

**PATIENT/RESIDENT
BILL OF RIGHTS &
RESPONSIBILITIES**

Incorporated into this document are the federal and state standards relating to the rights and responsibilities of nursing home residents and home for aged residents.

The contents of this Bill of Rights were reviewed by the associations' legal counsel prior to publication.

As a member of the Health Care Association of Michigan and/or the Michigan Center for Assisted Living, this health center abides by the associations' Guiding Principles; we are dedicated to quality of life and quality of care for our patients and residents; and to that end we take pride in providing this Bill of Rights.

The Patient/Resident Bill of Rights was adopted by the Governing Body of this health center as part of its written Administrative Policies.

PREAMBLE

Every nursing home patient (hereinafter called “patient”) and home for aged resident (herein after called “resident”) shall be entitled to humane care and treatment, and to consideration consistent with recognition of his or her human dignity. In accordance with this right to dignity and respect, patients and residents are entitled to all of the freedom and privileges of any other citizen. Patients and residents also have obligations and responsibilities to the health center, its staff, and to other patients and residents.

The Specific Statutory Language for the Patient/Resident Bill of Rights is found in the Michigan Public Health Code Sections 333.20201 and 333.20202 and the Code of Federal Regulations 483.10 and 483.12.

This Bill of Rights contains specific policies to protect and promote the rights and to establish the responsibilities of this health center’s patients and/or residents.

The Bill of Rights shall be posted at a public place in the health center and shall be provided to each patient or resident (or his/her authorized representative) upon admission. The Bill of Rights will also be given to each member of the health center’s staff. Staff shall be trained and involved in the implementation of these policies. Patients and residents of the health center shall be treated in accordance with the policies outlined in this document.

PATIENT/RESIDENT BILL OF RIGHTS

1. A patient or resident **will not be denied appropriate care** on the basis of race, religion, color, national origin, sex, age, handicap, marital status, sexual preference or source of payment.

2. An individual who is or has been a patient or resident, or a person authorized in writing by such an individual, **is entitled to inspect or receive a copy, if any, of his or her personal and/or medical record** upon request in accordance with the Medical Records Access Act, 2004 PA 47, MCL 333.26261 to 333.26271. Except as otherwise permitted or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that Act, 45 CFR parts 160 and 164, a third party shall not be given a copy of the patient's or resident's medical record without prior authorization of the patient or resident. Fees for providing copies are governed by the Medical Records Access Act, Act 47 of 2004. The health center will make a reasonable effort to provide access to records for purposes of inspection and copying at the time of receipt of a written request, if the request is made during normal office hours. In any event, the records for a **nursing home resident shall be made available for inspection within 24 hours** (excluding weekends and holidays) after the receipt of a written or oral request. After receipt of his or her written records for inspection, an individual may **purchase photocopies of the records upon request and advance notice of 48 hours** (two working days) to the health center.

3. A patient or resident is entitled to **confidential treatment of personal and medical records**, and the patient or resident

(or his/her authorized representative) may refuse to release their medical records to a person outside the health center except as required because of a transfer to another health center, as required by law or third party payment contract, or as permitted or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that Act, 45 CFR parts 160 and 164. With the permission of the nursing home resident or the patient's legal representative the State Long Term Care Ombudsman may examine the patient's medical record.

4. A patient or resident is entitled to **privacy, to the extent feasible, in medical treatment and in caring for personal needs** with consideration, respect, and full recognition of his or her dignity and individuality.
5. A patient or resident is entitled to **receive adequate and appropriate care**. A home for the aged resident is entitled to **receive from the appropriate individual within the health center information about his or her medical condition, proposed course of treatment, and prospects for recovery**, in terms that the resident can understand, unless medically contraindicated as documented by the attending physician in the medical record. A nursing home resident shall be **fully informed in language he or she can understand of his or her total health status, including but not limited to, his or her medical condition, proposed course of treatment, and prospects for recovery**. A nursing home resident shall be fully informed by the attending physician of the patient's medical condition.
6. The patient or resident (or his/her authorized representative) is entitled to **participate in planning his or her care and medical treatment**. A nursing home resident is entitled to information in advance about care and treatment and of any changes in that care and treatment that may affect the patient's

well being. The nursing home resident is entitled to **participate in determining changes in care and medical treatment**, unless adjudicated incompetent or otherwise found to be incapable under state law.

7. A patient or resident is entitled to **refuse treatment** to the extent provided by law and to be **informed of the consequences of that refusal**. When a refusal of treatment prevents a health center or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient or resident may be terminated upon reasonable notice, the length of which would be determined by the specific circumstances.

A nursing home resident has the right to formulate an advanced directive. The home shall inform and provide written information to all adult patients concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advanced directive. This includes the written policies to implement advanced directives and the applicable state law.

8. A patient or resident (or his/her authorized representative) is entitled to **information concerning an experimental procedure** proposed as a part of his or her care and shall have the **right to refuse to participate in the experiment** without jeopardizing his or her continuing care.
9. A nursing home resident (or his/her authorized representative) is entitled to **choose a personal attending physician** and shall be **informed of the name, specialty and way of contacting the physician responsible for his or her care**. If a nursing home resident desires treatment by a licensed member of the healing arts, the treatment shall be made available.

10. A patient or resident (or his/her authorized representative) is entitled to **know who is responsible for and who is providing his or her direct care**, is entitled to receive information concerning his or her continuing health needs and alternatives for meeting those needs, and to be involved in his or her discharge planning, if appropriate.
11. Each nursing home resident shall be afforded the **opportunity to discharge himself or herself** from the nursing home.
12. A patient or resident (or his/her authorized representative) is entitled to **receive and examine an explanation of his or her bill** regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the health center.
13. A patient or resident (or his/her authorized representative) is entitled to **exercise his or her rights as a patient or resident and as a citizen**, and to this end may **present grievances or recommend changes in policies**, and services on behalf of himself or herself or others to the health center staff, to governmental officials, or to another person of his or her choice within or outside the health center, free from restraint, interference, coercion, discrimination or reprisal.

A patient or resident is entitled to **information about the health center's policies and procedures for initiation, review and resolution of patient or resident complaints.**

A nursing home resident (or his/her authorized representative) **may file a complaint with the Michigan Department of Community Health concerning patient abuse, neglect and/or misappropriation of patient property in the health center or noncompliance with advanced directives.**

A nursing home resident has the right to **prompt efforts by the health center to resolve grievances** he or she may have, including those with respect to other patients.

14. A patient or resident (or his/her authorized representative) is entitled to **associate and have private communications and consultations** with his or her physician, attorney, visitors, family or resident groups, or any other person of his or her choice. **The patient or resident may also choose to deny or withdraw consent at any time.**

A home for the aged resident has the same right unless medically contraindicated as documented by the attending physician in the medical record.

Immediate access shall be provided for immediate family members, other relatives, and any other person visiting with the nursing home resident's consent.

Immediate access shall be provided to the patient for the patient's attorney, the patient's individual physician, or by representatives of the Family Independence Agency, Department of Community Health, Bureau of Construction Codes and Fire Safety, Office of Services to the Aging, State Long Term Care Ombudsman and State Protection and Advocacy Service, as well as the federal Department of Health and Human Services or local health department.

Reasonable access shall be provided to a nursing home resident for any entity or individual that provides health, social, legal or other services to the patient, subject to the patient's right to deny or withdraw consent at any time.

Each nursing home resident **may associate and communicate privately with persons of his or her choice. Reasonable regular visiting hours** shall be not less than eight hours per

day. Access shall also take into consideration the special circumstances of each patient or visitor.

A nursing home resident has the right to have his or her parents, if a minor, or his or her spouse, next of kin, or patient's representative, if an adult, stay at the health center 24 hours a day if the patient is considered terminally ill by the physician responsible for the patient's care.

A nursing home resident may meet with and participate in the activities of social, religious and community groups at his or her discretion. The home for the aged resident has the same right unless medically contraindicated as documented by the attending physician in the medical record.

Reasonable privacy shall be afforded for visitation of a nursing home resident who shares a room with another patient. A married patient or resident is entitled to meet privately with his or her spouse in a room that assures privacy.

Nursing home residents' families are entitled to meet with other families in the health center. Private space shall be provided for this purpose.

15. Each nursing home resident has the right to receive representatives of organizations as provided in the Michigan Public Health Code (Act 368 of 1978, as amended, Section 21763). A patient may receive information from agencies acting as client advocates and be afforded the opportunity for contacting these agencies.
16. A nursing home resident has the right to **send and receive personal mail unopened on the same day it is received at the health center** and is entitled access to stationery, postage and writing instruments at his or her own expense.

A home for the aged resident has the right to send and receive personal mail unopened on the same day it is received at the health center or agency, unless medically contraindicated as documented by the attending physician in the medical record.

17. A patient or resident is entitled to **reasonable access to private use of a telephone where calls can be made without being overheard.** The content of mail or telephone conversations shall be kept confidential unless the patient or resident authorizes release of the information.
18. A patient's or resident's **civil and religious liberties**, including the right to independent personal decisions and the right to knowledge of available choices, **shall not be infringed upon** and the health center shall encourage and assist in the fullest possible exercise of these rights.
19. A patient or resident is entitled to be **free from mental, verbal, sexual or physical abuse, including corporal punishment or involuntary seclusion.**
20. A patient or resident is entitled to be **free from physical and chemical restraints**, except those restraints ordered in writing by the attending physician for a specified and limited time appropriate to the circumstances to treat the patient's medical symptoms, or as are necessitated by an emergency to protect the patient or resident from injury to self or to others. In this case the restraint may only be applied by a qualified professional who shall document the circumstances requiring the use of restraints, and who shall promptly report the action to the attending physician. In case of a chemical restraint, a physician shall be consulted within 24 hours after the commencement of the chemical restraint. Nursing home residents have the right to be free from physical restraints or chemical restraints used for purposes of discipline or staff convenience.

21. A nursing home resident has the right to **self-administer drugs if the interdisciplinary team determines the practice is safe.**
22. A patient or resident is entitled to be **free from performing services for the health center that are not included for therapeutic purposes in the plan of care.** However, the nursing home resident has the right to perform services for the health center when the need or desire to work is documented in the care plan, the plan specifies the nature of the services performed and whether the services are voluntary or paid (and if paid for, the rate is at or above prevailing rates), and the patient agrees to the work arrangement specified in the plan.
23. A patient or resident (or his/her authorized representative) is entitled to **information about their rights, the health center rules and regulations affecting patient or resident care and conduct.**

The nursing home shall provide a written copy of any rights, health center rules and regulations to the patient or the patient's representative upon admission and when the rights, rules and regulations are changed. In addition, the nursing home shall assure that policies, rules and regulations are communicated effectively to all patients, orally and in writing in language that the patient understands.

24. A nursing home resident has the right to receive a **written notice** prepared by the state of the **rights and obligations of Medicaid patients**, including the rights of the spouses of Medicaid patients. Such notice shall be made prior to admission and during the patient's stay. Receipt of such information and any amendments to it shall be acknowledged in writing.

25. A nursing home resident **may be involuntarily transferred or discharged only as provided in the Michigan Public Health Code** (Act 368 of 1978, as amended, Sections 21773 to 21777) **or as provided by Medicare or Medicaid regulations** (Title 18 or Title 19 of the Social Security Act, 42 U.S.C. 1395 to 1396k).

The causes for an involuntary discharge may include: medical reasons, e.g. the patient's needs cannot be met in the health center or the patient's health has improved so the patient no longer needs the health center's service; the safety or health of other individuals in the health center is endangered by the patient; nonpayment of his or her stay, except as provided by Medicare or Medicaid regulations; or the health center ceases to operate.

A nursing home resident may refuse to transfer to another room within the health center if the sole purpose of the transfer is to move the patient into or out of a distinct part of the health center that is certified for Medicare.

A home for aged resident **may be transferred or discharged** only for medical reasons, for his or her welfare or that of other residents, or for nonpayment of his or her stay, except as provided by Medicare or Medicaid regulations.

A patient or resident (or his/her authorized representative) is entitled to be given **reasonable advance notice** to ensure orderly transfer or discharge. Those actions shall be documented in the medical record.

26. The nursing home resident and patient representative or family member shall be promptly **notified before there is a change in room or roommate assignment.**

27. A patient or resident (or his/her authorized representative) is entitled to be **fully informed** before or at the time of admission and periodically during his or her stay **of items and services available in the health center and of related charges**, including any charges for items and services not covered by Medicare or Medicaid (Title 18 and Title 19 of the Social Security Act, 42 U.S.C. 1395 to 1396k) or not covered by the health center's basic per diem rate, **and of items and services for which the patient cannot be charged**. The statement of items and services provided by the health center shall be in writing and shall include those required to be offered on an as needed basis.

The patient or resident (or his/her authorized representative) shall be **informed when changes are made to the items and services and charges** specified above.

A nursing home resident (or applicant for admission) is further entitled to receive information on the requirements for establishing Medicaid eligibility, including the right to an assessment that determines the extent of a couple's resources to be considered, attributing a share of their resources to the spouse who is not a patient.

A nursing home resident is also entitled to **receive information on how to apply for and use Medicaid and Medicare benefits** and how to get refunds for previous payments for services covered by such benefits.

28. A patient or resident (or his/her authorized representative) is entitled to **manage his/her own financial affairs, or to have at least a quarterly accounting of personal financial transactions undertaken on his or her behalf by the health center** during a period of time when the patient or resident (or his/her authorized representative) has delegated those responsibilities to the health center. In addition, a patient or

resident is entitled to **receive from the health center each month an itemized statement** setting forth the services paid for by or on behalf of the patient or resident and the services rendered by the health center. The admission of a patient to a nursing home does not confer on the health center or its owner, administrator, employees or representatives the authority to manage, use or dispose of a patient's property.

For a nursing home resident the health center shall furnish a written description of the manner of protecting personal funds deposited with the health center. The nursing home resident is not required to deposit his/her personal funds with the health center.

29. If a husband and wife are patients in the same nursing home, **the married couple is entitled to share a room**, if both spouses consent.

If husband and wife are residents of a home for the aged, the married couple is entitled to share a room unless medically contraindicated and documented by the attending physician in the medical record.

30. A nursing home resident (or his/her authorized representative) is entitled and encouraged to **retain and use personal, appropriate clothing and possessions (including some furnishings) as space permits**, unless to do so would infringe upon the rights or health or safety of other patients.

A home for the aged resident is entitled to the same unless medically contraindicated and documented by the attending physician in the medical record.

Each patient or resident shall be **provided with reasonable space**.

At the request of a nursing home resident, a nursing home shall provide for the **safekeeping of personal effects, funds, and other property** of a patient in accordance with the law, except that a health center shall not be required to provide for the safekeeping of a property that would impose an unreasonable burden on the nursing home.

31. Each patient or resident shall be provided with **appetizing meals** that meet the recommended dietary allowances for his or her age and sex and that may be modified according to special dietary needs or ability to chew.
32. Patient or resident **smoking** shall be in designated smoking areas only and in accordance with the health center's smoking policy.
33. A nursing home resident has the **right to examine the most recent survey** of the health center conducted by federal or state surveyors and any plan of correction in effect with respect to the health center.

This survey report shall be available for examination in a place readily accessible to patients. The nursing home shall post a notice of the availability of the report.

34. Through public posting in the health center, a nursing home resident shall be provided with the **names, addresses and telephone numbers of all pertinent state client advocacy groups**, including the state licensing and certification agency, the Long Term Care Ombudsman, the Protection and Advocacy Service, and the Medicaid fraud control unit.
35. A nursing home must **consult with the patient immediately and notify** the patient's physician and, if known, the patient's legal representative or interested family member when there is: (a) an **accident** involving the patient that results in injury; (b) a **significant change** in the patient's physical, mental or

psychosocial status; (c) a **need to alter treatment significantly**; or (d) a **decision to transfer or discharge** the patient from the health center.

36. A nursing home, its owner, administrator, employee or representative **shall not discharge, harass, retaliate or discriminate against a patient** because the patient has exercised a right protected by the Michigan Public Health Code (Act 368 of 1978, as amended, Section 20201) or by Medicare or Medicaid regulations (Title 18 or 19 or the Social Security Act, 42 U.S.C. 1395 to 1396k).
37. A patient or resident is entitled to **adequate and appropriate pain and symptom management** as a basic and essential element of his or her medical treatment.
38. A nursing home resident or home for aged resident is entitled to be **fully informed** orally and in writing in language that he or she understands, as evidenced by his or her written acknowledgment, before or at the time of admission and during his or her stay, **of the patient/resident rights policy set forth in the Michigan Public Health Code** and, as applicable, the **Social Security Act**. The patient and patient representative or the interested family member or the resident shall **be promptly notified of changes** in the patient/resident rights or responsibilities under state or federal law or regulations.
39. At the time of admission or at any time thereafter, a patient or resident shall have the right to **designate a representative to act on his or her behalf**. Such a designation shall be in writing and shall specify the scope of the representation, the duration of the representation and the names of the patient or resident and representative. Upon designation of a representative, the health center shall be immediately notified by a copy of the designation.

The health center shall provide proper forms for the patient or resident to provide for the designation of a representative at the time of admission.

The health center's policy shall provide that if the patient or resident is **adjudicated incompetent** and not restored to legal capacity, the rights and responsibilities of the individual as specified in the Michigan Public Health Code or the Social Security Act shall be exercised by the person appointed under state law to act on the patient's or resident's behalf and within the scope of the designation.

If a patient or resident becomes unable to exercise his or her own rights, and has not been adjudicated incompetent by a state court, any legal surrogate designated in accordance with state law may exercise the patient's or resident's rights, to the extent provided by state law.

40. A nursing home resident's rights may be exercised by the patient's representative within the scope of the designation.

PATIENT/RESIDENT **RESPONSIBILITIES**

A patient or resident is responsible for:

1. Following the health center rules and regulations affecting patient and resident care and conduct.
2. Providing a complete and accurate medical history.
3. Making it known whether he or she clearly comprehends the proposed plan of care and the things he or she is expected to do.
4. Following the recommendations and advice prescribed in a course of treatment by the physician.
5. Providing information about unexpected complications that arise in the course of treatment.
6. Being considerate of the rights of other patients or residents and health center personnel and property.
7. Providing the health center with accurate and timely information concerning his or her sources of payment and ability to meet financial obligations.
8. Providing the health center with a signed consent for the use or disclosure of health information for treatment, payment, or healthcare operations, as those terms are defined in federal law and/or regulations. Refusal to provide this signed consent may result in a denial of admission.