

PATIENT RIGHTS

1. The patient has the right to respectful care given by competent personnel.
2. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
3. The patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual orientation, gender identity, national origin or source of payment.
4. The patient, or when appropriate, the patient's representative has the right to be informed of their rights at the earliest possible time in the course of their hospitalization.
5. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
6. The patient has the right, upon request, to be given the name of their attending physician, the names of all other physicians directly participating in their care, and the names and functions of other health care persons having direct contact with the patient.
7. The patient has the right to participate in the development and implementation of their plan of care, including their inpatient treatment/care plan, outpatient treatment/care plan, discharge care plan, and pain management plan.
8. The patient has the right to full information in laymen's terms, concerning their 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 on their behalf to the patient's designee. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both.
9. The patient has the right to be advised when a physician is considering the patient as a part of a medical care research program or donor program. Informed consent must be obtained prior to actual participation in such program and the patient or legally responsible party, may, at any time, refuse to continue in any such 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 research study in accord 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.

For any research study proposed for conduct under a FDA "Exception from Informed Consent Requirements for Emergency Research" or a HHS "Emergency Research Consent Waiver" in which informed consent is waived 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 reviewing the research study has authorized the start of the community consultation process required by the federal regulations for emergency research, but before the beginning of that process, notice of the proposed research study by the facility 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 currently proposed meeting dates and times;
- d. an explanation of the way that people choosing not to participate in the research study may opt out; 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 the 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. The patient has the right to refuse any drugs, treatment or procedure offered by the facility, to the extent permitted by law, 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. The patient has the right to every consideration of their privacy concerning their own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted discreetly.

12. The patient who does not speak English or is hearing impaired shall have access, when possible, to a qualified medical interpreter (for foreign language or hearing impairment) at no cost, when necessary and possible.

13. The facility shall provide the patient, or patient designee, upon request, access to all information contained in the patient's medical records. The patient's access to medical records 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 in the patient's medical record. Access shall be restricted only for sound medical reasons. A patient's designee may have access to the information in the patient's medical records even if the attending physician restricts the patient's access to those records.

14. The patient has the right not to be awakened by hospital staff unless it is medically necessary.

15. The patient has the right to be free from needless duplication of medical and nursing procedures.

16. The patient has the right to medical and nursing treatment that avoids unnecessary physical and mental discomfort.

17. When medically permissible, the patient may be transferred to another facility only after 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. The patient has the right to examine and receive a detailed explanation of their bill. The patient has a right to full information and counseling on the availability of known financial resources for their health care.

19. The 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 following discharge and the means for meeting them.

20. The 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 the rights set out in this Section.

21. A patient has the right to know what facility rules and regulations apply to their conduct as a patient.

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22. The 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. This right must not be construed 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. The 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.

If the patient has a concern, complaint, or grievance, they may contact their nurse, the nursing supervisor, or call the patient advocate at 910-642-1747.

If the patient's 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 findings within seven days.

If the patient chooses to identify a concern, complaint, or grievance after discharge, they may call the patient advocate at:

910-642-1747

or write a letter to:

Columbus Regional Healthcare System
500 Jefferson St Whiteville, NC 28472

The patient has the right to directly contact the North Carolina Department of Health and Human Services (State Survey Agency) or DNV Healthcare USA Inc.

North Carolina Department of Health and Human Services

Complaint Hotline:

1-800-624-3004

MAIL:

Attn: Healthcare Complaints

DNV Healthcare USA Inc.

1400 Ravello Drive

Katy, Texas 77449

PHONE: 866-496-9647

E-MAIL: hospitalcomplaint@dnv.com

24. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.

25. The patient has the right to have a family member or representative of their choice and their physician notified promptly of their admission to the hospital.

26. The 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. It also includes limiting release or disclosure of patient information such as patient's presence in the facility, location in hospital, or personal information.

27. The 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, including respect, dignity, comfort, and physical safety.

28. The 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.

29. The patient has the right to be free from restraints or seclusion of any form that are not medically necessary, or that is imposed by staff as a means of coercion, discipline, convenience, or retaliation.

30. The 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 by marriage.

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 reporting unexpected changes in their condition or concerns about their care to the doctor or nurse taking care of them.
3. Patients and their families are responsible for asking questions when they do not understand their care, treatment and service, or what they are expected to do.
4. 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.
5. Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.
6. Patients and their families are responsible for following the hospital's rules and regulations.
7. Patients and their families are responsible for being considerate of the hospital's staff and property, as well as other patients and their property, including recording of staff and other patients.
8. Patients and their families are responsible to promptly meet any financial obligation agreed to with the hospital.
9. 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.
10. Patients and their families should ask their doctor or nurse about how to manage their pain.
11. Patients, families, and visitors will refrain from smoking or the use of smoking materials/tobacco products (i.e. vaping, chewing, etc.).