

Original Effective Date:	<u>July 1994</u>	Position Accountable:	<u>Chief Executive Officer</u>
Latest Review Date:	January 2010	Approved By:	<u>William R. Gibson, CEO</u>
LATEST REVISION DATE:	<u>January 2010</u>	<i>(Original signed policy on file in LRC Administration)</i>	

## **PATIENT RIGHTS AND RESPONSIBILITIES**

### PURPOSE:

The purpose of this policy is to ensure the protection of the rights of Lincoln Regional Center (LRC) patients.

### PRESENTATION OF RIGHTS:

- A. Each patient shall be provided a copy of the *Statement of Patient Rights and Responsibilities* and *Notice of Information Privacy Practices* upon admission.
- B. Each patient shall have this *Statement of Patient Rights and Responsibilities* and *Notice of Information Privacy Practices* explained in a language the patient understands. *A list of Limited English Proficient (LEP) staff interpreters and staff who are proficient in sign language is kept by Administrative Assistant to the Chief Executive Officer, in accordance with Policy RI-37 Limited English Proficiency (LEP) Language Assistance, Speech, Language and Hearing Services.*
- C. In all cases, receipt of the *Statement of Patient Rights and Responsibilities* and *Notice of Information Privacy Practices* shall be documented in the patient record.
- D. The *Statement of Patient Rights and Responsibilities* and *Notice of Information Privacy Practices* shall also be posted in each patient care area.

### HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA) PRIVACY RULE INDIVIDUAL RIGHTS

The LRC follows all Health Portability and Accountability Act (HIPAA) Privacy Rules of the Nebraska Department of Health and Human Services.

### IMPARTIAL ACCESS

Each patient shall have impartial access to treatment regardless of race, religion, disability, national origin, age, gender, personal values/beliefs, or sexual orientation.

### PERSONAL DIGNITY

- A. Each patient's personal dignity is recognized and shall be respected in the provision of all care and treatment.
- B. Each patient may have items that are needed for personal care, recreation or other personal needs, per team approval.

## LEGAL COMPETENCE

- A. LRC assumes that all LRC patients are legally competent unless determined to be incompetent by court of proper jurisdiction.
- B. The LRC shall maintain documentation of any court-authorized restriction of the rights of a patient. Such documentation shall be kept in the medical record.

## RESTRICTION OF RIGHTS

- A. Only physician members or A.P.R.N. members of the Medical Staff may restrict the rights of patients. All restrictions must be in the form of a written physician's order, the restraint and seclusion form, or any other appropriate LRC restriction of rights form. The physician's order sheet or appropriate restriction of rights form shall state the events leading to the need for the restriction, the purposes for which the restriction is employed, the time frame for the restriction, the time at which the restriction will be reviewed, and the conditions for the removal of the restriction.
- B. The use of restraint and/or seclusion shall be in accordance with Policy PC-02 (LRC) – *Restraint and Seclusion*.

## PRIVACY AND COMMUNICATION

- A. Patients shall communicate in person, by mail, or by telephone in an uncensored manner to persons of their choice unless such communication is contraindicated by the patient's mental condition, treatment needs, or prohibited by applicable law.
- B. The patient's family/ significant other, regardless of their age, shall be allowed to visit the patient. Suitable areas shall be provided for patients to visit in private.
- C. A patient's communication in person with visitors can be restricted by the patient's treatment team if there is evidence contraband.
- D. The LRC shall supply each patient, not otherwise supplied, with suitable writing materials and postage, at the state's expense, sufficient for writing up to five one-ounce, first class domestic letters per week.
- E. A patient's communication by mail or telephone can be restricted by the patient's treatment team if there is evidence of written or verbal threats to others. Such documentation must include: the nature of and reasons for the restriction; the duration of the restriction; and the time frame within which the restriction is reviewed for modification. Any restrictions will be documented in the treatment plan. There are telephones available in each patient living area. The hospital is not obligated to pay the cost of telephone calls.

## VOTING

- A. In accordance with the Voter Law, at the time of admission, the Admissions Coordinator shall ask the patient if he/she is currently registered to vote or would like to register to vote during his/her hospitalization. Voter registration forms may be sent to the patient's social worker when requested to register to vote at any time. Social workers have the responsibility for assisting patients in completing the form. The completed form is then forwarded back to the Admission Coordinator to mail to the appropriate election commissioner or county clerk.

- B. Responsibility for assisting patients in exercising their right to vote is vested in the Social Work Services Department, although program physicians, head nurses, or administrative assistants may help. Dates for election events and procedures are announced and posted in all adult units. In addition, Social Work Services staff assigned to each program and Nebraska Advocacy Services may assist patient in filling out requests for absentee ballots just prior to election. Where ballots must be administered individually, a schedule shall be established which permits completion by the deadline for counting votes.

PATIENT LABOR - Refer to Policy PC-37 (LRC) – *Patient Employee Program*.

RELIGIOUS WORSHIP

- A. The hospital shall afford patients the opportunity for religious worship. Pastoral Care Services are provided in each program. The Chaplain coordinates religious activities in accordance with Policy RI-13 (LRC) – *Pastoral Care Services*.
  - 1. Participation in worship and/or religious activities is voluntary.
  - 2. A patient's right to attend group religious worship may be restricted by the patient's treatment team when he/she poses a threat to the physical safety of himself/herself or others; when the patient's behavior disrupts the order of the worship; or when such attendance is contraindicated by the treatment/habilitation needs or considerations.
  - 3. The hospital must document in the patient record any restriction of religious worship opportunities. Such documentation must include the nature of and reason(s) for restriction; the signature(s) of the person(s) authorizing the restriction; the duration of the restriction; and the time frame within which the restriction is reviewed for modification.

PATIENT FUNDS

Patient funds and property shall be managed in accordance with Policy RI-23 (LRC) – *Patient Property*.

PATIENT RESPONSIBILITIES

The hospital informs the patient about his or her responsibilities, which are outlined in a document provided to patients upon admission and posted in their living areas.

Patient responsibilities include:

- 1. Patients are expected to follow hospital rules and regulations, and for accepting consequences..
- 2. Patients are expected to respect and show consideration for the rights of other patients and staff and hospital property.
- 3. Patients are expected to give accurate and complete medical and psychiatric information. They are expected to tell staff about changes in their condition.
- 4. Patients are responsible for any valuables they choose to keep with them. This may include money, jewelry, and clothing. They must sign a document saying the hospital is not responsible for their valuables. If they wish, the hospital will store items for safekeeping.
- 5. Patients are responsible for paying any charges for hospital services and meeting financial commitments.
- 6. Patients are expected to ask questions and acknowledge when they do not understand the treatment course or care decision.

## REFUSAL OF TREATMENT

The hospital shall provide for mental and physical health treatment of each patient in accordance with an individual treatment plan. However, when a patient refuses treatment, the hospital shall adhere to conditions of these policies.

### 1. Involuntary Emergency Treatment:

The hospital shall use practices that are generally accepted in providing for the physical and mental health care needs of patients during emergencies. In emergencies, the hospital may administer medication, restraints, and/or seclusion to any patients without their consent. For purpose of this policy, EMERGENCY means the exhibition of any behavior by the patient that, if not prevented, causes or has the potential of causing harm to the patient's life, health, or safety; or the life, health, or safety of others.

### 2. Non-Emergency Treatment:

The hospital shall use practices that are generally accepted in providing for the physical and mental health care of patients during non-emergencies:

a. The hospital may administer psychoactive medication that is essential, in the judgment of the medical health professional in charge of such treatment, to a patient without the consent of the patient, to prevent him/her from causing self-injury or inflicting injury upon others, or to improve his/her condition as indicated, provided:

- (1) permission is obtained from the committing court for court-committed patients;
- (2) permission is obtained from the committing Mental Health Board for Mental Health Board-committed patients; and/or
- (3) permission is obtained from parent(s) or guardian for voluntarily admitted patients.

## NON-RETALIATION

The facility will not tolerate retaliation on the part of any employee against **any** patient.

See also:

**Policy IM-01 (LRC) – Medication Record Content**  
**Policy MM-10 (LRC) – Adverse Drug Reaction Reporting**  
**Policy PC-02 (LRC) – Seclusion and Restraint**  
**Policy PC-37 (LRC) – Patient Employee Program**  
**Policy PC-59 (LRC) – Active Treatment**  
**Policy PC-60 (LRC) – Emergency Treatment of Patients**  
**Policy PE-06 (LRC) – Pain Management**  
**Policy RI-04 (LRC) – Ethics Committee**  
**Policy RI-11 (LRC) – Abuse and Neglect**  
**Policy RI-12 (LRC) – Patient Grievances**  
**Policy RI-13 (LRC) – Pastoral Care Services**  
**Policy RI-24 (LRC) – Patient Property**  
**Policy RI-37 (LRC) – Limited English Proficiency (LEP) Language Assistance, Speech, Language and Hearing Services**  
**Nursing Services Policy – Pain Management**

**HHSS HIPAA Policies**

**PP-4111g-1 – Refrain from Intimidating or Retaliatory Acts**  
**PP-4113-2 – Designated Record Set Policy**  
**PP-41109-1 – Notice of Privacy Practices Policy**  
**PP-41113-1 – Right to an Accounting of Disclosures**  
**PP-41110-1 – Right to Request Privacy Protection**  
**PP-41114d-3 – Complaints Governance Policy**  
**PP-41111-1 – Right to Access Protected Health Information**  
**PP-41112-1 – Right to Amend Protected Health Information**  
**– Limited English Proficiency (LEP) Language Assistance as per Presidential Executive Order 13166**