

Patient Rights

1. A patient has the right to respect, dignity, and comfort.
2. A patient has the right to quality care and professional standards that are maintained and reviewed.
3. A patient has the right to medical and nursing services without discrimination based upon race, color, religion, culture, language, socioeconomic status, physical or mental disability, age, sex, sexual orientation, gender identity, national origin, or source of payment.
4. A patient or when appropriate, the patient's representative has the right to receive information regarding their patient rights, the complaint/grievance mechanisms and to be informed of the facility rules and regulations that apply to their conduct at the earliest possible time in the course of their care.
5. A patient has the right to expect emergency procedures to be implemented without delay.
6. A patient has the right, upon request, to be given the name of their attending physician, the names of all other physicians participating in their care, and the names and functions of other health care persons having contact with the patient.
7. A patient has the right to participate in the development and implementation of their plan of care, including their inpatient and/or outpatient treatment/care plan, discharge care plan, and pain management plan.
8. A patient, or when appropriate, their designee, has the right to be fully informed in a manner they can understand concerning diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given to the patient's designee. Except for emergencies, the physician must obtain informed consent prior to the start of any procedure or treatment.
9. A patient has the right to be advised when a physician considers the patient as a part of a medical care research program or donor program. Informed consent must be obtained prior to participation in such program and the patient or legally responsible party may refuse to continue in any program to which they have previously given informed consent. An Institutional Review Board (IRB) may waive or alter the informed consent requirement if it reviews and approves a study in accordance with federal regulations for the protection of human research subjects including U.S. Department of Health and Human Services (HHS) regulations under 45 CFR Part 46 and U.S. Food and Drug Administration (FDA) regulations under 21 CFR Parts 50 and 56, which are incorporated by reference, including subsequent amendments and editions. These regulations may be accessed at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html> at no cost. For any research study proposed for conduct under a FDA "Exception from Informed Consent Requirements for Emergency Research" or an HHS "Emergency Research Consent Waiver" that waives informed consent but community consultation and public disclosure about the research are required, any facility proposing to be engaged in the research study also must verify that the proposed research study has been registered with the North Carolina Medical Care Commission. When the IRB has authorized the start of the community consultation process required for emergency research, but before the beginning of that process, notice of the proposed research study shall be provided to the North Carolina Medical Care Commission. The notice shall include:
 - a. the title of the research study.
 - b. a description of the research study, including a description of the population to be enrolled.
 - c. a description of the planned community consultation process, including proposed meeting dates and times.
 - d. instructions for opting out of the research study; and
 - e. contact information including mailing address and phone number for the IRB and the principal investigator.

The Medical Care Commission may publish all or part of the above information in North Carolina Register, and may require the institution proposing to conduct the research study to attend a public meeting convened by a Medical Care Commission member in the community where the proposed research study is to take place to present and discuss the study or the community consultation process proposed.

10. A patient has the right to refuse any drugs, treatment or procedure offered by the facility, and a physician shall inform the patient of their right to refuse any drugs, treatment, or procedures and of the medical consequences of the patient's refusal of any drugs, treatment, or procedure.
11. A patient has the right to assistance in obtaining consultation with another physician at the patient's request and expense.
12. A patient has the right to privacy concerning their own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted privately pursuant to 42 CFR 482.13(c)(1).
13. A patient who does not speak English or is hearing impaired shall have access to a qualified medical interpreter (for foreign language or hearing impairment) at no cost, when necessary and possible.
14. The facility shall provide a patient, or patient designee, upon request, access to all information contained in the patient's medical record. A patient's access to medical record may be restricted by the patient's attending physician. If the physician restricts the patient's access to information in the patient's medical record, the physician shall record the reasons on the patient's medical record. Access shall be restricted only for medical reasons. A patient's designee may have access to the information in the patient's medical record even if the attending physician restricts the patient's access to those records.
15. A patient has the right not to be awakened by hospital staff unless it is medically necessary. The patient has the right to be free from needless duplication of medical and nursing procedures.
16. A patient has the right to medical and nursing treatment that avoids unnecessary physical and mental discomfort.
17. A patient may be transferred when medically permissible to another facility only after they or their next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The facility to which the patient is to be transferred must first have accepted the patient for transfer.
18. A patient has the right to examine and receive a detailed explanation of their bill. The patient has the right to information and counseling on the availability of financial resources for their health care.
19. A patient has the right to expect that the facility will provide a mechanism whereby they are informed upon discharge of their continuing health care requirements and the means for meeting them.
20. A patient shall not be denied the right of access to an individual or agency who is authorized to act on their behalf to assert or protect their rights.
21. A patient has the right to have all records pertaining to their medical care treated as confidential except as otherwise provided by law or third-party contractual arrangements; to expect their personal privacy to be respected, expect all communications, video recordings, and images pertaining to their care to be kept confidential in accordance with the Healthcare Information Portability and Accountability Act and other regulatory guidance.
22. A patient, or when appropriate, the patient's representative has the right to make informed decisions regarding their care. The patient's rights include being informed of their health status, being involved in care planning and treatment, and being able to request or refuse treatment. Their right must not be considered as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. Making informed decisions includes the development of their plan of care, medical and surgical interventions (e.g., deciding whether to sign a surgical consent), pain management, patient care issues and discharge planning.
23. A patient, and when appropriate, the patient's representative has the right to have any concerns, complaints, and grievances addressed. Sharing concerns, complaints, and grievances will not compromise a patient's care, treatment, or services.
 - a. If a patient has a concern, complaint, or grievance, they may contact their nurse, the nursing supervisor, or call the Customer Care Line at 866-492-0012.
 - b. If the patient issues are not satisfactorily addressed while the patient remains hospitalized, the investigation will continue. The intent is to provide the patient a letter outlining the finding within an average of seven working days.

- c. If a patient chooses to identify a concern, complaint, or grievance after discharge, they may call the Customer Care Line at 866-492-0012 or write an email to: customer.care.line@atriumhealth.org
- d. The patient has the right to directly contact the North Carolina Department of Health and Human Services (State Survey Agency) or the accrediting organization of the facility.

NC Division of Health Services Regulation Complaint Intake Unit

2711 Mail Service Center Raleigh, NC 27699-2711

<https://info.ncdhhs.gov/dhsr/ciu/filecomplaint.html>

Phone: 800-624-3004

Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181 complaint@jointcommission.org

DNV Healthcare ATTN: Complaints

4435 Aicholtz Road, Suite 900

Cincinnati, OH 45245

Fax: 1-281-870-4818 ATTN: Complaints hospitalcomplaint@dnv.com

Phone: 866-496-9647

<https://www.dnvhealthcareportal.com/patient-complaint-report>

24. A patient has the right to personal privacy. Privacy includes a right to respect, dignity, and comfort as well as privacy during personal hygiene activities (e.g., toileting, bathing, dressing), during medical/nursing treatments, and when requested as appropriate. Privacy also includes limiting release or disclosure of patient information such as a patient's presence and/or location in the facility, or personal information.
25. A patient has the right to receive care in a safe setting. A safe setting includes environmental safety, infection control, security, protection of emotional health and safety. This also includes respect, dignity, and comfort, as well as physical safety.
26. A patient has the right to be free from all forms of abuse or harassment. This includes abuse, neglect, or harassment from staff, other patients, and visitors.
27. A patient has the right to be free from restraints and/or seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation from staff.
28. A patient has the right to designate visitors who shall receive the same visitation privileges as the patient's immediate family members, regardless of whether the visitors are legally related to the patient by blood or marriage. Visitation privileges will not be restricted on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. A patient may withdraw or deny such consent at any time. The facility may limit visitation if visitors interfere with the rights of others or are a safety risk to a patient, staff member, or the facility.

Patient Responsibilities

1. Patients, and their families, when appropriate, are responsible for providing correct and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to their health.
2. Patients and their families are responsible for asking questions when they do not understand their care, treatment, and services or what they are expected to do.
3. Patients and their families are responsible for following the care, treatment, and service plans that have been developed by the healthcare team and agreed to by the patient. Patients may express any concerns about their

ability to follow the proposed care plan or course of care, treatment, and services. Patients may request to have their treatment plan adapted to their specific needs and limitations if needed.

4. Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.
5. Patients and their families are responsible for following the facility's rules and regulations.
6. Patients and their families are responsible for being considerate of the facility's staff and property, as well as other patients and their property. Patients, family, and/or visitors will not record staff or other patients without their permission.
7. Patients and their families are responsible to promptly meet any financial obligation agreed to with the facility.
8. Patients and their families will maintain civil language and conduct in all interactions with staff and care providers. Actions and language that are intimidating, abusive, or disrespectful will not be tolerated and may affect their access to the facility. It is a felony to assault a healthcare worker.
9. Patients and their families should ask their doctor or nurse about how to manage their pain.
10. Patients, families, and visitors will refrain from smoking or use of smoking materials (i.e. Vaping, chewing, etc.)