



Policy

University of North Carolina Hospitals recognizes that each patient is an individual with unique health needs. Care should be focused upon the patient's individual needs and provided in a manner that is considerate and respectful of each patient's personal dignity. It is in recognition of these factors that UNC Hospitals affirms these rights and responsibilities for its patients.

If a patient cannot adequately assert these rights, because the patient is a minor or is not competent, the patient's guardian, next of kin, or legally authorized responsible person may do so on the patient's behalf.

Patient Rights and Responsibilities

1. A patient has the right to be informed of their rights at the earliest possible time in the course of their hospitalization.
2. A patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, or source of payment.
3. A patient who does not speak English shall have access, when possible, to an interpreter.
4. A patient has the responsibility to provide accurate and complete information about present complaints, pain, past illnesses, hospitalizations, medications, demographics, and other matters relating to their health. A patient is expected to ask questions and is responsible for telling caregivers if they do not understand their care or treatment.
5. A patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to UNC Hospitals, unless the patient requests that this not be done.
6. A patient has the right to quality care and high professional standards that are continually maintained and reviewed.
7. A patient has the right to respectful care given by competent personnel.
8. A patient has the right to receive medical and nursing care in a safe setting and to be free from all forms of abuse and harassment, including the willful infliction of injury, staff neglect or indifference, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish. A patient has the right not to be awakened by UNC Hospitals' staff unless it is medically necessary.
9. A patient has the right to be free from seclusion and restraints that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff. Seclusion or restraints may be used in emergency situations to ensure the patient's physical safety when less restrictive interventions have been determined to be ineffective.
10. A patient has the right to useful written and spoken information about pain relief measures, state-of-the-art pain management, and concerned and competent health care professionals committed to pain prevention and control who respond promptly and seriously to reports of pain.
11. A patient has the right to know what UNC Hospitals' rules and regulations apply to their conduct as a patient.
12. A patient who presents to the Emergency Department has the right to receive at least a medical screening exam, regardless of the patient's ability to pay, and the right to have any emergency medical condition stabilized or to be transferred appropriately.
13. A 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 providers having direct contact with the patient.
14. A patient has the right to assistance in obtaining consultation with another physician at the patient's request and expense.
15. A patient has the right to expect emergency procedures to be implemented without unnecessary delay.
16. A patient who is mentally capable (and if not, the patient's next of kin) has the right to participate in development, implementation, and revision of the patient's plan of care. A patient has a right to have the need for revisions in the care plan explained to them. If a patient later becomes mentally capable of understanding, the patient has the right to be informed of his or her rights at that time.
17. A patient has the right to full information in understandable terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given to the patient's designee.
18. A patient has the right to make informed decisions concerning their care, including being informed of their health status and prognosis, being involved in care planning and treatment, and being able to request, consent for, or refuse treatments and procedures. A patient does not have the right to demand treatment or services deemed medically unnecessary or inappropriate.
19. A patient has the right to refuse any drugs, treatment or procedures, 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 such refusal.
20. A patient has the right to formulate advance directives and to have staff and health care personnel comply with these directives, within the limits of the law.
21. A 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.
22. When medically permissible, a 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.
23. A patient has the right to be informed of their continuing health care requirements following discharge and the means for meeting them.
24. A patient has the right to have all records pertaining to their medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
25. A patient has the right to access their own medical information within a reasonable time. The patient's attending physician may restrict a patient's access to medical records. If the physician restricts the patient's access to medical record information, the physician will record the reasons on the patient's medical records. 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.
26. A patient has the right to every consideration of their privacy concerning their own medical care program. Case discussion, consultation, examination, and treatment should be conducted discreetly.
27. A patient has a right to privacy during personal hygiene activities, during treatment, and when requested at other times, as appropriate. People not involved in a patient's care should not be present during examinations, treatment, or discussions of clinical care with the patient without the patient's consent. A patient has a right not to have any electric monitoring or recording used during an examination, without the patient's consent. However, a patient's right to privacy may be limited when there is a medical need to observe the patient continuously.
28. A patient has the right to examine and receive a detailed explanation of their bill.
29. A patient has a right to information and counseling on the availability of known financial resources for their health care.
30. A patient has the responsibility to ensure that the financial obligations for their health care are fulfilled in a reasonable period of time.
31. A patient who is a Medicare beneficiary has a right to receive a notice of non-coverage and the patient's discharge rights. Medicare patients have the right to appeal a premature discharge. Pursuant to 42 CFR 412.42(c) (3), UNC HCS must provide a hospital-issued notice of non coverage (HINN) to any fee-for-service beneficiary who expressed dissatisfaction with an impending discharge. UNC HCS is required to provide enrollees with a notice of non-coverage, known as the Notice of Discharge and Medicare Appeal Rights (NODMAR), only when a beneficiary disagrees with the discharge decision, or when UNC HCS is not discharging the enrollee, but no longer intends to cover the discharge stay.
32. A patient cannot be denied the right to access to an individual or agency that is authorized to act on their behalf to assert or protect the rights set out in this document. A patient has the right to notify the North Carolina Division of Health Service Regulation of a grievance at: Telephone: (800) 624-3004 (within N.C.) or (919) 855-4500 Fax: (919) 715-7724 Mail: 2711 Mail Service Center, Raleigh, NC 27699-2711. A patient has the right to notify the Joint Commission, a hospital accrediting organization, about complaints regarding patient safety or quality of care at: Telephone: (800) 944-6610, Fax: Office of Quality Monitoring (630) 792-5636, Mail: Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, E-Mail: complaint@jointcommission.org.
33. A patient has the right to file a grievance through the Patient Relations Department.
34. A patient has the right to receive visitors whom he or she designates, including but not limited to, a spouse, a domestic partner, another family member, or a friend. Patient visitation is only restricted by hospital personnel when the visitor's presence infringes on other's rights, safety, or is medically or therapeutically contraindicated for the patient.

Grievance Procedure for Violation of Patient Rights

1. The Board of Directors of the UNC Health Care System has delegated the management of the grievance process for Patient Rights and Responsibilities to the Patient Relations Department. The Patient Relations Department will report on its activity at least annually to the Board of Directors.
2. When an issue cannot be resolved promptly by staff present, a patient or patient's representative may file a grievance (oral or written) with the Patient Relations Department. Grievances may be filed in person, by phone at (919) 966-5006, by mail to the Patient Relations Department, UNC Hospitals, 101 Manning Drive, Chapel Hill NC 27514 or email at patrel@unch.unc.edu. All UNC Hospitals' physicians and staff should report a patient grievance about a violation of any patient rights to Patient Relations.
3. The Patient Relations Department will attempt to resolve a grievance within 7 business days of filing. Patient Relations will communicate a written resolution of the grievance in a language and manner the patient understands. The written response will include the decision, the name of the grievance investigator, the steps taken to investigate the grievance, and the date of completion.
4. Other matters not covered by this procedure may be referred to the Patient Relations Department, but will be handled by the Department's routine procedure rather than pursuant to the policy.