

FORMULATED: 12/93

TITLE: Patient Rights & Responsibilities

REVISED: 1/94, 1/97, 12/99, 5/01, 7/01, 1/03, 9/05,
1/06, 10/08, 11/11, 1/17, 9/19

APPROVAL: M. Craig White
TITLE: Vice President of Corporate Compliance

REVIEWED: 08/13, 12/14

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This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

Policy Statement: All patients receiving services through Self Regional Healthcare (SRH) or its affiliates have inherent legal and moral rights. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to patient care. SRH honors these rights and provides care and services in accordance with, *inter alia*, state law, Centers for Medicare and Medicaid's (CMS) Condition of Participation directives and guidance, accreditation agency directives and guidance, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and this *Patient's Rights and Responsibilities Policy* (SRH-ADM-CCI-0008).

Scope/Responsibility: All SRH Team Members and SRH affiliates, all patients receiving services through SRH or its affiliates and all patient family members, guests, physicians, and other caregivers.

Purpose: SRH seeks to provide a foundation for understanding and respecting the rights and responsibilities of patients and their families.

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1. Patient/Family Information: SRH supports patient rights by interacting with patients and their families and involving them in decisions about their care, treatment, and services.
 - a. The Self Regional Healthcare Patient and Family Experience Guide contains information regarding, among others, SRH, community services, patient rights & responsibilities, advance directives, billing information, patients' role in safety, pastoral services, organ/tissue donations, smoking cessation and a telephone directory of resource agencies and SRH departments that provide various types of assistance.
 - b. This Guide is given to all inpatients and surgical patients and their families upon arrival. Outpatient locations and departments also have this information available in brochure form.
 - c. Nursing Staff is responsible for reviewing the information with the patient/family.
 - d. The content will be reviewed at intervals to insure accuracy. Anyone who is aware of a change that needs to be made in the information should contact the Patient Representative at Ext. 5510.
 - e. For more information, please refer to the SRH *Education: Patient/Family- Discharge Planning/ Continuum of Care Process Policy* (QSP-PCM-EDU-0001).
2. Informed Consent: All patients have the right to make informed decisions regarding their care, treatment, and other services in accordance with law, regulations, and SRH policies.
 - a. General: SRH shall obtain an informed consent from each patient or authorized representative for the provision of medical and/or surgical care except in medical emergencies. The consent shall include an explanation of the risks, benefits and alternatives for high-risk procedures, sedation and participation in research projects, as defined by SRH medical staff and/or law.
 - b. Capacity: A patient's ability to consent shall be determined according to whether or not the patient is able to appreciate the nature and implications of the patient's condition and proposed health care, make a reasoned decision concerning the proposed health care and communicate that decision in an unambiguous manner. The patient's or patient representative's right to participate in the development and implementation of the plan of care includes, at a minimum, the right to participate in the development and implementation of his or her inpatient, outpatient, discharge and/or pain management plan of care, including providing consent to, or refusal of, medical or surgical interventions. To that end,

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the patient or patient representative must receive information provided in a manner that is understood and assures the patient or patient representative can effectively exercise the right to make informed decisions.

- c. **Delegation/ Incapacity:** A patient may elect to delegate his or her right to make informed decisions to another person. To the degree permitted by law, and to the maximum extent practicable, SRH must respect the patient's wishes and follow them accordingly. If the patient is unconscious and unable to make a decision, SRH must consult the patient's Advance Directive, Health Care Power of Attorney, or Patient Representative, if any of these sources are available. In the Advanced Directive or Health Care Power of Attorney, the patient may provide guidance as to his or her wishes in certain situations, or may delegate decision-making to another individual. If such an individual has been selected by the patient, or if a person willing and able is available to make treatment decisions, relevant information should be provided to the representative so that informed decisions can be made on the patient's behalf. However, as soon as the patient is able to be informed of his or her rights, SRH must provide such information to the patient directly.
- d. **Signature Requirement:** Each consent must be signed by the appropriate responsible person. A *Consent for Admission or Treatment Form* (QSF-ADM-PAT-0001) will be signed for all admissions and for all outpatient services. An *Operative/Invasive Procedure Consent Form* (Form # N-4103) will be signed prior to any operative procedure except in those situations in which the patient's life is in jeopardy and appropriate signatures cannot be obtained due to the condition of the patient or the unavailability of the patient's family or guardian. All exceptions will be fully explained in the medical record.
- e. **Physician Responsibility:** It shall be the responsibility of the physician to obtain the informed consent for surgical and diagnostic procedures as determined by the department in which it is performed. The Team Member may have the *Consent for Admission or Treatment Form* (QSF-ADM-PAT-0001) signed after the physician has obtained the informed consent. The Team Member shall witness the patient's formal statement that the patient willingly acknowledges in writing his consent to the arrangements with the physician.
- f. **Priority:** The patient will sign all consents subject to the following exceptions and limitations:
 - i. **Incompetency:** When the patient is mentally incompetent, a signature must be obtained from the person legally authorized to consent for the patient.
 1. The inability of an adult patient to consent must be certified by two physicians, each of whom has examined the patient. Each physician shall note his/her certification in the medical record. The certification shall state that the physician has examined the patient and shall give the physician's opinion regarding the cause and nature of the inability to consent, its extent, and its probable duration.
 2. Per the South Carolina Adult Healthcare Consent Act, the following persons are authorized to consent to or otherwise make healthcare related decisions on behalf of an incapacitated patient in the following order of priority:
 - a. a guardian appointed by the court, if the decision is within the scope of the guardianship;

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- b. an attorney-in-fact appointed by the patient in a Healthcare Power of Attorney, if the decision is within the scope of his authority;
 - c. a spouse of the patient unless the spouse and the patient are separated pursuant to one of the following:
 - i. entry of a pendente lite order in a divorce or separate maintenance action;
 - ii. formal signing of a written property or marital settlement agreement; or
 - iii. entry of a permanent order of separate maintenance and support or of a permanent order approving a property or marital settlement agreement between the parties;
 - d. an adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation;
 - e. a parent of the patient;
 - f. an adult sibling of the patient, or if the patient has more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation;
 - g. a grandparent of the patient, or if the patient has more than one grandparent, a majority of the grandparents who are reasonably available for consultation;
 - h. any other adult relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the patient, or if the patient has more than one other adult relative, a majority of those other adult relatives who are reasonably available for consultation.
 - i. a person given priority to make health care decisions for the patient by another statutory provision;
 - j. if, after good faith efforts, SRH determines that the persons listed in items (a) through (i) are unavailable to consent on behalf of the patient, a person who has an established relationship with the patient, who is acting in good faith on behalf of the patient, and who can reliably convey the patient's wishes but who is not a paid caregiver or a provider of healthcare services to the patient. For the purposes of this item, a person with an established relationship is an adult who has exhibited special care and concern for the patient, who is generally familiar with the patient's healthcare, views and desires, and who is willing and able to become involved in the patient's healthcare decisions and to act in the patient's best interests. The person with an established relationship shall sign and date a notarized acknowledgement form, provided by SRH for placement in the patient's records, setting forth the nature and length of the relationship and certifying that he meets such criteria. Along with this form, SRH shall include in the patient's medical record documentation of its effort to locate persons with higher priority.
3. Documentation of efforts to locate a decision maker who is a person identified above must be recorded in the patient's medical record.
4. If persons of equal priority disagree on whether certain health care should be provided to a patient who is unable to consent, an authorized person, a health care provider involved in the care of the patient, or any other person interested in the welfare of the patient may petition the probate court for an order determining what care is to be provided or for appointment of a temporary or permanent guardian.
5. Priority pursuant to this section must not be given to a person if a health care provider responsible for the care of a patient who is unable to consent determines that the

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person is not reasonably available, is not willing to make health care decisions for the patient, or is unable to appreciate the nature and implications of the patient's condition and proposed health care, to make a reasoned decision concerning the proposed health care, or to communicate that decision in an unambiguous manner.

6. An attending physician or other health care professional responsible for the care of a patient who is unable to consent may not give priority or authority pursuant to subsections (2)(e)-(i) to a person if the attending physician or health care professional

has actual knowledge that, before becoming unable to consent, the patient did not want that person involved in decisions concerning his care.

7. This section does not authorize a person to make health care decisions on behalf of a patient who is unable to consent if, in the opinion of the certifying physicians, the patient's inability to consent is temporary, and the attending physician or other health care professional responsible for the care of the patient determines that the delay occasioned by postponing treatment until the patient regains the ability to consent will not result in significant detriment to the patient's health.

8. A person authorized to make health care decisions pursuant to the above shall base those decisions on the patient's wishes to the extent that the patient's wishes can be determined. Where the patient's wishes cannot be determined, the person shall base the decision on the patient's best interest.

9. A person authorized to make health care decisions pursuant to the above either may consent or withhold consent to health care on behalf of the patient.

- ii. When the patient's health status or condition contraindicates his signature, the next of kin's signature is acceptable.
- iii. Minors: When the patient is a minor, under 18 years of age, a signature must be obtained from a parent or legal guardian of the patient. (See **Attachment A**).

1. Exceptions:

- a. A minor 16 years or over may sign a consent to health services other than operations.
- b. A minor who has borne a child may sign a consent for any type of health services for the minor's child.
- c. A married minor of any age may sign a consent for any type of health services for himself or herself. If the married minor is unable to sign the consent by reason of incapacity, then the spouse of the married minor may sign the consent.

2. Financial Responsibility:

- a. When the patient is an unmarried minor (under 18 years of age), the financial responsibility should be acknowledged by a parent or legal guardian. If it is

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impossible to obtain consent from the parent or legal guardian, the minor should sign.

- b. When the patient is a married minor, either the patient or patient's spouse may sign for financial responsibility.

- g. **Invasive and Sterilization Procedures:** For operations, an *Operative/Invasive Procedure Consent Form* (Form # N-4103) will be signed before the patient is medicated and transferred to the operating room suite. For sterilizations, a *Sterilization Permit Form* (Form # N-4106) will be completed and the patient's spouse's consent is not necessary for the performance of a sterilization procedure.

- h. **Verbal Consent:** Consent for treatment or for surgery obtained over the telephone is acceptable provided two persons witness the verbal consent and this acknowledgement is documented in the patient's medical record.

- i. **Abortions:**

- i. **Married Adult:**

1. **Competent:**

- a. 24 weeks or less gestation period: Only a signed and witnessed written informed consent of the pregnant woman is required.
 - b. 25 weeks or more gestation period: If the pregnant woman is cohabiting with a legal spouse and the abortion is to take place during or after the 25th week of gestation, a signed and witnessed written informed consent must be signed by the spouse.

2. **Incompetent:** In the case of a married pregnant woman who is under adjudication of mental incompetency by a court of competent jurisdiction, a signed and witnessed written informed consent must be obtained from her spouse or a legal guardian.

- ii. **Unmarried Adult:**

1. **Competent:** Only a signed and witnessed written informed consent of the pregnant woman is required.
 2. **Incompetent:** In the case of an unmarried pregnant woman who is under adjudication of mental incompetency by a court of competent jurisdiction, a signed and witnessed written informed consent must be obtained from one parent or a legal guardian.

- iii. **Married or Emancipated Minor:**

1. **Competent:**

- a. 24 weeks or less gestation period: Only a signed and witnessed written informed consent of the pregnant woman is required.

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- b. 25 weeks or more gestation period: If the pregnant woman is cohabiting with a legal spouse and the abortion is to take place during or after the 25th week of gestation, a signed and witnessed written informed consent must be signed by the spouse.

2. **Incompetent**: In the case of a married pregnant woman who is under adjudication of mental incompetency by a court of competent jurisdiction, a signed and witnessed written informed consent must be obtained from her spouse or a legal guardian.

iv. Unmarried Minor:

1. **Competent**: A signed and witnessed written informed consent of the minor and one from:

- a. one parent of the minor; or
- b. a legal guardian of the minor; or
- c. a grandparent of the minor; or
- d. any person who has been standing *in loco parentis* to the minor for a period not less than sixty (60) days;

2. **Incompetent**: In the case of an unmarried pregnant minor who is under adjudication of mental incompetency by a court of competent jurisdiction, a signed and witnessed written informed consent must be obtained from one parent or a legal guardian.

- v. **Exceptions**: Notwithstanding the consent required in subsections (i)(i)-(iv) above, consent must be waived if:

1. a physician determines that a medical emergency exists involving the life of or grave physical injury to the pregnant woman; or
2. the pregnancy is the result of incest.

- vi. Nothing in this section permits a physician to perform an abortion without first obtaining the consent of the pregnant woman if she is capable of giving consent.

- vii. For more information regarding abortion-related requirements, please refer to the Woman's Right to Know section below and the *Abortion* section of the SRH *Fetal Death Policy* (QSP-PCM-NUR-0015).

- j. **Form Completion**: All consent forms will be completed in black ink and no blank spaces shall be left on the form. The person witnessing the signature of the patient or qualifying individual will sign his/her full name and title. The physician will be notified if the patient indicates that he/she does not understand the contents of the form or has questions pertaining to the contemplated procedure(s). The completed consent form will be placed on the patient's chart.

- k. **Modification**: Consent forms that require changes or corrections will be voided by writing "void" across the front and back of the form. The voided consent will be placed in the medical record and a new consent will be completed.

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3. **Patient Communication:** All patients have the right to have their care explained to them in a manner understandable to them. SRH provides for interpretation for certain individuals who speak languages other than English, uses alternative communication techniques or aides, such as large print materials and specialized programs, for those who are deaf or blind and/or takes other steps as needed to effectively communicate with the patient and his/her family. Please refer to SRH's *Patient Communications* (QSP-PCM-PR-0002).
4. **Nondiscrimination:** SRH prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. Please refer to SRH's *Notice of Nondiscrimination* (QSF-CCI-0006).
5. **Patient Visitation and Stay:**
 - a. **Visitation:** SRH respects the right of every patient to have designated visitors, including but not limited to, a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend. The hospital will honor a patient's right to identify those who may and may not visit while he or she is a patient in the hospital. Occasionally, clinically necessary and reasonable restrictions or limitations on visitation rights may be imposed when warranted in the best interests of the patient and his or her care. However, in no event will visitation privileges be restricted, limited or otherwise denied on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity or disability and all visitors designated by the patient or patient representative will enjoy visitation privileges that are no more restrictive than those that immediate family members would enjoy. For more information, please refer to SRH's *Visitation Policy* (QSP-PCM-PR-0001).
 - b. **Pastoral Services:** All patients have the right to religious and other spiritual services at SRH. For more information, refer to the SRH *Chaplain and Counseling Services Policy* (QSP-CHAP-0001).
 - c. **Safety:** SRH will protect all patients, including vulnerable adults, newborns and children, from neglect, exploitation, abuse, harassment, and discrimination that could occur during the patient's stay and makes reasonable efforts in providing the safest environment in which the patient will receive care.
 - i. SRH staff follows current standards of practice for patient environmental safety, infection control and security.
 - ii. For more information on patient safety, please refer to the SRH *Chain of Command for Patient Concerns Policy* (QSP-ADM-RM-0008), the SRH *Mandatory Safety Training Programs Policy* (QSP-SE-0006).
6. **Patient Access to Medical Record:**
 - a. SRH provides patients with the right to access clinical records and actively seeks to meet these requests as quickly as its record keeping system permits and will not impede the legitimate efforts of patients to gain access to their own clinical records.
 - b. For more information regarding patient rights to medical record information, please refer to the SRH *Long Form Use and Disclosure of Protected Health Information Policy* (QSP-CCI-0006).

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7. Care Team:

- a. All patients have the right to know who is treating them and what their role is.
 - i. All patients have the right to identify who is supervising their care and speak with them.
 - ii. All SRH Team Members are required to wear identification badges in accordance with hospital standards.
 - iii. SRH shall inform the patient of the name of their primary or replacement physician or other practitioner responsible for care, treatment, or services.
 - iv. All patients have the right to access their attending physician about any concerns with their care.
 - v. SRH Team Members are required by law to help patients reach their attending physician by giving the patient a number to call, help them make the call, or call the Nursing Supervisor for assistance.
 - vi. In the event of a serious or life-threatening medical concern, patients and their families can engage a Code Help by dialing 4000 from any hospital phone.
 - vii. All patients can request a different physician or Care Team member at any time.
 - viii. All patients can request a person of the same gender be present during physical exams.
 - ix. For more information, refer to the Lewis Blackman Hospital Patient Safety Act.
- b. Care Team members shall provide care, treatment, and services with regard to the patient's personal values, beliefs, and preferences.
- c. Care Team members will encourage patients to become more informed and involved in their care.

8. Patient Privacy:

- a. SRH respects the patient's right to privacy and dignity.
 - i. Information Confidentiality:
 1. SRH Team Members, volunteers, and physicians will have access to confidential information, which includes medical, personal, financial, business, salary/payroll, and clinical information. All Team Members, volunteers, and physicians must respect the confidentiality of information by not accessing or disclosing it unless necessary to do so in the performance of job duties and, if required to do so, shall utilize the minimum amount of information necessary. Medical records and other Protected Health Information (PHI) are kept to enhance patient care and the trust of both the patients and the medical staff is vested in all Team Members and volunteers to hold PHI in confidence and to not use or disclose any PHI without first consulting SRH *Use and Disclosure of Protected Health Information* policies and procedures, management and/or Corporate Compliance, if necessary and in that order.
 2. It is the responsibility of all Team Members, volunteers and physicians to keep confidential all information accessed through all forms of communication including:
 - a. SRH's computerized data systems;
 - b. Hard copy records and reports;

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- c. Direct patient contact;
- d. Observation;
- e. Faxing;
- f. E-mail;
- g. Verbal communication;
- h. Individual payroll and benefit information.

3. Any access, use or disclosure of confidential information will only be for the legitimate business purposes when the individual has a legal right and need to know, and the information accessed, used or disclosed shall be limited to the minimum necessary to perform the individual's job duties (see the *Minimum Necessary* section of the SRH *Long Form Use and Disclosure of Protected Health Information Policy* (QSP-CCI-0006)).
4. Access to SRH's computerized data system will be controlled by individual user security access codes (see the SRH *IT Acceptable Use Policy* (QSP-ADM-MI-0004) and *IT User Access Management Policy* (QSP-ADM-MI-0005)).
5. All reasonable precautions must be taken by all Team Members, volunteers, and physicians to protect confidential information in either hard copy or electronic form from inappropriate access, use and/or disclosure. These precautions include, but are not limited to, shredding, disposing of paper into shredding bins, locking filing cabinets, limiting physical access to offices during non-business hours, personally delivering confidential information, or sending information through interoffice mail in a sealed envelope labeled "Confidential – to be opened by addressee only", safekeeping access credentials, logging off when not using electronically accessed information and blinding visibility to screens displaying information.
6. Reasonable precautions must be taken by all Team Members, volunteers, and physicians to protect confidential information from inappropriate disclosure when in the form of verbal communication between Team Members, volunteers, physicians, and patients. These precautions include, but are not limited to, taking practical and reasonable steps to prevent the verbal communication from being overheard by unauthorized third parties.
7. SRH prohibits the use of patient "sign-in" log sheets.
8. A system is in place for those patients who, at their request or for their best interest, wish to be processed through the SRH environment anonymously.
9. Every Team Member and volunteer will be required to attend an annual in-service regarding security and confidentiality.
10. Every team member will be required to sign a confidentiality statement that will become part of their personnel file.
11. Any violation to SRH's policies regarding confidentiality of patient and SRH information will be subject to the disciplinary process up to and including termination or dismissal.

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12. For other information regarding confidentiality of patient information, please refer to the *SRH Long Form Use and Disclosure of Protected Health Information Policy* (QSP-CCI-0006).

- ii. **Confidential Communication:** Requests for receiving communication from SRH confidentially can be made in writing to the Patient Access Department.
- iii. **Personal Privacy:** The right to personal privacy includes, at a minimum, that patients have privacy during personal hygiene activities (e.g., toileting, bathing, dressing), during medical/nursing treatments and when requested by the patient as appropriate. If a patient requires assistance during personal hygiene activities, Team Members should assist the patient, while giving the utmost attention to the patient's need for privacy. A patient's right to personal privacy may be limited in certain circumstances where the patient must be continuously monitored, such as when the patient is restrained or in seclusion when immediate and serious risk of harm to the patient or others exists.

iv. **Photography of Patients:**

- 1. In all cases other than the exception listed below, the Public Relations Department (or Administration) is to be notified before a patient is photographed within the confines of the hospital.
- 2. Exception: Patients photographed specifically for treatment purposes (e.g., wound tracking, reportable physical abuse, etc.) have the opportunity to consent in the general *Consent for Admission or Treatment Form* (QSF-ADM-PAT-0001) allowing SRH to photograph them for treatment. Please refer to the *SRH Consent and Photographic Wound Monitoring Policy* (QSP-WHI-0101).
- 3. The Director of Public Relations (or Administration) will determine if the photograph should be taken and by whom.
- 4. The Director of Public Relations (or Administration) will determine if the patient's physician should be notified of the photograph and if permission of the physician is needed.
- 5. In ALL cases, photography release forms signed by the patient, his/her guardian, or responsible party (witnessed and dated) will be obtained and filed in the patient's chart.
- 6. For patient's desiring to photograph or videotape procedures (births, end-of-life situations...etc.), physician approval will be required and documented in the patient's medical record.

9. **Pain Management:**

- a. All patients have the right to have their report of pain responded to as quickly as possible.
 - i. Care Team members will ask all patients about pain on admission and regularly.

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- ii. Care Team members will empower patients and their families, allowing choices whenever possible to enable them to control their course of care to the greatest extent possible.
- iii. For more information, please refer to the SRH *Pain Assessment & Management- Pain Rating Scales Policy* (QSP-PCM-AOP-0003).

10. Complaints and Grievances:

- a. SRH will promptly review all complaints or grievances submitted by patients and their families regarding care, treatment, or other services.
 - i. The Care Team will try to resolve the matter immediately, otherwise the patient can call the Patient Representative or Risk Management with any concerns and the matter will be given utmost attention towards prompt resolution.
 - ii. SRH will provide the patient or their family with a written notice of its decision, including the hospital contact person, investigative steps taken on behalf of the patient or their family, process results, and the completion date of the complaint process.
 - iii. For more information regarding SRH's formal complaint and grievance procedure, please refer to the SRH *Complaints and Grievances Policy* (QSP-ADM-RM-0006) and the SRH *Patient Nondiscrimination Grievance Policy* (QSP-CCI-0005).

11. Ethical Decisions:

- a. Care Team members will provide information to the patient and their family about the patient's right to an Advance Directive, a Living Will, and a Healthcare Power of Attorney.
 - i. The Ethics Committee is available for review of care plans and to assist with dilemmas upon patient or patient family request.
- b. SRH addresses patient decisions about end of life care, treatment, and services.
- c. Adult (18 years and older and competent) patients will be encouraged and assisted to be active participants in the decision making process regarding their care through education, inquiry, and assistance as requested.
- d. For more information, please refer to the SRH *Ethics Consult Policy* (QSP-ADM-GOV-0002).

12. Advance Directives:

- a. SRH strives to provide an atmosphere of respect and caring and to ensure that each adult patient's ability and right to participate in medical decision making is maximized and not compromised as a result of admission for care through SRH. To that end, SRH assures compliance with the Patient Self-Determination Act (PSDA) in such a manner as to expand the adult patient, team member, and community knowledge base regarding advance directives and the process by which patient participation in medical decision making is carried out at SRH.
- b. SRH will adhere to the PSDA by respecting and encouraging patient self-determination. Competent adult patients (18 years and older) will be encouraged and assisted to be active participants in the decision making process regarding their care through education, inquiry, and assistance as requested.

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TITLE: Vice President of Corporate Compliance

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- c. Patients will be encouraged to communicate their desires in regard to advance directives to their support persons. This will allow for guidance of support persons and health care providers in following the patient's wishes should the patient be unable to make decisions.
- d. In order to ensure that an opportunity for patient participation in medical decision making is maximized and that care provided is consistent with patient values and directives, educational information about advance directives will be provided through a collaborative effort with applicable disciplines via in-service format as well as written newsletters, memorandums, and orientation processes.
- e. SRH shall not condition the provision of care or otherwise discriminate against any individual based on whether or not the individual has executed an advance directive.
- f. An inquiry will be made by a Patient Access Team Member as to whether or not the patient has completed an advance directive. If a patient has an advance directive, the patient will be asked to provide a copy which will then be scanned into the system and document that they requested the advance directive to be brought to the hospital.
- g. For patients who do not have an advance directive, education and information about advance directives will be provided by the appropriate Team Members in all relevant areas. These include all inpatient units, observation status areas, day surgery patients, Ambulatory Care Center (ACC), Cardiac Rehab, and Emergency Care Center during the registration process for all adult patients. If the patient is incapacitated, information will be provided to the patient's support person.
- h. If the patient has an advance directive:
 - i. a copy will be placed on the patient's medical record.
 - ii. If the patient did not bring the advance directive, the SRH team member will make two requests for the patient/support person to bring it in for copying and placement in the patient's medical record.
 - iii. Pregnant patients will be informed that their advance directive is not in effect until after delivery.
- i. If the patient does not have an advance directive:
 - i. Patients should be encouraged to inform their physician and have their wishes documented in their medical record.
 - ii. An SRH team member will provide the SRH Patient and Family Guide, which contains information on advance directives.
 - iii. To the extent that the patient or support person requests additional information or further explanation regarding the PSDA or advance directives, referrals will be made to Pastoral Services for follow-up education and interaction with patient and/or support persons, as appropriate.
 - iv. All follow-up education and interaction with the patient and/or support person will be documented in the medical record by the individual designated to interact with the patient/support person regarding concerns surrounding advance directives.
- j. Declaration of Desire for Natural Death (Living Will): This document provides the patient the ability to instruct what treatment he/she wants in certain end-of-life circumstances and only affects life support

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decisions when the patient is permanently unconscious or is terminally ill and close to death. If hospitalized patients request to sign a Living Will, forms may be obtained by contacting the SRH Pastoral Services Department who will assist the patient and patient's family on how to properly complete it.

- k. **Healthcare Power of Attorney:** This document gives the person the patient names as his/her agent the power to make health care decisions for the patient if the patient cannot make decisions about life-sustaining treatment. Unless the patient states otherwise in the document, the patient's agent will have the same authority to make decisions about the patient's health as the patient would have. Forms may be obtained by contacting the SRH Pastoral Services Department who will assist the patient and patient's family on how to properly complete it.
- l. If there is an individual physician conscience objection that may limit the implementation of an advance directive, the matter will be timely referred to the Ethics Committee for prompt resolution pursuant to the SRH *Ethics Consult Policy* (QSP-ADM-GOV-0002) and in accordance with applicable laws and regulations.
- m. For more information, please contact the SRH Pastoral Services Department or refer to the SC Lieutenant Governor's Office of Aging website found at www.aging.sc.gov.

13. Women's Right to Know Law/Abortion:

- a. Except in the case of a medical emergency and in addition to any other consent required by the laws of this State, no abortion may be performed or induced unless the certain conditions have been satisfied by both the pregnant woman and the treating physician and/or clinical staff. In general, the pregnant woman has a right to be informed of certain information and must certify receiving this information or the opportunity to receive it and the physician and/or clinical staff must adhere to strict time frames before an abortion may be performed or induced.
- b. For more information please refer to the SC Woman's Right to Know Law (S.C. Code s 44-41-310, *et seq.*) and the *Abortion* section of SRH's *Fetal Death Policy* (QSP-PCM-NUR-0015).

14. Patient Responsibilities:

- a. **Provision of Information:** The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information on all matters relating to his/her health.
- b. **Asking Questions:** Patients are responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do.
- c. **Following Instructions:** The patient is responsible for following the treatment plan mutually agreed upon by the patient, the physicians, and other clinicians involved in the patient's care. The patient has the responsibility to express any concerns they have in their ability to follow or comply with the proposed care or treatment. The patient is expected to remain on the inpatient clinical unit. If patient refuses to follow instructions regarding leaving the unit, he/she assumes all risk associated with that action.
- d. **Refusal of Treatment/Accepting Consequences:** The patient is responsible for his/her actions and the outcomes of those actions if he/she refuses treatment or does not follow the agreed upon treatment plan.
- e. **SRH Charges:** The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

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- f. **SRH Rules and Regulations:** The patient is responsible for following SRH rules and regulations affecting patient care and conduct.
- g. **Respect and Consideration:** The patient is responsible for being respectful of the property and privacy of others and of SRH and its Team Members and shall conduct himself/herself accordingly.

References (if not noted elsewhere in policy):

1. NIAHO Accreditation Requirements- Interpretive Guidelines and Surveyor Guidance- Version 11

Definitions:

n/a

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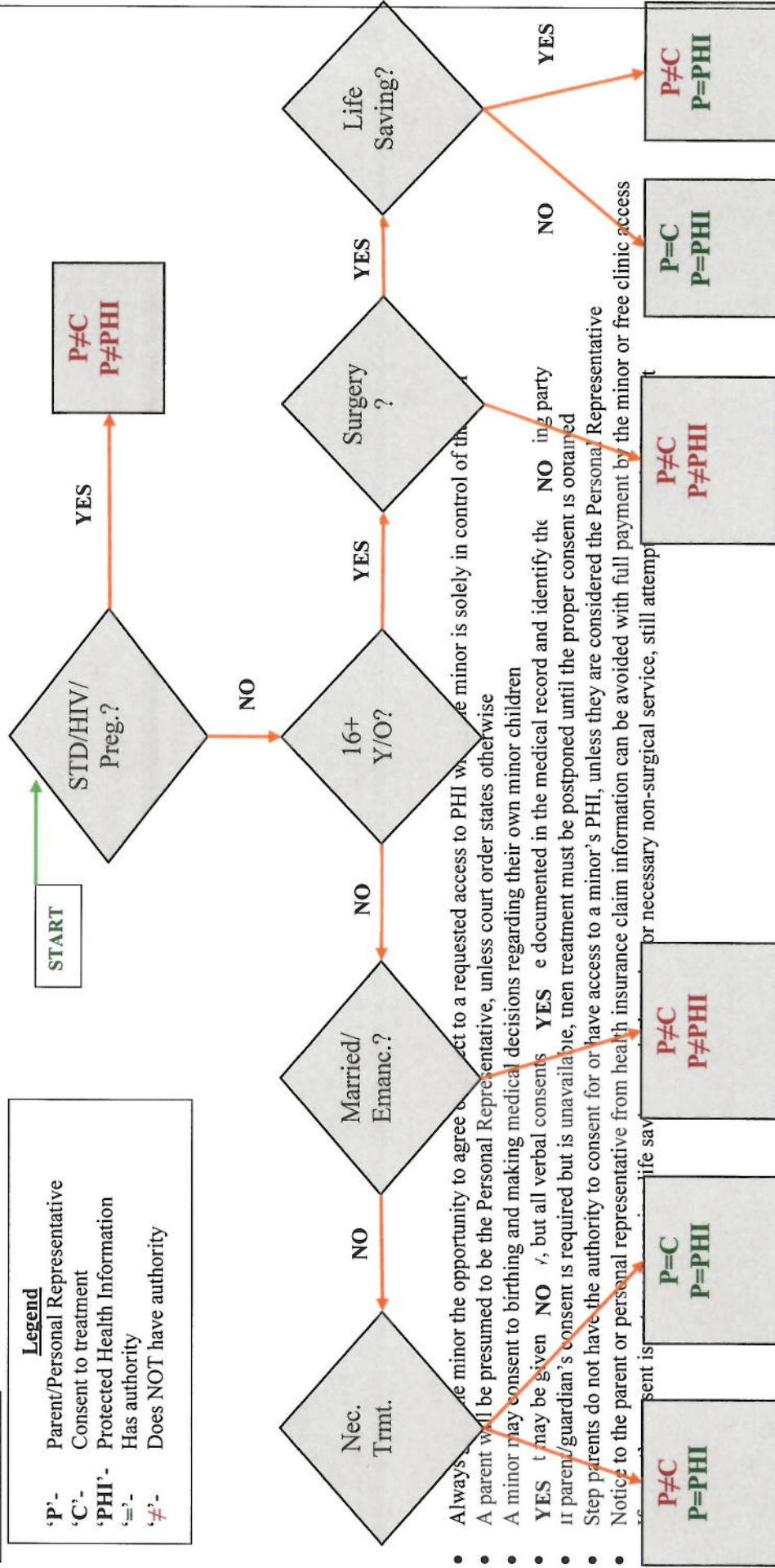
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ATTACHMENT A

Legend

- 'P' - Parent/Personal Representative
- 'C' - Consent to treatment
- 'PHI' - Protected Health Information
- '=' - Has authority
- '≠' - Does NOT have authority



- Always give the minor the opportunity to agree to a requested access to PHI when the minor is solely in control of the PHI.
- A parent will be presumed to be the Personal Representative, unless court order states otherwise.
- A minor may consent to birthing and making medical decisions regarding their own minor children.
- YES it may be given NO, but all verbal consents YES e documented in the medical record and identify the NO ing party
- If parent/guardian's consent is required but is unavailable, then treatment must be postponed until the proper consent is obtained
- Step parents do not have the authority to consent for or have access to a minor's PHI, unless they are considered the Personal Representative
- Notice to the parent or personal representative from health insurance claim information can be avoided with full payment by the minor or free clinic access or necessary non-surgical service, still attempt