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Owner	Sarah Brown: VP Risk and Regulatory
Policy Area	Compliance
References	CARF, CHAP, DNV + 2 more

Patient Rights and Responsibilities

POLICY:

It is the policy of Confluence Health (CH) to improve patient care and outcomes by respecting patient rights and maintaining ethical relationship with the public. We comply with Federal and state guidelines for the establishment and maintenance of patient rights.

DEFINITION:

A. **Legally authorized decision-maker:** a person authorized by the patient or by law to make decisions for an incapacitated adult or an unemancipated minor.

PROCEDURE FOR PROVISION OF NOTICE:

A. CH staff will ensure that patients are informed of their rights and responsibilities at the earliest opportunity by providing a copy of CH's *Patient Rights and Responsibilities* brochure. The brochure will also be available in places that will be noticed by the patient such as reception and/or waiting areas. CH staff will respect patient rights and will assist patients in exercising their rights and carrying out their responsibilities. Information will be provided in the appropriate language or communication mode for meaningful access to the patient.

   1. **Outpatient Clinics (Freestanding, Rural Health and Provider-Based)**: Patients in an outpatient clinic will be provided a copy of CH's *Patient Rights and Responsibilities* upon establishing as a new patient.
   2. **Hospitals (Inpatient, Surgery and Emergency Departments):** A copy of CH's *Patient Rights and Responsibilities* is furnished to patients upon admission as an inpatient, when admitted for surgery, and upon presentation to the emergency department, and is available to patients throughout their stay.

a. If a patient's medical condition prevents the provision of a copy at the time of admit or establishment as a new patient, a copy will be provided to the patient at a later time when practical.

3. **Ambulatory Surgery Centers (ASC):** The ASC will provide the patient with verbal and written notice of the statement of Patient Rights and Responsibilities in advance of the date of their ASC procedure.
    a. In the event the patient's ASC procedure is scheduled for the same day, the ASC will provide the statement *prior to* obtaining the patient's informed consent.
4. **Home Health Agencies (HHA):** The HHA will provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment**.**
5. **Hospice:** Hospice will provide the patient or representative with verbal and written notice of the patient's rights and responsibilities during the initial assessment visit in advance of furnishing care.

B. If a patient is unable to exercise his or her rights due to minority or incapacity, a legally authorized decision-maker or representative may exercise the patient's rights or carry out the patient's responsibilities.

C. Availability of CH's Patient Rights and Responsibility statement:
    1. CH's written statement of *Patient Rights and Responsibilities* is available in pamphlets and mounted posters located in public areas accessible to patients and their visitors, as well as on the CH website: **www.confluencehealth.org/policies**
    2. The *CH Patient Rights and Responsibilities* will be provided and explained in a language and manner that the patient or the patient's representative understands, including patients who do not speak English or with limited communication skills. Where a written statement of *Patient Rights and Responsibilities* is not practical or verbal discussion is required by patient status, CH staff will ensure that its verbal explanation is clear, thorough and understandable. Appropriate translation services will be utilized when necessary.
    3. CH Managers and Staff are educated and reminded to maintain the latest version of *CH Patient Rights and Responsibilities* pamphlets and posters in their departments.

CONFLUENCE HEALTH PATIENT RIGHTS STATEMENT:

As a patient of Confluence Health, you have the right to:

1. Be treated with dignity and respect in a safe setting that is free from verbal and physical abuse, free from financial or other exploitation, free from harassment, retaliation, humiliation, and neglect.
2. Receive the information necessary to agree and give informed consent prior to the start of any procedure and/or treatment.
3. Participate in the development and implementation of your plan of care including the resolution of any problems with care decisions and any ethical issues that might arise in the

course of your care.

4. Communication of information in terms and a format you can understand about your condition and medical treatment. If communication restrictions are needed for patient care and/or safety, we will document and explain these restrictions to you.
5. Request medically necessary and appropriate services or refuse treatment or services to the extent permitted by law, and be informed of the medical consequences of such decisions.
6. Have your comfort needs addressed through appropriate pain assessment and management.
7. Be informed of an adverse event or unanticipated outcome of care, treatment or services.
8. Choose your attending physician and consult a specialist or seek a second opinion.
9. Know the names of your providers and caregivers, the name of your primary provider, as well as anyone who might be consulting in your care.
10. Prompt notification to a family member (or chosen representative) and your physician of your inpatient admission to a CH hospital.
11. Input by family (or a designated representative) in your care decisions with your consent.
12. Receive visitors as designated by you. Visitors may be restricted depending on clinical requirements, your medical condition, and/or any established visiting hours applicable to your location. You have the right to refuse visitors at any time.
13. Be notified of your rights, and exercise your rights in regard to your care without fear of retaliation. CH providers, staff, and contractors have an obligation to protect and promote your rights.
14. Nondiscrimination on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity or expression, creed, religion, marital status, veteran or military status, inability to pay for medically necessary evidence-based care or for urgent or emergent services, insurance coverage under Medicare/Medicaid/CHIP, or any other status protected by law in admission to, participation in, receipt of the services at, or exercise of patient rights at CH.
15. Know there is a complaint process and be able to complain about your care without the fear of retribution or denial of care. You may complain to CH by dialing 509-663-8711. You have the right to a resolution of your complaint within 30 days unless an extension of time is needed.
16. Be aware that you may also complain directly to any of the following external entities:
    1. The Washington State Department of Health (DOH), Health Systems Quality Assurance, P.O. Box 47857, Olympia WA 98504, 1-800-633-6828 or 360-236-4700, or HSQAComplaintIntake@doh.wa.gov
    2. Medicare, 1-800-MEDICARE (1-800-633-4227) or https://www.cms.gov/center/ombudsman.asp
    3. For Medicare beneficiaries with quality of care complaints, contact Acentra Health, the designated Quality Improvement Organization (QIO): 888-305-6759 or beneficiary.complaints@acentra.com
    4. U.S. Department of Health and Human Services - Office for Civil Rights, 1-800-368-1019 (TDD 1-800-537-7697) or https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

5. DNV Healthcare, 866-496-9647 or https://www.dnvhealthcareportal.com/patient-complaint-report

17. Freedom from chemical and physical restraints except when necessary for a limited period of time to protect patient injury to self or others and never imposed as a means of coercion, discipline, convenience or retaliation.
18. Access protective services.
19. Respectful treatment of your personal property by CH staff.
20. Confidentiality in clinical and billing records related to your care.
21. Personal privacy consistent with your care needs. Case discussions, consultation, examination, and treatment will be conducted to protect patient privacy to the extent possible.
22. Access information in your own medical record in a reasonable period of time and within state and Federal guidelines. We take every measure to ensure that your medical record is accurate and complete.
23. Receive spiritual support if desired.
24. Personal choice regarding private association and communication with others. You may send and receive private communications and use the telephone in private, unless medically contraindicated. You have the right to personal choice regarding participation in activities of social, religious, and community nature, unless doing so would infringe upon the rights of others.
25. Be informed about advance directives and sign an advance directive such as a living will, durable power of attorney for health care, or Physician's Order for Life Sustaining Treatment (POLST), and have CH staff follow your wishes to the extent permitted by CH policy and state and Federal law.
26. Know that CH has a process in place to facilitate organ and/or tissue donation.
27. Know about CH policy, procedures, rules or regulations applicable to your care.
28. Know that participation in clinical training programs or in the gathering of data for research purposes is voluntary. You may withdraw your permission at any time.
29. Be moved to another facility at your request or when medically appropriate and legally permitted. You have a right to be given a complete explanation about why you need to be moved and if there are other options. The facility to which you will be moved must first accept you as a patient.
30. Be informed during your hospital stay of patient care options when hospital care is no longer needed. You have the right to participate in planning for when you leave the hospital.
31. Receive an itemized and detailed explanation of your total bill for services.
32. If you are a Medicare patient, you have the right to receive a notice of your discharge rights, a notice of your non-coverage rights, and be notified of your right to appeal a premature discharge.

CONFLUENCE HEALTH PATIENT RESPONSIBILITIES STATEMENT:

As a patient of Confluence Health, you have the responsibility to:

1. Provide, to the best of your knowledge, accurate and complete information about present symptoms and complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
2. Report unexpected changes in your condition to the responsible provider.
3. Make it known whether you clearly comprehend a contemplated course of action and what is expected.
4. Follow the treatment plan recommended by your care team including following the instructions of your providers. You are responsible for asking questions when you do not understand information or instructions. If at any time you feel that you cannot follow through with instructions, please notify your provider or care team.
5. Take responsibility for your well being. Understand that you are responsible for your actions if you refuse treatment or do not follow your provider's instructions.
6. Regardless of the type of insurance coverage you have, pay your bill promptly or make arrangements with our Patient Services department.
7. Be considerate of the rights of other patients and CH personnel. Refrain from behavior that is threatening or disruptive to the operations of CH or is abusive to our staff or other patients.
8. Provide CH with copies of any written health care advance directives (living will, healthcare power of attorney, POLST forms).

If you have any questions about your rights and responsibilities as a patient at CH, please feel free to ask any one of the professionals who are caring for you.

RELATED DOCUMENTS AVAILABLE IN POLICYSTAT:

1. Patient Grievance and Complaint Policy
2. Patient Nondiscrimination Policy
3. Advance Directive
4. Notice of Privacy Practice (HIPAA)
5. Admissions Policy
6. Communications with Persons with Limited English Proficiency Policy
7. Providing Auxiliary Aids for Persons with Disabilities
8. ADA Accessibility
9. Abuse, Neglect: Children and Vulnerable Adult
10. Restraints: Use, Monitoring & Reporting
11. Disclosure of Adverse Events to Patients

12. Refusal of Care/Leaving Against Medical Advice (AMA)
13. Charter: Clinical Ethics Committee
14. Patient Access to Medical Records
15. Visitor Policy
16. Suicidal and Behavioral Health Patients

REFERENCES:

1. WAC 246-320-141 - Hospital Patient Rights & Organizational Ethics
2. 42 CFR Part 482.13 - Hospital Conditions of Participation: Patients' Rights
3. WAC 246-330-125 - ASC Patient Rights & Organizational Ethics
4. 42 CFR Part 416.50 - ASC Conditions for Coverage - Patients' Rights
5. 42 CFR Part 484.50 - Home Health Agencies: Patients' Rights
6. 42 CFR Part 418.52 - Hospice: Patients' Rights
7. 42 CFR Part 483.10 - Skilled Nursing Facility: Resident Rights
8. DNV- NIAHO Interpretive Guidelines - PR.1-PR.10
9. Commission on Accreditation of Rehabilitation Facilities (CARF), Medical Rehabilitation Standards: Rights of Persons Served
10. CHAP Standards: HPFC 1.D., PCC.1, ITNI.3

*****Note: policy must be published on the Confluence Health website as updates occur.***

Approval Signatures

Step Description	Approver	Date
PolicyStat Administrator	Crista Davis: Regulatory Standards Coordinator	12/9/2025
CEO	Andrew Jones: Chief Executive Officer	12/8/2025
Enterprise Risk Management Committee (ERMC)	Sarah Brown: VP Risk and Regulatory	12/3/2025
VP	Kris Deyerle: VP General Counsel	11/4/2025
VP/Compliance Officer	Sarah Brown: VP Risk and Regulatory	10/2/2025

Manager	Heather Fennell: Compliance Manager	10/2/2025
	Sarah Brown: VP Risk and Regulatory	10/2/2025

References

CARF, CHAP, DNV, Policy, Rural Health

Standards

No standards are associated with this document