Patient’s Bill of Rights

As a patient in our Joint Commission accredited health care facility, you have many rights that we are committed to protecting and promoting. Whenever possible, we will inform you of your rights in advance of furnishing or discontinuing your care. Your rights include the following:

1. To have the staff promptly notify a family member/representative and religious or spiritual leader of your admission to the health care facility.
2. To considerate, respectful care and personal dignity. You have the right to respect of your care. You have the right to give us feedback on your care.
3. To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You have the right to wear appropriate personal clothing or religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment. You have the right to pastoral and other spiritual services.
4. To participate in the development and implementation of your care, and to know the identity and professional status of those involved in your care, including if the care giver is a student or trainee or is professionally associated with the health care facility or health care institutions associated with the health care facility.
5. To make informed decisions about your care, treatment and services. This includes being informed of your health status: being involved—prior to and during the course of your care planning and treatment, being informed as to all proposed technical procedures and treatment—including the potential benefit(s) and potential drawbacks or risks; that alternative(s) for care, being able to request or refuse medically appropriate treatment to the extent permitted by law and health care facility policy, and to be informed of the medical consequences of such action. If you refuse a recommended treatment, you will receive other medically needed, indicated and available care.
6. To formulate an advance directive (such as a Living Will or Durable Power of Attorney for Health Care) with the expectation that the staff and practitioners will honor the directive to the extent permitted by law and Palmetto Health policy. If you have a written advance directive, you should provide a copy to the health care facility, your family and your doctor. These documents express your choices about your future care or name someone for you if you cannot speak for yourself.
7. To expect that, within capacity and policies, the health care facility will make a reasonable response to any patient’s request for appropriate and medically indicated care and services, including the management of pain. Our health care facility is committed to providing individuals impartial access to treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, national origin, or sources of payment for care.
8. If you believe that your care is unreasonably delayed or that you have been denied care, you are not able to be transferred to another facility after being informed about the need for, risks, benefits, and alternatives to transfer. You will not be transferred until the other facility agrees to accept you and you agree to transfer.

9. To personal privacy, to receive care in a safe setting, free from unnecessary or inadvertent disclosure, including the possibility of exploitation. You have the right to refuse to talk with or see anyone not officially connected with the health care facility, including visitors, or persons officially connected with the health care facility but not directly involved in your care. You have the right to expect that any discussion or consultation involving your care will be conducted discreetly and that individuals not directly involved in your care will not have access to your permission. You have the right to be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes having the right to have a person of one’s own sex present during certain physical examinations, treatment or procedure performed by a health professional of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which disrobing is needed.
10. To access people outside of the health care facility by means of visitors and by verbal and written communication, as long as it does not interfere with the care, treatment or service plan.
11. If you do not speak or understand the predominant language of the community, access to an interpreter can be provided.
12. To be free from restraint or any form that are not medically necessary. For behavior management, all patients have the right to be free from seclusion and restraints except in the case of an emergency, when there is an imminent risk of an individual physically harming himself/herself or others, and less restrictive interventions would be ineffective.
13. To confidentiality of your clinical records, except in such cases as suspected abuse or public health hazards and/or when releasing is permitted or required by law. You have the right to have your medical record read only by individuals directly involved in your treatment or in the monitoring of quality. Other individuals can only read your medical record on your written authorization or that of your legally authorized representative.
14. You have the right to expect all communications and other records pertaining to your care, including the source of payment for treatment, to be treated as confidential.
15. To access information contained in your clinical records within a reasonable time frame, and to have the facility or its agents interpret as necessary, except when restricted by law and/or as long as it does not interfere with treatment.
16. To know if this health care facility has relationships with other health care facilities, educational institutions or other outside parties that may influence your care.
17. To consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the same care as those who do not participate.
18. To expect that, within capacity and policies, the health care facility will honor the directive to the extent permitted by law and any patient’s request for appropriate and medically indicated care.
19. To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You have the right to wear appropriate personal clothing or religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment. You have the right to considerate, respectful care and personal dignity. You have the right to the right to have the staff promptly notify a family member/representative and religious or spiritual leader of your admission to the health care facility.
20. To ask questions about your care, treatment and services. Your concerns are very important to us and we would appreciate the opportunity to resolve them. If you have a concern/grievance, please speak with the staff or request to speak with the unit/depart management supervisor/manager. If you would rather express the concern/grievance to a patient liaison, call the number at the bottom of this notice. Staff are available to assist you anytime during your stay and will seek prompt resolution to your concern/grievance. If you want to contact an outside agency before the hospital representative, you may contact the Bureau of Health Facilities Licensing with the Department of Health and Environmental Control by mail at 2600 Bull St., Columbia, SC 29020 or by phone at 803-545-4200 and/or The Carolinas Center for Medical Excellence, 246 Stoneridge Dr. Suite 200, Columbia, SC 29210, 803-251-2125 or 800-922-3089. Patient safety concerns can be reported to The Joint Commission at www.jointcommission.org, using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website OR by fax to 630-792-5636, OR by mail to Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

Patient Responsibilities

As a patient in our Joint Commission accredited health care facility you have many responsibilities. This is to inform you that you, your family and/or your designated advocate are responsible for:

1. Providing, to the best of your knowledge, accurate and complete information about present symptoms, reason for your visit, past illnesses, hospitalizations, use of medications (prescribed, nonprescribed and herbals), and other matters relating to your health.
2. Helping ensure your safety by knowing your health care providers and reporting concerns, perceived risks, or unexpected changes in your care, treatment, medical condition and/or service provided to you. If necessary, you may be transferred to another facility at Palmetto Health will be wearing an identification badge clearly stating his or her name, department and job or title.
3. To voice an opinion about yourself and to be involved in resolving dilemmas about care, treatment and services.
4. Providing, to the best of your knowledge, accurate and complete information about present symptoms, reason for your visit, past illnesses, hospitalizations, use of medications (prescribed, nonprescribed and herbals), and other matters relating to your health.
5. To consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the same care as those who do not participate.
6. To ask questions about your care, treatment and services. Your concerns are very important to us and we would appreciate the opportunity to resolve them. If you have a concern/grievance, please speak with the staff or request to speak with the unit/depart management supervisor/manager. If you would rather express the concern/grievance to a patient liaison, call the number at the bottom of this notice. Staff are available to assist you anytime during your stay and will seek prompt resolution to your concern/grievance. If you want to contact an outside agency before the hospital representative, you may contact the Bureau of Health Facilities Licensing with the Department of Health and Environmental Control by mail at 2600 Bull St., Columbia, SC 29020 or by phone at 803-545-4200 and/or The Carolinas Center for Medical Excellence, 246 Stoneridge Dr. Suite 200, Columbia, SC 29210, 803-251-2125 or 800-922-3089. Patient safety concerns can be reported to The Joint Commission at www.jointcommission.org, using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website OR by fax to 630-792-5636, OR by mail to Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

For more information about your rights or responsibilities or to give us feedback on your care, contact Patient Relations, 803-296-5129 at Palmetto Health Baptist, 803-907-1515 at Palmetto Health Baptist Parkridge, 803-434-6237 at Palmetto Health Richland, or 803-774-9799 at Palmetto Health Tuomey.

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