

## **PATIENT BILL OF RIGHTS**

1. The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
2. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.
3. The patient shall be fully informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by Medicare or Medicaid shall also be included in this disclosure.
4. The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.
5. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for Medicaid as a source of payment.
6. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
7. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.
8. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.
9. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
10. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever

is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.

11. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.
12. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.
13. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
14. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
15. The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
16. The patient shall not be denied appropriate care on the basis of age, sex, gender identity, sexual orientation, race, color, marital status, familial status, disability, religion, national origin, source of income, source of payment, or profession.
17. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
18. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, unmarried partner, or a personal representative chosen by the patient, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.
19. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.
20. The patient shall not be denied admission to the facility based on Medicaid as a source of payment when there is an available space in the facility.
21. Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.
22. The patient shall not be denied admission, care, or services based solely on the patient's vaccination status.
  - a. In addition to the rights specified in paragraph 18, the patient shall be entitled to designate a spouse, family member, or caregiver who may visit the facility while the patient is receiving care. A patient who is a minor may have a parent, guardian, or person standing in loco parentis visit the facility while the minor patient is receiving care.
  - b. (1) Notwithstanding subparagraph (a), a health care facility may establish visitation policies that limit or restrict visitation when:
    - (A) The presence of visitors would be medically or therapeutically contraindicated in the best clinical judgment of health care professionals;
    - (B) The presence of visitors would interfere with the care of or rights of any patient;
    - (C) Visitors are engaging in disruptive, threatening, or violent behavior toward any staff member, patient, or another visitor; or
    - (D) Visitors are noncompliant with written hospital policy.
  - (2) Upon request, the patient or patient's representative, if the patient is incapacitated, shall be provided the reason for denial or revocation of visitation rights under this paragraph.

- c. A health care facility may require visitors to wear personal protective equipment provided by the facility, or provided by the visitor and approved by the facility. A health care facility may require visitors to comply with reasonable safety protocols and rules of conduct. The health care facility may revoke visitation rights for failure to comply with this subparagraph.
- d. Nothing in this paragraph shall be construed to require a health care facility to allow a visitor to enter an operating room, isolation room, isolation unit, behavioral health setting or other typically restricted area or to remain present during the administration of emergency care in critical situations. Nothing in this paragraph shall be construed to require a health care facility to allow a visitor access beyond the rooms, units, or wards in which the patient is receiving care or beyond general common areas in the health care facility.
- e. The rights specified in this paragraph shall not be terminated, suspended, or waived by the health care facility, the department of health and human services, or any governmental entity, notwithstanding declarations of emergency declared by the governor or the legislature. No health care facility licensed pursuant to RSA 151:2 shall require a patient to waive the rights specified in this paragraph.
- f. Each health care facility licensed pursuant to RSA 151:2 shall post on its website:
  - (1) Informational materials explaining the rights specified in this paragraph;
  - (2) The patients' bill of rights which applies to the facility on its website; and
  - (3) Hospital visitation policy detailing the rights and responsibilities specified in this paragraph, and the limitations placed upon those rights by written hospital policy on its website
- g. Unless expressly required by federal law or regulation, the department or any other state agency shall not take any action arising out of this paragraph against a health care facility for:
  - (1) Giving a visitor individual access to a property or location controlled by the health care facility;
  - (2) Failing to protect or otherwise ensure the safety or comfort of a visitor given access to a property or location controlled by the health care facility;
  - (3) The acts or omissions of any visitor who is given access to a property or location controlled by the health care facility.

## **PATIENT RESPONSIBILITIES**

### **Advance Directives, Living Wills, and Durable Powers of Attorney for Healthcare**

In New Hampshire, you have the right to let others know your wishes regarding medical care – in advance – through Living Wills and Durable Powers of Attorney for Healthcare. You have the right to accept or refuse medical care. A Federal law known as the ‘Patient Self-Determination Act’ requires that upon admission to the hospital you be asked if you have a Living Will and/or Durable Power of Attorney for Healthcare. If you have one or both documents, we want to be sure we have them on file and respect your wishes. If you haven’t already completed one or both, the law requires that the hospital provide you with information about your right to complete these documents if you so choose. However, you are not required to have them. Call your doctor’s office or go to Registration and they will provide you with the appropriate forms.

### **Ethical Considerations While You are a Patient**

Monadnock Community Hospital provides a mechanism for the discussion of ethical issues that may arise. Patients and family members may request an ethics consult at any time. Requests can be made through your provider or any staff member.

### **Non-Discrimination Statement**

As a recipient of Federal financial assistance, Monadnock Community Hospital does not exclude, deny benefits to, or otherwise discriminate and prohibits discrimination against any person on the basis of race, color, religion, national origin, sex (including gender identity), sexual orientation, disability, marital status, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Monadnock Community Hospital directly or through a contractor or any other entity with which Monadnock Community Hospital arranges to carry out its programs and activities.

Any patient (and/or support person, where appropriate) can file a complaint if they encounter discrimination by calling the Compliance Hotline at 603.924.4699. Ext. 4733 or the Operator ‘0’ and request the Compliance Officer.

### **You Are Responsible For:**

- Respecting other patients’ privacy.
- Being considerate of other patients and facility personnel.
- Supplying accurate and complete information about past illnesses, hospitalizations, medications, allergies, and other health-related matters.
- Notifying your provider or nurse about any unexpected changes in your condition.
- Following instructions of your provider and other health care personnel and letting them know immediately if you don’t understand something.
- Your actions if you refuse treatment and don’t follow the instructions of the provider or other health care personnel.
- Providing advance directives, living wills or durable power of attorney for health care.
- Using your cell phone according to the policy of Monadnock Hospital.
- Fulfilling the financial obligations of your care as soon as possible, ensuring that the admitting office has your current insurance or billing information, and that your insurance company is notified prior to Your admission (although your care at MCH is not based on your ability to pay).
- not smoking according to the policy of Monadnock Community Hospital.

NO FIREARMS, OTHER WEAPONS OR DANGEROUS OBJECTS ARE PERMITTED ON THESE PREMESIS. Patients are asked to please secure such items in their locked vehicle or with the Security Department while they are on the Monadnock Community Hospital campus.

**Patient Advocate:**

If you have a problem or concern, please ask to speak to the Practice Manager (or person in charge) of the unit where you are receiving treatment. If that person is not available, please call the Patient Experience Coordinator at (603) 924-4699 ext. 1038. We will work toward a fair resolution by adhering to patient rights and staff rights and responsibilities.

**Interpreter Services**

Monadnock Community Hospital provides interpreter services for all patients in all locations so that they can participate fully in their own healthcare and in the healthcare of their loved ones. These services are available 24 hours a day, 7 days a week.

- Interpreters for foreign languages and sign language can be arranged by a member of our staff free of charge.
- Please let a staff member know if you need this service and an interpreter will be arranged for you.

To ensure effective communication with patients and their companions who are deaf and hard of hearing, have speech impairments, or speak a foreign language, consistent with Federal law, MCH provides appropriate auxiliary aids and services free of charge, such as; sign language and oral interpreters, TTY's, note-takers, written materials, telephone handset amplifiers, and telephones compatible with hearing aids. Please ask your nurse or other Hospital personnel for assistance, or contact the MCH Interpreter program office at (603) 924-4691.

**Financial Concerns:**

MCH is committed to providing quality health care. We understand that finances can be challenging, however, we do not want that to prevent someone from receiving necessary treatment. As part of our mission to the communities we serve, MCH has developed programs to help meet the needs of our patients who are income eligible. Please call for more information:

- Financial Assistance Program (FAP) and Medication Bridge Program (MBP): (603) 924-1717
- MCH Financial Services may also be accessed online: [www.mchfinancialassist.org](http://www.mchfinancialassist.org)

If you feel it is necessary to discuss your problem with someone outside the facility, you may contact the Ombudsman. The Ombudsman will keep all information, even your name, confidential, unless you give permission to use it. Ombudsman help is free.

- **Long Term Care Issues:** (603) 271-4375
- **General Information:** (603) 271-6941

To learn more about the rights of individuals with developmental disabilities or mental illness please contact: Developmental Disabilities or Mental Health Disability Rights Center, Inc.

- **Voice and TTY:** (603) 228-0432 or 800-834-1721
- **Address:** 18 Low Avenue, Concord, NH 03301

**If you feel there has been a breach in your privacy, you may call:**

- **MCH Compliance/HIPAA Hotline:** (603) 924-4699 ext. 4733
- **Secretary of Health & Human Services:** 800-852-3345, [hipaa@dhhs.state.nh.us](mailto:hipaa@dhhs.state.nh.us)

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