



## **Summary of Patient Rights and Responsibilities**

### Patient *rights* are the following:

1. To participate in all decisions involving the patient's care or treatment.
2. To be informed about whether the hospital is participating in teaching programs, and to provide informed consent prior to being included in any clinical trials relating to the patient's care.
3. To refuse any drug test, procedure, or treatment and to be informed of the risks and benefits of this action.
4. To care and treatment that is respectful, recognizes a person's dignity, cultural value and religious beliefs, and provides for personal privacy to the extent possible during the course of treatment.
5. To know the names, professional status, and experience of the staff that are providing care or treatment to the patient.
6. To receive , upon request:
  - a. Prior to initiation of care or treatment, the estimated average charge to the patient for non-emergent care.
  - b. The general billing procedure.
  - c. An itemized bill that identifies treatment and services by date.
7. To give informed consent for all treatment and procedures.
8. To register complaints with the hospital and to be informed of the procedure for registering complaints including contact information.
9. To be free of abuse and neglect.
10. To be free of the inappropriate use of restraints.
11. Except in emergency situations, patients are only accepted for care and services when the hospital can meet their identified and reasonable anticipated care, treatment and service needs.
12. Care delivered by the health care entity in accordance with the needs of the patient.
13. To confidentiality of medical records.
14. To receive care in a safe setting.
15. To disclosure as to whether referrals to other providers are entities in which the hospital has a financial interest.
16. To formulate advance directives and have the health care entity comply with such directives, as applicable and in compliance with applicable state status.
17. To effective communication. Interpretation services are available. Hearing/vision accessory devices are available. The patient has the right to access people outside the hospital by means of visitors and by verbal or written communication.

18. To be informed of the hospital rules and regulations applicable to the patient's conduct.

Patient responsibilities are the following:

1. To provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.
2. To report unexpected changes in his/her condition to the responsible practitioner.
3. To report whether he/she clearly comprehends the proposed treatment course and what the expectations are.
4. To follow the treatment plan.
5. To follow instructions of the nurses and allied health professionals as they carry out the treatment plan, physician's orders, and enforce the applicable hospital rules and regulations.
6. The patient is responsible for the outcomes of refusing treatment or not following the treatment plan.
7. Assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
8. Following hospital rules and regulations affecting patient care and conduct.
9. Being considerate of the rights of other patients and hospital personnel. The patient is responsible for being respectful of the property of other patients and the hospital.

If you feel as if your rights have been violated there is a process in the hospital for addressing any complaints or concerns. All complaints are taken seriously and a thorough investigation is completed. No retaliation will be taken against a patient for report of any rights violations or complaints.

Complaints within the facility may be directed the Patient Advocate:

Daniel Blue  
360-651-5966  
3955 156<sup>th</sup> St. NE  
Marysville, WA 98271



## Patient Rights - Chemical Dependency Services

(1) Each agency licensed by the department to provide any behavioral health service must develop a statement of individual participant rights applicable to the service categories the agency is licensed for, to ensure an individual's rights are protected in compliance with chapters [70.96A](#), 71.05, 71.12, and [71.34](#) RCW. In addition, the agency must develop a general statement of individual participant rights that incorporates at a minimum the following statements. "You have the right to:

- (a) Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
- (b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
- (c) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
- (d) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
- (e) Be free of any sexual harassment;
- (f) Be free of exploitation, including physical and financial exploitation;
- (g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
- (h) Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
- (i) Receive a copy of agency grievance system procedures upon request and to file a grievance with the agency, or behavioral health organization (BHO), if applicable, if you believe your rights have been violated; and
- (j) Lodge a complaint with the department when you feel the agency has violated a WAC requirement regulating behavior health agencies.

(2) Each agency must ensure the applicable individual participant rights described in subsection (1) of this section are:

- (a) Provided in writing to each individual on or before admission;
- (b) Available in alternative formats for individuals who are blind;
- (c) Translated to the most commonly used languages in the agency's service area;
- (d) Posted in public areas; and
- (e) Available to any participant upon request.

(3) Each agency must ensure all research concerning an individual whose cost of care is publicly funded is done in accordance with chapter [388-04](#) WAC, protection of human research subjects, and other applicable state and federal rules and laws.

(4) In addition to the requirements in this section, each agency providing services to Medicaid recipients must ensure an individual seeking or participating in behavioral health treatment services, or the person legally responsible for the individual is informed of their Medicaid rights at time of admission and in a manner that is understandable to the individual or legally responsible person.

(5) The grievance system rules in WAC [388-877-0654](#) through WAC [388-877-0675](#) apply to an individual who receives behavioral health services funded through a federal Medicaid program or sources other than a federal Medicaid program.

**Rights—Posting of list.**

Insofar as danger to the individual or others is not created, each person involuntarily detained, treated in a less restrictive alternative course of treatment, or committed for treatment and evaluation pursuant to this chapter shall have, in addition to other rights not specifically withheld by law, the following rights, a list of which shall be prominently posted in all facilities, institutions, and hospitals providing such services:

(1) To wear his or her own clothes and to keep and use his or her own personal possessions, except when deprivation of same is essential to protect the safety of the resident or other persons;

(2) To keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases;

(3) To have access to individual storage space for his or her private use;

(4) To have visitors at reasonable times;

(5) To have reasonable access to a telephone, both to make and receive confidential calls;

(6) To have ready access to letter writing materials, including stamps, and to send and receive uncensored correspondence through the mails;

(7) Not to consent to the administration of antipsychotic medications beyond the hearing conducted pursuant to RCW **71.05.320**(4) or the performance of electroconvulsant therapy or surgery, except emergency lifesaving surgery, unless ordered by a court of competent jurisdiction pursuant to the following standards and procedures:

(a) The administration of antipsychotic medication or electroconvulsant therapy shall not be ordered unless the petitioning party proves by clear, cogent, and convincing evidence that there exists a compelling state interest that justifies overriding the patient's lack of consent to the administration of antipsychotic medications or electroconvulsant therapy, that the proposed treatment is necessary and effective, and that medically acceptable alternative forms of treatment are not available, have not been successful, or are not likely to be effective.

(b) The court shall make specific findings of fact concerning: (i) The existence of one or more compelling state interests; (ii) the necessity and effectiveness of the treatment; and (iii) the person's desires regarding the proposed treatment. If the patient is unable to make a rational and informed decision about consenting to or refusing the proposed treatment, the court shall make a substituted judgment for the patient as if he or she were competent to make such a determination.

(c) The person shall be present at any hearing on a request to administer antipsychotic medication or electroconvulsant therapy filed pursuant to this subsection. The person has the right: (i) To be represented by an attorney; (ii) to present evidence; (iii) to cross-examine witnesses; (iv) to have the rules of evidence enforced; (v) to remain silent; (vi) to view and copy all petitions and reports in the court file; and (vii) to be given reasonable notice and an opportunity to prepare for the hearing. The court may appoint a psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychologist within their scope of practice, physician assistant, or physician to examine and testify on behalf of such person. The court shall appoint a psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychologist within their scope of practice, physician assistant, or physician designated by such person or the person's counsel to testify on behalf of the person in cases where an order for electroconvulsant therapy is sought.

(d) An order for the administration of antipsychotic medications entered following a hearing conducted pursuant to this section shall be effective for the period of the current involuntary treatment order, and any interim period during which the person is awaiting trial or hearing on a new petition for involuntary treatment or involuntary medication.

(e) Any person detained pursuant to RCW 71.05.320(4), who subsequently refuses antipsychotic medication, shall be entitled to the procedures set forth in this subsection.

(f) Antipsychotic medication may be administered to a nonconsenting person detained or committed pursuant to this chapter without a court order pursuant to RCW 71.05.215(2) or under the following circumstances:

(i) A person presents an imminent likelihood of serious harm;

(ii) Medically acceptable alternatives to administration of antipsychotic medications are not available, have not been successful, or are not likely to be effective; and

(iii) In the opinion of the physician, physician assistant, or psychiatric advanced registered nurse practitioner with responsibility for treatment of the person, or his or her designee, the person's condition constitutes an emergency requiring the treatment be instituted before a judicial hearing as authorized pursuant to this section can be held.

If antipsychotic medications are administered over a person's lack of consent pursuant to this subsection, a petition for an order authorizing the administration of antipsychotic medications shall be filed on the next judicial day. The hearing shall be held within two judicial days. If deemed necessary by the physician, physician assistant, or psychiatric advanced registered nurse practitioner with responsibility for the treatment of the person, administration of antipsychotic medications may continue until the hearing is held;

(8) To dispose of property and sign contracts unless such person has been adjudicated an incompetent in a court proceeding directed to that particular issue;

(9) Not to have psychosurgery performed on him or her under any circumstances.

[ 2016 c 155 § 4; 2008 c 156 § 3; 1997 c 112 § 31; 1991 c 105 § 5; 1989 c 120 § 8; 1974 ex.s. c 145 § 26; 1973 1st ex.s. c 142 § 42. Formerly RCW 71.05.370.]

## NOTES:

**Severability—1991 c 105:** See note following RCW 71.05.215.

**Patient rights and organizational ethics.**

The purpose of this section is to improve patient care and outcomes by respecting every patient and maintaining ethical relationships with the public.

Hospitals must:

(1) Adopt and implement policies and procedures that define each patient's right to:

(a) Be treated and cared for with dignity and respect;

(b) Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the hospital must document and explain the restrictions to the patient and family;

(c) Be protected from abuse and neglect;

(d) Access protective services;

(e) Complain about their care and treatment without fear of retribution or denial of care;

(f) Timely complaint resolution;

(g) Be involved in all aspects of their care including:

(i) Refusing care and treatment; and

(ii) Resolving problems with care decisions.

(h) Be informed of unanticipated outcomes according to RCW **70.41.380**;

(i) Be informed and agree to their care;

(j) Family input in care decisions;

(k) Have advance directives and for the hospital to respect and follow those directives;

(l) Request no resuscitation or life-sustaining treatment;

(m) End of life care;

(n) Donate organs and other tissues according to RCW **68.50.500** and **68.50.560** including:

(i) Medical staff input; and

(ii) Direction by family or surrogate decision makers.

(2) Provide each patient a written statement of patient rights from subsection (1) of this section;

(3) Adopt and implement policies and procedures to identify patients who are potential organ and tissue donors;

(4) Adopt and implement policies and procedures to address research, investigation, and clinical trials including:

(a) How to authorize research;

(b) Require staff to follow informed consent laws; and

(c) Not hindering a patient's access to care if a patient refuses to participate.

(5) No later than sixty days following the effective date of this section, every hospital must submit to the department its policies related to access to care:

(a) Admission;

(b) Nondiscrimination;

(c) End of life care; and

(d) Reproductive health care.

(6) The department shall post a copy of the policies received under subsection (5) of this section on its web site.

(7) If a hospital makes changes or additions to any of the policies listed under subsection (5) of this section, it must submit a copy of the changed or added policy to the department within thirty days after the hospital approves the changes or additions.

(8) Hospitals must post a copy of the policies provided under subsection (5) of this section to its

own web site where it is readily accessible to the public, without requiring a login or other restriction.

[Statutory Authority: RCW **70.38.135**, **70.38.115**, **70.41.030**, chapters **70.38** and **70.41** RCW. WSR 14-02-040, § 246-320-141, filed 12/23/13, effective 1/23/14. Statutory Authority: Chapter **70.41** RCW and RCW **43.70.040**. WSR 09-07-050, § 246-320-141, filed 3/11/09, effective 4/11/09.]

**Rights of minors undergoing treatment—Posting.**

Absent a risk to self or others, minors treated under this chapter have the following rights, which shall be prominently posted in the evaluation and treatment facility:

- (1) To wear their own clothes and to keep and use personal possessions;
- (2) To keep and be allowed to spend a reasonable sum of their own money for canteen expenses and small purchases;
- (3) To have individual storage space for private use;
- (4) To have visitors at reasonable times;
- (5) To have reasonable access to a telephone, both to make and receive confidential calls;
- (6) To have ready access to letter-writing materials, including stamps, and to send and receive uncensored correspondence through the mails;
- (7) To discuss treatment plans and decisions with mental health professionals;
- (8) To have the right to adequate care and individualized treatment;
- (9) Not to consent to the performance of electro-convulsive treatment or surgery, except emergency lifesaving surgery, upon him or her, and not to have electro-convulsive treatment or nonemergency surgery in such circumstance unless ordered by a court pursuant to a judicial hearing in which the minor is present and represented by counsel, and the court shall appoint a psychiatrist, physician assistant, psychologist, psychiatric advanced registered nurse practitioner, or physician designated by the minor or the minor's counsel to testify on behalf of the minor. The minor's parent may exercise this right on the minor's behalf, and must be informed of any impending treatment;
- (10) Not to have psychosurgery performed on him or her under any circumstances.

[ **2016 c 155 § 18; 2009 c 217 § 15; 1985 c 354 § 16.** Formerly RCW **71.34.160.**]