers, and significant others.	<b>Effective Date:</b>	01/31/2014

### POLICY

#### Patient Rights

1. Patients have the right to be treated with courtesy and respect, and to receive appropriate medical care.
2. Patients have the right to choose their healthcare provider and if no specific healthcare provider is chosen one will be appointed to them. If their healthcare provider leaves the practice, the patient will have the opportunity to choose another primary care provider.
3. We are committed to treating patients in a manner that preserves their dignity, autonomy, self-esteem, civil rights, and involvement in their own care.
4. Patients have the right to expect that their privacy and safety will be protected, and information regarding their care will be treated confidentially.
5. As applicable, each patient or patient representative is provided with a clear explanation of care including: diagnosis, treatment plan, right to refuse or accept care, advance directive options, organ donation and procurement information and an explanation of the risks and benefits associated with available treatment options.
6. If a patient has an ethical dilemma, he or she should be advised of the availability of ethics consultation services.
7. MMG employees must never access or disclose confidential information that violated the privacy rights of our patients.
8. No MMG employee, affiliated physician, or other healthcare partner has a right to access, use, or disclose any patient's information other than that necessary to perform his or her job.
9. Patient specific information is not released or discussed with others unless it is authorized by law, by the patient's written consent, or by departmental policies.
10. The patient has the right to expect that within its capacity, the health center must make reasonable response to the request of a patient for services. The center must provide evaluation services and/or referrals as

indicated by the urgency of the case. When medically permissible, a patient may be transferred to another physician or the treatment facility only after the patient has received complete information and an explanation of the needs for alternatives to such a transfer.

11. The patient has the right to obtain information concerning any relationship between the physicians and other health care and /or educational providers insofar as those relationships have any impact upon the patient's care. The patient has the right to obtain information as to the existence of any professional relationships among the individuals, by name, which is providing care to the patient.
12. The patient has the right to be advised if the physician proposed to engage in or perform human experimentation affecting the patient's care or treatment, The patient has the right to refuse to participate in such research projects.
13. The patient has the right to examine and received an explanation of the patient's bill regardless of the source of payment.
14. The patient has the right to know what health center rules and regulations apply to the patient conduct as a patient.
15. The patient has the right to formulate advance directives and appoint a surrogate to make health care decisions on the patient's behalf to the extent permitted by law
16. The patient or designated representative has the right to participate in the consideration of ethical issues that arise during the course of treatment.
17. If the patient has been adjudicated incompetent, the patient's guardian, next of kin or legally authorized responsible party has the right to exercise, to the extent permitted by law, the rights delineated on behalf of the patient.
18. the patient has the right to received information, at the time of the visit, about available services, the health center's patients rights' policy as well as the mechanisms for initiating, review and when possible, resolution of patient complaints concerning the quality of care.
19. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
20. Patients will be provided language access, auxiliary aids and plain language material upon request or documented need.
21. Patients will receive current information concerning their diagnosis, treatment, and prognosis in terms they can understand. When patients are incapable of understanding this information, it must be made available to the appropriate person making decisions on their behalf. Competent patients have the right to exclude any or all family members from participating in their care decisions.
22. Patients will be involved in their care planning and treatment and participate in decisions regarding his/her care. Patients experiencing pain will participate in the development of an individualized treatment plan mutually established by patient and/or patient's family (as appropriate or requested by patient), and members of the health care team.

23. Patients will receive the information necessary to give informed consent to any elective treatment or procedure, including information about the Patients diagnosis and prognosis, proposed procedure or treatment, the medically significant risks involved, the benefits likely to be gained, the probable duration and anticipated recuperation period involved in the treatment. Patients will also receive information concerning medically significant alternatives for care and treatment.

### **Patient Responsibilities**

1. Patients have a responsibility to provide or make available pertinent information, past or present, relating to their health status. Patients should let the physician staff know immediately if they do not understand any matter relating to their diagnosis, care and treatment, or to instructions with which they cannot comply. Patients have a responsibility to keep appointments, or telephone the health center when they cannot keep a scheduled appointment.
2. Patients are responsible for telling their doctors and other caregivers if they expect problems in following prescribed treatment
3. A person's health depends on much more than health care service. Patients are responsible for recognizing the impact of their lifestyle on their personal health.
4. Patients have the responsibility to be considerate of other patients and to see that their escorts are considerate as well.
5. Patients have a responsibility to make prompt arrangements for payment of bills and to be prompt in asking questions they may have concerning their bills.
6. Patients are also responsible for ensuring that the provider has a copy of their written advance directive if they have one.
7. Patients are responsible for giving necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.

## SCOPE

This policy applies to all patients, their families, caregivers, and significant others of MMG patients.

## REQUIREMENTS

All patients are issued Code of Conduct Policy handout when signing on as MMG patient. (See below)

### YOUR PRIVACY RIGHTS REGARDING YOUR HEALTH INFORMATION

#### Right To Obtain a Copy of This Notice of Privacy Practices

We will post a copy of our current Notice in our facilities and on our website, [www.medstarhealth.org](http://www.medstarhealth.org). A copy of our current Notice will be available at our registration areas or upon request. To request a copy of our current Notice of Privacy Practices, please call 877-277-4822 (toll free).

#### Right To See and Copy Your Health Record

You have the right to look at and receive a copy of your health record or your billing record. To do so, please contact the facility where you received treatment, or the Privacy Office listed below. You may be required to make your request in writing. If you would like a copy of your health record, a fee may be charged for the cost of copying or mailing your record, as permitted by law.

In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

#### Right To Update Your Health Record

If you believe that a piece of important information is missing from your health record, you have the right to request that we add an amendment to your record. Your request must be in writing, and it must contain the reason for your request. To submit your request, please contact the facility where you received treatment, or the Privacy Office listed below.

We may deny your request to amend your record if the information being amended was not created by us, if we believe that the information is already accurate and complete, or if the information is not contained in records that you would be permitted by law to see and copy. Even if we accept your amendment, we will not delete any information already in your records.

#### Right To Get a List of the Disclosures We Have Made

You have the right to request a list of the disclosures that we have made of your health information. The list will not contain disclosures we have made for the purposes of treatment, payment and health care operations. It will not contain disclosures that were authorized by you, and certain other disclosures excluded by law. The list will not contain disclosures that were made before April 14, 2003.

Your request must be in writing. To request a list of disclosures, please contact the facility where you received treatment, or the Privacy Office listed below. The first list you request in a 12-month period is free. For additional lists, we may charge a fee, as permitted by law.

#### Right To Request a Restriction On Certain Uses or Disclosures

You have the right to request that we limit how we use and disclose your health information. We will consider your request, but we are not legally required to accept it. If we do accept it, we will comply with your request, except if you need emergency treatment.

Your request must be in writing. To submit a request, please contact the facility where you received treatment, or the Privacy Office listed below.

#### Right To Choose How You Receive Your Health Information

You have the right to request that we communicate with you in a certain way, such as by mail or fax, or at a certain location, such as a home address or post office box. We will try to honor your request if we reasonably can. Your request must be in writing, and it must specify how or where you wish to be contacted. To submit a request, please contact the facility where you received treatment, or the Privacy Office listed below.

### CONTACT PERSON

If you believe your privacy rights have been violated, you may file a complaint in writing with the contact person listed below. We will take no retaliatory action against you if you file a complaint about our privacy practices. If you would like to file a complaint with us or with the Secretary of the Department of Health and Human Services, please contact our Privacy Office listed below.

If you have questions about this Notice, or would like to exercise your Privacy Rights, please contact the facility where you received treatment, or contact our Privacy Office:

Privacy Officer  
MedStar Health, Inc.  
5555 Sierrett Place  
Columbia, MD 21044  
1-877-277-4822 (toll free)  
PrivacyOfficer@MedStar.net

### CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to change this Notice. We reserve the right to make the revised notice effective for medical information we already have about you as well as any information we receive in the future.

Effective Date: April 14, 2003



**MedStar Health**  
Protecting Patient Privacy

### NOTICE OF PRIVACY PRACTICES

#### Our Obligation To You

We value the privacy of your medical information as an important part of our "patient first" pledge. We are committed to protecting the privacy of your health information. We strive to use only the minimum amount of your health information necessary for the purposes described in this Notice.

We collect information from you and use it to provide you with quality care, and to comply with certain legal requirements. We are required by law to maintain the privacy of your health information, and to give you this Notice of our legal duties, our privacy practices, and your rights. We are required to follow the terms of our most current Notice. When we disclose information to other persons and companies to perform services for us, we will require them to protect your privacy. There are other laws we will follow that provide additional protections, such as laws related to mental health, alcohol and other substance abuse, and HIV/AIDS.

This Notice covers the following sites and people: all health care professionals authorized to enter information into your chart, all volunteers authorized to help you while you are here, all our employees and on-site contractors, all departments and units within the hospital, all health care students, all health care delivery facilities and providers within the MedStar Health system, and your personal doctor and others while they are providing care at this site. Your doctor may have different policies or notices about the health information that was created in his or her private office or clinic.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

**Treatment:** We may use and disclose your health information to provide treatment or services, to coordinate or manage your health care, or for medical consultations or referrals. We may disclose your health information to doctors, nurses, technicians, medical students and other personnel who are involved in taking care of you. We may share information about you to coordinate the different services you need, such as prescriptions, lab work and x-rays. We may disclose information about you to people outside our facility who may be involved in your care after you leave, such as family members, home health agencies, therapists, nursing homes, clergy, and others. We may give information to your health plan or another provider to arrange a referral or consultation.

**Payment:** We may use and disclose your health information so that we can receive payment for the treatment and services that were provided. We may share this information with your insurance company or a third party used to process billing information. We may contact your insurance company to verify what benefits you are eligible for, to obtain prior authorization, and to tell them about your treatment to make sure that they will pay for your care. We may disclose information to third parties who may be responsible for payment, such as family members, or to bill you. We may disclose information to third parties that help us process payments, such as billing companies, claims processing companies, and collection companies.

**Healthcare Operations:** We may use and disclose your health information as necessary to operate our facility and make sure that all of our patients receive quality care. We may use health information to evaluate the quality of services that you received, or the performance of our staff in caring for you. We may use health information to improve our performance or to find better ways to provide care. We may use health information to grant medical staff privileges or to evaluate the competence of our health care professionals. We may use your health information to decide what additional services we should offer and whether new treatments are effective. We may disclose information to students and professionals for review and learning purposes. We may combine our health information with information from other health care facilities to compare how we are doing and see where we can make improvements. We may use health information for business planning, or disclose it to attorneys, accountants, consultants and others in order to make sure we are complying with the law. We may remove health information that identifies you so that others may use the de-identified information to study health care and health care delivery without learning who you are.

**Appointment Reminders and Service Information:** We may use or disclose your health information to contact you to provide appointment reminders, or to let you know about treatment alternatives to other health related services or benefits that may be of interest to you.

**Patient Directories:** We may keep your name, location in the facility, and your general condition in a directory to give to anyone who asks for you by name. We may give this information and your religious affiliation to clergy, even if they do not know your name. You may ask us to keep your information out of the directory, but you should know that if you do, visitors and florists will not be able to find your room.

**Individuals Involved in Your Care:** We may give your health information to people involved in your care, such as family members or friends, unless you ask us not to. We may give your information to someone who helps pay for your care. We may disclose information to disaster relief organizations, such as the Red Cross, so they can contact your family.

**Fundraising Activities:** We depend extensively on private fundraising to support our health care missions. We may use your contact information and the dates of your care, but not your treatment information, so that we may provide you with an opportunity to make a donation to our fund raising programs. If we do contact you for fundraising purposes, you will be told how you may ask us not to contact you in the future.

**Research:** We may disclose your health information for medical research that has been approved by one of our official research review boards, which has evaluated the research proposal and established standards to protect the privacy of your health information. We may disclose your health information to a researcher preparing to conduct a research project.

**Organ and Tissue Donations:** We may use or disclose your health information in connection with organ donations, eye or tissue transplants or organ donation banks, as necessary to facilitate these activities.

**Public Health Activities:** We may disclose your health information to public health or legal authorities whose official activities include preventing or controlling disease, injury, or disability. For example, we must report certain information about births, deaths, and various diseases to government agencies. We may disclose health information to coroners, medical examiners, and funeral directors as allowed by the law to carry out their duties. We may use or disclose health information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using. We may use or disclose health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

**Serious Threat to Health and Safety:** We may disclose your health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. We will only disclose health information to someone reasonably able to help prevent or lessen the threat, such as law enforcement or government officials.

**Required by Law, Legal Proceedings, Health Oversight Activities, and Law Enforcement:** We will disclose your health information when we are required to do so by federal, state and other law. For example, we are required to report victims of abuse, neglect or domestic violence, as well as patients with gunshot and other wounds. We will disclose your health information when ordered in a legal or administrative proceeding, such as a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose health information to a law enforcement official to identify or locate suspects, fugitives, witnesses, victims of crime, or missing persons. We may disclose health information to a law enforcement official about a death we believe may be the result of criminal conduct, or about criminal conduct that may have occurred at our facility. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.

**Specialized Government Functions:** If you are in the military or a veteran, we will disclose your health information as required by command authorities. We may disclose health information to authorized federal officials for national security purposes, such as protecting the President of the United States or the conduct of authorized intelligence operations. We may disclose health information to make medical suitability determinations for Foreign Service.

**Correctional Facilities:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. We may release your health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.

**Workers Compensation:** We may disclose your health information as required by applicable workers compensation and similar laws.

**Your Written Authorization:** Other uses and disclosures of your health information not covered by this Notice, or the laws that govern us, will be made only with your written authorization. You may revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization. We are unable to take back any disclosures that we already made with your authorization, and we are required to retain the records of the care that we provided to you.

**Footnote:** MedStar Health, Inc., as the parent company, is located in Columbia, Maryland. In addition, the system is made up of a number of wholly owned subsidiaries, including Franklin Square Hospital, Georgetown University Hospital, Good Samaritan Hospital, Harbor Hospital, MedStar Physician Partners, MedStar Research Institute, National Rehabilitation Hospital, Union Memorial Hospital, VNA, Washington Hospital Center, and MedStar Health Diversified businesses. While these businesses operate independently of one another and as separate employees, they also work toward common missions and values, with the ultimate goal to be the health care provider of choice in the Baltimore-Washington region. In working to achieve this goal, it is the responsibility of each subsidiary to enforce its privacy policies and to take appropriate disciplinary or other actions for employee violations. Please note that for purposes of this Notice of Privacy Practices, the MedStar Health parent company and all of its subsidiaries will be referred to collectively as "MedStar Health." For privacy purposes only, MedStar Health is organized as an Affiliated Covered Entity, as described in 45 CFR § 164.504(k)(1), legally separate entities that are affiliated may designate themselves as a single covered entity.

**EXCEPTIONS**


No exceptions to this policy

**RELATED POLICIES**


Narcotics Agreement Policy

**RIGHT TO CHANGE OR TERMINATE POLICY**

The MedStar Medical Group President has the final sign off authority on all policies. Changes in policy must be reviewed and approved by the leadership of the disciplines affected as well as any applicable committees that are responsible for oversight of the clinical practice prior to final sign off by the MMG President and the Chief Privacy Officer.

Reference:	Centers for Medicare & Medicaid Services (2012). Regulations & Guidance: Patient Bill of Rights. Retrieved from <a href="http://www.cms.gov/ccio/resources/Regulations-and-Guidance/index.html#Patient's%20Bill%20of%20Rights">http://www.cms.gov/ccio/resources/Regulations-and-Guidance/index.html#Patient's Bill of Rights</a> Maryland Health Care Commission (2012), Patient Bill of Rights. Retrieved from <a href="http://mhcc.maryland.gov/consumerinfo/hospitalguide/patients/consumer_help/bill_of_rights.htm">http://mhcc.maryland.gov/consumerinfo/hospitalguide/patients/consumer_help/bill_of_rights.htm</a> Supreme Court of the United States (2011), Patient Protection and Affordable Care Act. Retrieved from <a href="http://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf">http://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf</a>
Approved By:	

Original date 2.12.12

	Dr. Edward Miller, President
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