

Denver Indian Health and Family Services

POLICY

Subject: Patient Rights and Responsibilities		
AAAHC Standard: 1B	Policy Number: 1001	Associated Procedures: 1001.1, 1001.2, 1001.3, 1001.4
Effective Date: 10/16/2012	Revised Date: 8/3/2022	Approved Date:
Supersedes: Professionalism in Serving Patients Identification of all Patient Care Providers		
Distribution: All staff		Owner: Practice Manager
Responsible Committee: Operations and Governance		

PURPOSE:

To ensure that the rights of patients are respected and protected and to establish the responsibilities that patients agree to take on when at DIHFS to provide the highest quality health care environment.

POLICY:

Patients are notified of their Rights & Responsibilities during initial patient intake and are given copies of a Patient Registration Form. Patients may request a full copy of this procedure for more information.

Patient Rights:

- I. The patient has the right to the following services when they request care, and these services will be provided to the extent the facility and its resources can provide them.
 - A. These include:
 1. Assessment - Diagnosis of the patient's general health condition including assessing for pain.
 2. Treatments - Procedures to prevent, control, or treat the illness and ease/relieve the pain, when possible.
 3. Education – So patient fully understands the treatment and the health condition.
 4. Referral - Providing specialty care, physician evaluation, or other appropriate services as required and when unavailable at this facility.
 5. Safety - the patient has a right to expect reasonable safety regarding health care practice and environment.
 - B. All patients have the right to considerate and respectful health care. This requires providers to develop sensitivity to Native American cultures, traditions, and the cultural variables that influence the perception of illness (religious beliefs, native healing practice, traditional medicine, etc.) The patient and their representative have the right to know the names of the provider responsible for their care and the right to know the names of all personnel involved in their care.
 - C. Patients will receive health care services in English unless the need for translation services is identified¹.

¹ AAAHC v41 1.A

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- D. The patient has the right to be interviewed, examined, and treated in surroundings providing appropriate visual and auditory privacy.
 - E. The patient has the right to accommodation in the presence of physical or mental handicap.
 - F. The patient has the right to protective privacy when requested, considered necessary or when in question.
 - G. The patient has the right to refuse to speak with or see personnel not officially connected with DIHFS, or not involved in their care (Civil Authorities are the exception).
 - H. In the event DIHFS cannot provide appropriate medical care, patients being transferred to an appropriate medical facility have the following rights:
 - 1. The patient or their appropriate representative must give their permission to be transferred.
 - 2. The patient has the right to know the alternative to such a transfer before they have given their permission.
 - 3. The facility to which the patient is transferred must accept the patient before they are transferred.
 - 4. The patient has the right to know how and to what extent his/her local health facility is related to other non-local health facilities (Private, State, County, other Federal or University Hospitals).
 - I. Patients have the right to change primary or specialty providers or dentists if other qualified providers or dentists are available.²
- II. The Rights to Information and Knowledge³: The patient has the following rights concerning treatment or procedures before giving consent:
- A. The patient has the right to expect reasonable continuity of care, when possible, such as:
 - 1. To know in advance what appointment times are available to them.
 - 2. To know what providers are available to them.
 - 3. To know where the services can be obtained.
 - 4. To know that an appropriate person from their health facility will keep them informed as to other care or resources they need.
 - B. The patient has the right to know if their condition or illness has no known generally accepted cures or treatment. The patient has the right to know that the following choices are available to them and their provider:
 - 1. Make the patient as comfortable as possible, let the disease run its course and ease/relieve any pain as much as possible.
 - 2. Refer the patient to a facility with a treatment research program.
 - C. The patient has the right to know of the health center or any institution plans to use new and experimental (unproven) methods of treatment that will affect their care or treatment.
 - D. The patient has the right to expect that their provider, or other appropriate person(s) designated will attempt to secure up-to-date reports of their care and progress while they are receiving care in a referral or contract health care facility.

² AAAHC v41 1.B

³ AAAHC v41 1.A

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- E. The patient has the right to refuse to take part in research projects.⁴
 - F. The patient has the right to know how their bodily tissues are disposed of as dictated by cultural beliefs and practices.
 - G. The patient has the right to have access to their medical record and to have their medical record access limited to:
 - 1. individuals directly involved in their care
 - 2. individuals monitoring the quality of the patient's care
 - 3. individuals authorized by law or regulation (those covered under a patient's written consent or those legally authorized or designated representative)
 - H. The patient has the right to get information concerning their health care from their physician or other primary care provider. The physician or other primary care provider must give the patient all the information needed to reach a decision on whether to agree to the treatment or procedure. The information provided typically includes:
 - a. An explanation of the procedure and/or treatment involved
 - b. The risk and benefits involved in the procedure or treatment the patient may incur
 - c. How long the patient may have to be incapacitated (out of work or restricted from normal activities due to the procedure or treatment)
 - I. The patient has the right to know what options, if any, are available and recommended by the physician.
 - J. The patient has the right to know the risks involved in the other choices.
 - K. In life threatening situations, the physician is not held responsible for giving detailed information. After the situation has resolved, the patient or appropriate representative has the right to full knowledge about the diagnosis and prognosis.
 - L. The patient has the right to formulate advance directives⁵ and to appoint a surrogate to make health care decisions on their behalf to the extent permitted by Colorado law. The provision of care is not a condition of the existence of advance directives. (See Advance Directives Policy) Assistance to develop such directives will be provided at the request of the patient. The designated representative of a patient has the right to participate in the consideration of ethical issues that arise in the care of that patient. Patient Notification of these rights is provided via pamphlet and distributed by the Patient Registration Desk during processing.
- III. Complaint/Grievance Rights:
The patient has the right to take complaints and/or ethical issues regarding health services to any member of DIHFS personnel, who will follow the procedure for Patient Grievances and Complaints⁶. Patients have the right to information regarding DIHFS's rules and regulations. Patients are entitled to understand the facility's mechanism for initiation, review, and resolution of patient complaints.
- IV. The Right to Refuse Treatment

⁴ AAAHC v41 19C

⁵ AAAHC v41 1.B, UIO Patient Rights req. 11

⁶ AAAHC v41 1.B, 5(II)B

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- A. The patient has the right to refuse treatment to the extent permitted by law and must be informed of the risks they are taking by doing so. If the patient elects to refuse treatment, they must acknowledge the risks with corresponding documentation on the EMR. Refusal of treatment does not prejudice the individual concerning future treatment.⁷
 - B. The parents of a minor have the right to refuse diagnostic or therapeutic procedures for their child. In extreme cases, when the health and wellbeing of the child is threatened by refusal of care, the provider may refer the case to Child Protective Services.
 - C. When refusal of treatment by the patient or their legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice.
- V. The Right to Privacy and Confidentiality
- A. The patient has the right to privacy and dignity concerning their own illness and the medical management of that illness. Case discussion, examination and treatment shall be conducted in confidence. The patient has a right to an attendant during a physical examination, treatment, or procedure by a health professional of the same or opposite sex.
 - B. All students and allied health personnel trainees will always be introduced to the patient by title. In addition, DIHFS nametags will be prominently displayed. The patient has the right to refuse permission to have a student or trainee present if they are not directly involved with the patient's care.
 - C. The patient has the right to expect that all records and all other information about their care be kept fully confidential.
- VI. Identification of all Providers
- A. To assure the patient and/or family is fully aware of the identity of the individual (i.e., Doctor, Practitioner, Nurse, Medical Assistant, etc.) responsible for providing them direct health-related care, all staff members providing direct patient care in the health care setting must wear a legible name tag that provides the practitioner's name and title (MD, DO, FNP, etc.).
 - B. The staff member shall always introduce themselves to the patient and/or family.⁸
- VII. Respect and Dignity
- A. The patient has the right to considerate, respectful care at all times and under all circumstances, with recognition of their dignity.
 - B. All employees are required to be sensitive to the cultural and spiritual beliefs of the patient.
 - C. DIHFS will attempt to assist the patient to obtain resources for native healing ceremonies which would contribute to the well-being of the patient.
 - D. The patient has the right to wear appropriate personal clothing and symbolic items as long as they do not interfere with diagnostic procedures or treatment.

⁷ AAAHC 1.A.4

⁸ AAAHC 1.D

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VIII. Special Needs of the Terminally Ill

- A. All employees are expected to respect the patient's beliefs relating to the dying.
- B. The patient has the right to expect treatment and supportive therapy during the process, to request second opinions, and relief from pain and other treatable discomforts when ill or terminally ill. The patient also has the right to decline treatment or any aspect of care, after being fully informed of options and outcomes.
- C. All employees must be sensitive to the psychological, social, spiritual, and emotional needs of both the dying patient and the family of the patient.
- D. In the case of a dying patient, the patient has the right:
 - 1. To have their pain managed effectively, and, or referred to a facility that specializes in pain management.
 - 2. To have psychosocial and spiritual support for the patient and family regarding dying.

IX. Professionalism in serving patients

- A. Staff should always protect patient privacy by assuring that patient information is not shared or discussed in such a manner that other patients hear the information. Patient information should also be protected from being viewed by anyone other than those staff involved in treating the patient.
- B. Staff will not argue with or chastise patients. Problems with difficult patients should be handled according to 1001.3 Inappropriate Patient and Guest Behavior procedure.

X. Pediatric Rights and Staff Responsibility

The rights of neonatal, pediatric, and adolescent patients are respected and outlined herein. These rights and responsibilities of neonates and pediatric patients will be given to the parent or legal guardian. In the case of adolescents, as with all patients, we adhere to Colorado state law regarding Jurisprudence. Children and adolescents, with their parents/guardians, have the right to:

- A. Respect as a unique individual.
- B. Respect for the caretaker's role and individuality of the parent.
- C. Be provided with education to support normal physical and physiological needs of a growing child to include nutrition, rest, sleep, warmth, activity and freedom to move and explore.
- D. Assessment for pain and provide treatment or procedure to prevent, control, ease, or relieve pain, when possible.
- E. Respect consistent, supportive, and nurturing care that:
 - 1. Meets the emotional and psychosocial needs of the child.
 - 2. Fosters open communication.
 - 3. Encourages human relationships.
- F. Provide/assist the child with self-esteem needs by:
 - 1. The reassuring presence of a caring person, especially a parent and/or chaperone.
 - 2. Giving freedom to express feelings of fear with appropriate reactions.
 - 3. Giving as much control as possible over self and the situation.

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4. Giving and assisting with opportunities to work through experiences before and after they occur, verbally, in play, or other appropriate ways.
5. Recognition and reward for coping well during difficult situations.
- G. Provide varied and normal stimuli of life that contributes to cognitive, social, emotional and physical development needs.
- H. Information on what to expect prior to, during and following a procedure or treatment experience and support in coping with it.
- I. Participation of children/families in decisions affecting their own medical treatment.
- J. Minimization of the duration of clinic visit by providing home-going instructions and sending referrals to appropriate agencies for further assistance.

Patient Responsibilities:

- I. Patient Responsibilities: The patient has a responsibility to provide, to the best of their knowledge (through an interpreter or a personal representative if needed), the following:
 - A. Arrive on time for scheduled appointments or make every effort to cancel their appointment with at least 4 hours' notice.
 - B. Arrive in an appropriate condition to clearly communicate health care concerns and participate in their plan of care.
 - C. Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications (native, herbal and prescribed) and other matters relating to their health.
 - D. In the event the patient does not understand, other alternatives or resources will be sought for them.
 - E. Patients are responsible for their health care by following treatment recommendations and the instructions given. This includes instructions by nurses, physicians, and other health care providers as they carry out the coordinated care plan, doctor's orders and enforcement of facility rules and regulations applicable to patient care.
 - F. Patients are responsible for their actions if they refuse treatment or does not follow treatment instructions.
 - G. Consideration of the rights of other patients and DIHFS.
 - H. Not being abusive or a threat to DIHFS staff. It is a Federal Offense to strike or assault a Health Care employee.
 - I. Not to abuse DIHFS property.
- II. Financial Responsibilities
 - A. Any patient who is a Beneficiary as determined by Indian Health Service & DIHFS policy has the right to receive health care in this facility free of charge or at a nominal fee.
 - B. If patient has Medicare, Medicaid, or a private health insurance, whether a Beneficiary or not, DIHFS will bill that insurance. The patient has the responsibility to bring the insurance card(s) to the appointment so DIHFS can add/update the insurance information on the patient's record. This is expected every time the

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patient is seen at the clinic. If there is a deductible, copay, or co-insurance balance, the Beneficiary will not be charged. Other patients will be expected to pay.

- C. If patient is uninsured, DIHFS offers enrollment services for Medicaid and the Health Insurance Marketplace. The patient may be contacted by an enrollment specialist with DIHFS before their appointment to inquire if patient wants to enroll in Medicaid or insurance. The patient has the responsibility to provide all the necessary documents as listed on the www.dihfs.org website.
- D. If patient is self-pay and not a Beneficiary, DIHFS offers a sliding fee scale, based on the patient's household income compared to the Federal Poverty Level. The patient will receive services at a discounted price. Patient has the responsibility to bring proof of income before receiving said discounted price.

III. Family Responsibilities:

- A. Parents/Family shall have the responsibility for continuing their parenting role to the extent of their ability and being available to participate in decision-making and providing staff with knowledge of parents/family whereabouts. The family consists of the individuals responsible for the physical and emotional care of the child on a continuous basis, regardless of whether they are related.
- B. In the case of minors (neonate, pediatric, adolescent), geriatric and patients whose condition is such that they would not understand, the information should be given to an appropriate member of the patient's family, parents, or legal guardian.

Applicable personnel for this policy include:

Practice Type of Personnel:

- Clinical Only Non -Clinical Only Both

Organizational Type of Personnel:

- DIHFS Employees
 Contract Staff
 Students
 Volunteers
 Other: _____

Appendices:

New Patient Registration Form
Advance Directives Policy
Patient Grievance and Complaint Procedure
1001.2
1001.3 Inappropriate Patient and Guest Behavior procedure
1001.4

Signature: _____

Date: _____