



## Patients' Rights & Responsibilities

*Patients Are Our Partners in Care*

### Patients' Rights

**Access to Care, Treatment, Services and Communication** – Patients are admitted to WakeMed facilities without regard to age, race, religion, sex, sexual orientation, ethnicity, culture, language, physical or mental disability, socioeconomic status, gender identity or expression. Patients have the right to receive information in a manner they understand and can expect assistance with communication when barriers (i.e. physical or language) exist. WakeMed makes every effort to provide information in a manner tailored to the patient's age, language, and ability to understand. Language interpretation, assistive communication technology, and support personnel may be provided to address communication barriers. Patients have the right to access protective services (i.e., guardianship, advocacy service, child or adult protective services) with support from the hospital. The hospital shall not impose restrictions on visitors, mail, telephone calls, or other forms of communication except for therapeutic reasons that are fully discussed with the patient or his/her authorized representative. The patient has the right to have a family member or representative of his/her choice and his/her own physician notified promptly of his/her admission to the hospital.

**Respect and Dignity** – All patients have the right to care that is respectful and considerate of personal values and beliefs, paying attention to psychosocial, spiritual, and cultural needs as they relate to individualized patient care. Patients or their

support person may request a change in care team members, which WakeMed will honor when feasible. Patients may decline any service that makes them uncomfortable, although refusing certain care may negatively affect their medical treatment or recovery. Patients have the right to refuse to be observed or cared for by any person or group other than those directly responsible for their care. Patients have the right to expect treatments and procedures to be explained to them using the language or method of communication they best understand. Patients have a right to religious and spiritual services. Patients have the right to be free of restraints of any form that are not medically or behaviorally necessary.

**Language Assistance Services** – Appropriate interpreters, translators and materials will be provided to patients who are deaf, blind or have limited English proficiency.

**Visitation** – Patients have the right to receive visitors. Patients may designate their visitors by deciding who may and who may not visit with them. WakeMed does not deny visitation based on a patient's or visitor's sexual orientation, race, color, national origin, religion, sex, gender identity or disability. WakeMed allows a family member, friend, or other individual as designated by the patient to be present with the patient for emotional support during the course of stay. The support individual is of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The support person may or may not be the patient's surrogate decision-maker or legally authorized representative.

*(continued)*

Any restrictions to visitation are clearly communicated to the patient. WakeMed complies with North Carolina's No Patient Left Alone Act, which patients can find at <https://www.ncleg.gov/EnactedLegislation/SessionLaws/PDF/2021-2022/SL2021-171.pdf>.

Patients who believe that a violation of the NPLAA has occurred, may call 919-350-8000 and ask for the Clinical Administrator, the North Carolina Department of Health & Human Services, 1-800-662-7030, or the Centers for Medicare & Medicaid Services, Region 4, at 404-562-7888.

### **Information and Participation in Decision Making**

– Patients are encouraged to become involved in all aspects of their care. They have the right to know the name of the person responsible for the delivery of their care and to be informed of their diagnoses and courses of treatment. Patients have the right to ask their doctors, nurses, or other health care professionals for clarification. Patients have the right to refuse any prescribed course of treatment, including life-prolonging measures, after they have been informed of the possible consequences of such refusal, and refusals will not affect access to care. When a patient is not legally competent, the patient has a right to a surrogate decision maker who has the right to refuse care, treatment and services on the patient's behalf. Patients and their representatives are educated about their role in helping to facilitate the safe delivery of care. Patients and, when appropriate, their representatives are informed about the outcomes of care, including unanticipated outcomes. Patients have the right to access information in their medical record within a reasonable time frame. Patients are informed of their financial obligations.

**Informed Consent** – Patients who are legally responsible adults, parent/guardian of a minor or emancipated minors have a right to have proposed treatments or procedures explained to them in a manner they can understand. Only after they give their voluntary consent will the procedure or treatment for routine, non-emergent care be

provided. Consent will be obtained from a health care agent, spouse, parent, surrogate decision maker or other legal representative if the patient is not capable of making informed consent decisions. Patients asked to participate in research projects are given information on expected benefits, risks, alternatives, the procedure itself, and the right to refuse to participate without compromising their access to services. Informed consent is obtained for all purposes except identification, diagnosis, or treatment of the patient.

### **Conflict Resolution and Ethical Decision Making**

– Patients have the right to voice complaints about their care and to have the complaint reviewed and, when possible, resolved. Patients have a right to expect assistance in resolution of issues regarding their care and treatment. Patients having a conflict or complaint should express their concern to the staff delivering care or the department manager. Calls to the WakeMed Health & Hospitals Concern Line, 919-350-8212, are also welcome. Patients with concerns about bills should call 919-350-8359. Patients can expect a written response from the hospital within twenty (20) business days following the failure to resolve a complaint. Patients also have the right to lodge a complaint with the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Complaint Intake Unit at 1-800-624-3004. The address for patients wishing to send a written complaint to the Division of Health Service Regulation is:

North Carolina DHHS  
Division of Health Service Regulation  
Complaint Intake Unit  
2711 Mail Service Center  
Raleigh, NC 27699-2711.

Patients may also contact The Joint Commission at 1-800-994-6610 or [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

In addition, Medicare beneficiaries having grievances related to quality of care, coverage decisions or premature discharge have the right to request review by calling the North Carolina Appeals Hotline 1-866-885-4902.

*(continued)*

**Security, Privacy and Confidentiality** – Patients have the right to expect to be cared for in a secure environment free from all forms of abuse (mental, physical, sexual, verbal, neglect and exploitation) and harassment. Personal privacy will be respected in care delivery. Patients have the right to privacy and confidentiality regarding their treatment, care and medical record. Patients have the right to understand the possible uses and disclosures of their protected health information. Personal health information will not be shared in front of visitors without patient permission.

**Advance Directives** – Patients who are competent and of legal age have the right to express their wishes regarding treatment at any point in the care provided. Advance directives can include end-of-life care decisions, forgoing or withdrawing life-sustaining treatment, withholding resuscitative services and self-directed anatomical gift donations in accordance with law and regulation. In the absence of advance directives, inpatient and select outpatient settings will offer information and education and will offer assistance in completing a written advance directive.

**Pain Management** – Patients have the right to have their pain recognized and addressed appropriately. This includes information about pain and pain relief measures; a concerned staff committed to effective pain prevention and management; health care professionals who believe and respond quickly to reports of pain; and state-of-the-art pain management and treatment.

## **Patients' Responsibilities**

**Respect and Dignity** – All patients have the responsibility to follow all rules and regulations established by the hospital system concerning patient care and conduct. If they have questions related to these rules, they should ask their care provider for clarification.

All patients have the responsibility to respect the rights of other patients as well as hospital staff in both their conduct and the behavior of their visitors.

**Protecting Others from the Spread of Communicable Illness or Infection** – Patients should not permit family or friends to visit while they are sick or if they have been recently exposed to a communicable disease such as TB, chicken pox, influenza, etc. Visitors should be asked to wash their hands before visiting and upon departure. Patients should be encouraged to wash their hands frequently.

**Information and Participation in Decision Making** – All patients have the responsibility to provide complete and accurate information with respect to their medical history, present complaint, and any other health-related issues that may affect their course of treatment. They are expected to become partners in the development and implementation of their plan of care.

Once their treatment plans have been determined and communicated by health care providers, all patients have the responsibility for following their plans of treatment. They are responsible for reporting to the appropriate practitioner any unexpected changes in their condition and/or perceived risks in their care. They should notify health care providers if they have concerns about their ability to follow the treatment plan so the hospital can make every effort to adapt to the patient's specific needs and limitations. Where such adaptations are not recommended, the patient and family should understand the consequences of failing to follow the recommended course of treatment or using other treatment.

*(continued)*

All patients have the responsibility for asking questions when they do not understand what they have been told or what they are expected to do. If a patient or family refuses treatment or fails to follow instructions, they are responsible for the consequences of that decision.

**Pain Management** – Patients have the responsibility for participating in their pain management. This includes communicating with health care professionals about pain relief options; staff committed to effective pain prevention; a quick response to reports of pain; and state-of-the-art pain management. Patients should ask for pain relief when pain first begins and tell the doctor or nurse if the pain is not relieved.

**Smoking Policy** – Because of health risks to you and others from second-hand smoke, patients and their visitors are not permitted to smoke in any WakeMed facility or on any WakeMed property, including sidewalks, parking lots and decks.

**Meeting Financial Obligations** – Patients are responsible for promptly meeting any financial obligations for care, treatment and services provided by the hospital. WakeMed has financial counselors available to assist patients and families in meeting these obligations.