

<b>Patient Rights and Responsibilities</b>	<b>Department:</b> <i>General Operations</i>	
<b>Origination Date:</b> 07/01/2020	<b>Effective Date:</b> 07/01/2020	<b>Next Review Date:</b> 07/01/2023
<b>Policy Contact:</b> Nicole Jobson, Nicole.jobson@wacbd.org	<b>Version:</b> #2	
<b>Written By:</b> Savannah Simmons, Savannah.simmons@wacbd.org		

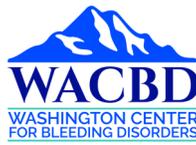
**PURPOSE:** Washington Center for Bleeding Disorders (WACBD) patients receiving services, have the right to quality care, participation in planning and treatment, privacy and safety, and the ability to discontinue care at any time. These rights, responsibilities, and roles are given regardless of age, race, sexuality, gender, ethnicity, cultural background, or economic standing. These rights can be exercised on the patient’s behalf by a parent or legal guardian if the patient is a minor, or if the patient lacks decision- making.

**SCOPE:** The scope of this policy applies to all WACBD patients.

**POLICY STATEMENT:** WACBD will support and inform all patients of their rights, responsibilities, and roles in their care.

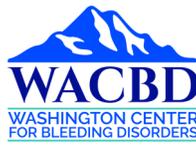
**PROCEDURES:**

Procedure 1- Understanding Patient’s Rights	
<b>Patient Rights</b>	<p>WACBD uses WAC 246-330-125 as a guideline for patient rights.</p> <p>All patients have the following rights:</p> <ul style="list-style-type: none"> <li>• To be treated and cared for with dignity and respect.</li> <li>• To be protected from abuse and neglect.</li> <li>• To have confidentiality, privacy, security, and not be restricted from communication with others (if communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient, their family or representative).</li> <li>• To be informed and agree to their care (patient, their family, or representative must be given information about the care receiving and any procedures, risks, and benefits; so, they may give informed consent).</li> <li>• To be involved in all aspects of their care including refusal of care and treatment and resolving problems with care decisions.</li> <li>• To be informed of any unanticipated outcomes.</li> <li>• To make a complaint about their care and treatment without fear of retribution or denial of care; and to have timely resolution of complaint.</li> <li>• To be provided with a written statement of their patient rights.</li> <li>• If the facility participates in any research, investigation, or clinical trials they must not hinder a patient’s access to care if they refuse to participate.</li> <li>• To be provided with written notification of policy and procedure changes or any breach of privacy and protected health information (PHI).</li> <li>• To be provided with a copy of this policy.</li> </ul>



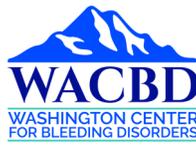
<p>Pediatrics Rights</p>	<p>In addition to the rights of adult patients, children and their parents/guardians shall have the following rights:</p> <ul style="list-style-type: none"> <li>• Respect for each child and adolescent as a unique individual and respect for the caretaking role and individual response of the parent.</li> <li>• Provision for normal physical and physiological needs of a growing child to include: nutrition, rest, sleep, warmth, activity, and freedom to move and explore.</li> <li>• Consistent, supportive, and nurturing care which meets the emotional and psychosocial needs of the child fosters open communication and relationships.</li> <li>• Provision for self-esteem needs which will be met by attempts to give the child:             <ul style="list-style-type: none"> <li>○ The reassuring presence of a caring person, especially a parent</li> <li>○ Freedom to express feelings or fears with appropriate reactions</li> <li>○ As much control as possible over both self and situation</li> <li>○ Opportunities to work through experiences before or after they occur, verbally, in play or in other appropriate ways</li> <li>○ Recognition and reward for coping well during difficult situations</li> </ul> </li> <li>• Provision for varied and normal stimuli of life which contributes to cognitive, social, emotional, and physical developmental needs, such as play, educational and social activities essential to all children and adolescents.</li> <li>• To have confidentiality, privacy, security, and not be restricted from communication from others (if communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient, their family or representative).</li> <li>• Consistent care upon turning the age of 18, and a seamless transition from pediatric care to adult care.</li> </ul>
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<p><b>Procedure 2- Understanding Patient's Responsibilities</b></p>	
<p>Patient Responsibilities</p>	<p>All patients have the following responsibilities:</p> <ul style="list-style-type: none"> <li>• Provide, to the best of their knowledge, accurate and complete information and to report any changes in their condition to their practitioner.</li> <li>• Participate in discussion about, and to ask questions about, their plan of care.</li> <li>• Inform the care team if they do not clearly understand a contemplated course of action and what is expected of them. Patients have the responsibility of notifying their healthcare providers when a cultural situation exists concerning the healthcare process.</li> <li>• Initiating and following through on recommended treatment plans. As active participants in their health care, patients or their caregivers are responsible for contacting their providers if they have questions or are unclear about the treatment plan, or why those next steps are critical toward achieving positive health outcomes.</li> <li>• Maintain their personal belongings. This includes, but is not limited to dentures, eyeglasses, crutches, wheelchairs and personal items such as jewelry. WACBD is not responsible if these items are damaged or misplaced while here.</li> <li>• Following rules and regulations affecting patient care and conduct:</li> </ul>



	<ul style="list-style-type: none"> <li>○ Patients may not disturb other patients.</li> <li>○ Patients may not disrupt or interfere with care provided to other patients and the operations of WACBD.</li> <li>○ Patients may not conduct any illegal activities on the premises of the medical center.</li> </ul> <ul style="list-style-type: none"> <li>● Not verbally or physically assault staff, faculty, or providers.</li> <li>● Providing accurate personal identification information.</li> <li>● Providing updated insurance information for billing and having open communication on their portion of financial obligation</li> <li>● Being considerate of the rights of other patients and medical center personnel. Threats, violence, disrespectful communication, or harassment of other patients or of any medical center staff member, for any reason, including because of an individual’s race, color, creed, religion, sex, sexual orientation, gender identity or expression, ethnicity, national origin, disability, age or veteran or military status, or other aspect of difference will not be tolerated. This prohibition applies to the patient as well as their family members, representative and visitors. In addition, requests for changes of provider or other medical staff based on that individual’s race, ethnicity, religion, sexual orientation, or gender identity will not be honored. Requests for provider or medical staff changes based on gender will be considered on a case-by-case basis and only based on extenuating circumstances.</li> <li>● Informing the care team if they have special needs.</li> <li>● Being respectful of the property of other persons and the medical center.</li> <li>● Reporting any complaints by submitting a written grievance to PG@wacbd.org or by calling (206) 614-1159 and speaking with the Operations Director</li> </ul>
Pediatrics Responsibilities	<ul style="list-style-type: none"> <li>● Parents/family shall have the responsibility for continuing their parenting role to the extent of their ability, being available to participate in decision-making and providing staff with knowledge of parents/family whereabouts. Provide guardianship papers to the hospital at time of treatment request.</li> </ul>

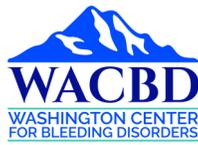
Procedure 3- Patient’s Role	
Patient’s Role	<p>Patients and their family should partner with the healthcare team to ensure a safe and positive care experience by being involved and informed about their treatment.</p> <p>Research shows that patients who take part in decisions about their healthcare are more likely to have better outcomes. Some things you can do include:</p> <ol style="list-style-type: none"> <li>1. Prepare: List your main concerns or questions before your visit and bring them up at the beginning of the visit.</li> <li>2. Ask: Speak up if you have any questions about your diagnosis, tests, treatments, and follow-up.</li> <li>3. Repeat: Summarize key points discussed during the visit.</li> <li>4. Take Action: If barriers prevent you from following your doctor’s recommendations, let your doctor know. Ask for written instructions, if</li> </ol>



	needed.
Obtaining Medical Records	A record of your visit is made each time you visit a WACBD healthcare provider. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. If you would like to request a copy of your medical records for your own use or for any other purpose, please call (206) 614-1200.
Where to Submit Questions or Concerns	<p><b>Washington Center for Bleeding Disorders Contacts:</b></p> <p>Nicole Jobson  Operation Director/ Privacy Officer  Phone: (206) 614-1159  Email: <a href="mailto:Nicole.jobson@wacbd.org">Nicole.jobson@wacbd.org</a></p> <p>Mary Spisak  POC for CMS  Phone: 866-938-5060  Email: <a href="mailto:Mary.spisak@wacb.org">Mary.spisak@wacb.org</a></p> <p>If any patient feels uncomfortable bringing a concern to WACBD, they may also contact:</p> <p><b>Bleeding Disorder Foundation of Washington</b>  20126 Ballinger Way NE #165  Shoreline, WA 98155  Phone: 206-533-1660  E-mail: <a href="mailto:general@bdfwa.org">general@bdfwa.org</a></p> <p><b>If you feel that your concerns have not been addressed and/or resolved within WACBD or have general questions on public health, please contact:</b></p> <p><b>Washington State Department of Health</b>  P.O. Box 47857  Olympia, WA 98504-7857  Phone: 360-236-4700  Toll Free: 800-633-6828  Fax: 360-236-2626  Email: <a href="mailto:mailto:HSQAComplaintIntake@doh.wa.gov">mailto:HSQAComplaintIntake@doh.wa.gov</a></p> <p><b>Center for Medicare and Medicaid Services (CMS)</b>  Office of the Medicare Beneficiary Ombudsman:  <a href="http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html">http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html</a>  Medicare Help and Support: 1-800-MEDICARE</p>

**RELEVANT REFERENCES:**

- [WAC 246-330-125](#)
- <https://www.doh.wa.gov/Portals/1/Documents/Pubs/655009.pdf>



**APPROVING COMMITTEE(S):**

Policy and Compliance Committee (PCC)

**REVISION HISTORY**

	Final Approval by	Date	Brief description of change/revision
Revision	PCC	1/26/2022	Change of outline, added information on patient and pediatric responsibilities and roles, patient contacts, and obtaining medical records.
Revision			