

SQ Acute: Patient Rights, Clinical

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Welcome to **SQ: Patient Rights, Clinical**.

Select START MODULE to begin.

Be sure to click on the interactive elements to advance.



Introduction



Definition of People's Rights



Notice of Rights



Exercising People's Rights



Right to Be Informed



Right to Privacy and Confidentiality



Right to Safe Care



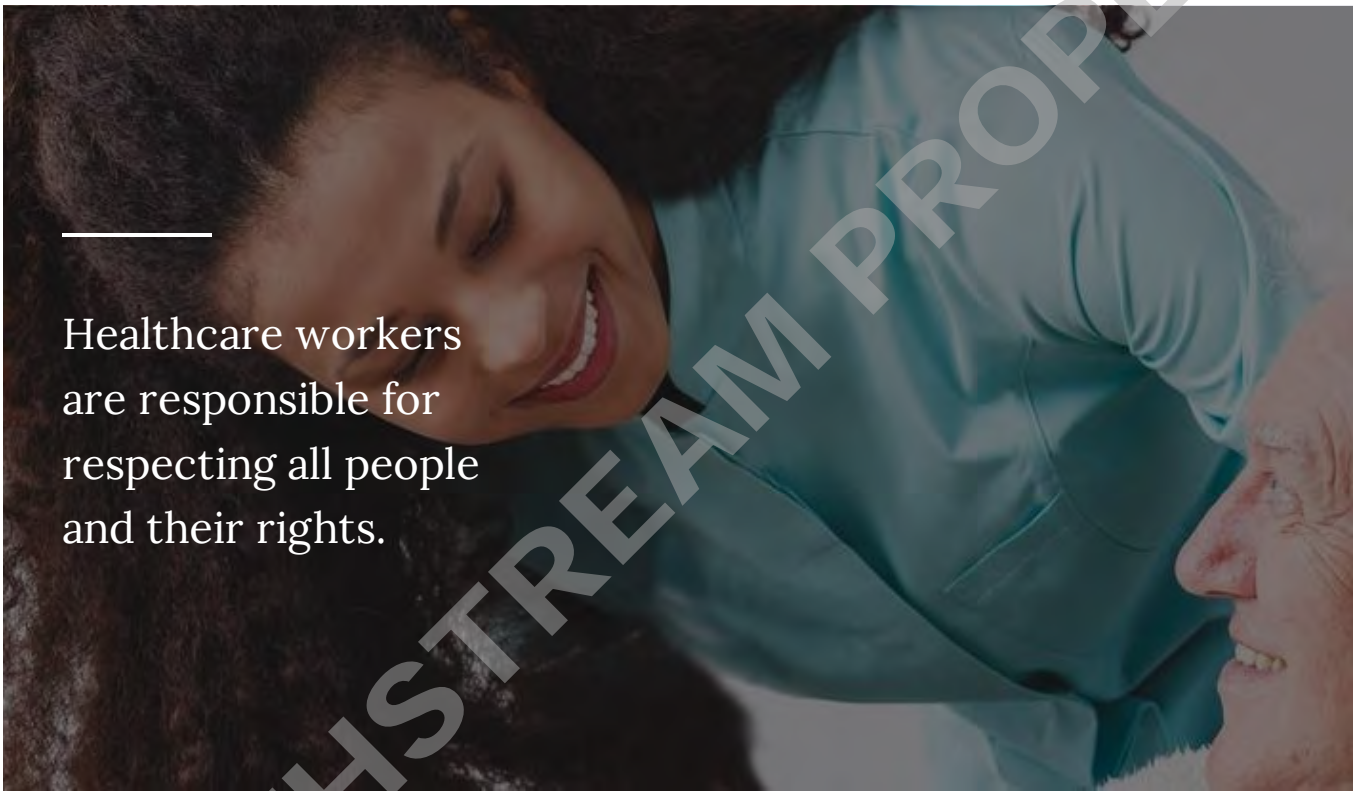
Visitation Rights

☰ Responsibilities of Healthcare Workers

☰ Module Conclusion

HEALTHSTREAM PROPERTY

Introduction



Healthcare workers
are responsible for
respecting all people
and their rights.

This module will review the following:

- People's rights
- People's rights under the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation
- The healthcare worker's responsibility to honor people's rights

Healthcare workers are required to understand that every person has rights to protect.

Please look at these important terms.

Select "+" to expand.

Glossary —

Accreditation/Accredited

Formally accepted or approved

Advance directive

A document that states a person's wishes about the care they do or do not want to receive

Advanced practice provider

A healthcare professional who goes through special training and education to diagnose and treat people, such as a nurse practitioner or physician assistant

An Important Message from Medicare

Document from Medicare explaining a person's rights

Anesthesia

Something given to a person to help them not feel pain

Conditions of Participation

Rules by CMS that healthcare companies follow to care for people who have insurance through Medicare and/or Medicaid

Confidentiality

To keep something secret or private

Critical access hospital

A title that is given to eligible rural hospitals by CMS

Defenseless

Having no way to protect oneself from harm

Disability

A physical or mental impairment that affects normal day-to-day activities

Durable power of attorney for healthcare

A document that names someone else to make decisions about a person's healthcare in case they are unable

Electronic medical record (EMR)

A digital record of a person's health history

Environment

The surroundings or area where a person lives or works

Environmental safety

The practice of making the surrounding area safe

Environmental staff

People who care for the areas in which others work to make them safe

Gender identity

Per the Centers for Disease Control and Prevention (CDC), "an individual's sense of their self as man, woman, transgender, or something else"

Grievance

An official statement of a complaint or dispute over something believed to be wrong or unfair

Infection control

A practice to stop the spread of germs

In-network providers

Providers or healthcare facilities that are part of a health plan's network of providers

Ligature

Anything that can be used to bind, hang, or strangle a person, such as a cord, rope, or shoelace

National origin

The country where a person or their family was born

Notification

The act of telling someone about something

Out-of-network providers

Providers that do not have contracts with a person's insurance

Prior authorization

A process that health plans use to save money by giving permission for services before the services happen

Privacy Rule

Standard that tells how a person's health information may be used

Protected health information (PHI)

Any information that could reveal a person's identity or healthcare problems

Psychiatric

Relating to mental illness

Psychotherapy

A way to help people with mental illness by talking

Quality Improvement Organization (QIO)

A group of doctors and healthcare experts who improve the quality of care given to people with Medicare

Regulation

An official rule or law by authority

Representative

A person who can make decisions about another person's medical care

Resistant

The ability to withstand or oppose something

Sexual orientation

Per the Centers for Disease Control and Prevention (CDC), "refers to a person's sexual and emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction (lesbian, gay, bisexual, etc.)"

Swing bed

Beds used for acute care of skilled nursing facility (SNF) care in certain small, rural hospitals or in a critical access hospital

Let's get started!



Complete the content above before moving on.

Definition of People's Rights

Rights are basic rules of behavior. These rules are between healthcare workers and the people receiving care. Every person has the **right to be treated with respect, dignity, and comfort** while receiving care.

These requirements apply to all Medicare or Medicaid facilities whether they have or do not have accreditation:



- Short term
- Surgical
- Psychiatric
- Children's
- Cancer
- Rehabilitation
- Long term
- Acute care
- Reproductive care

Protecting people's rights is a vital part of the CMS regulations. Not following people's rights can result in poor care, legal issues, and more.



It is the healthcare worker's responsibility to know the rights specific to their care setting and state.

CONTINUE

Notice of Rights

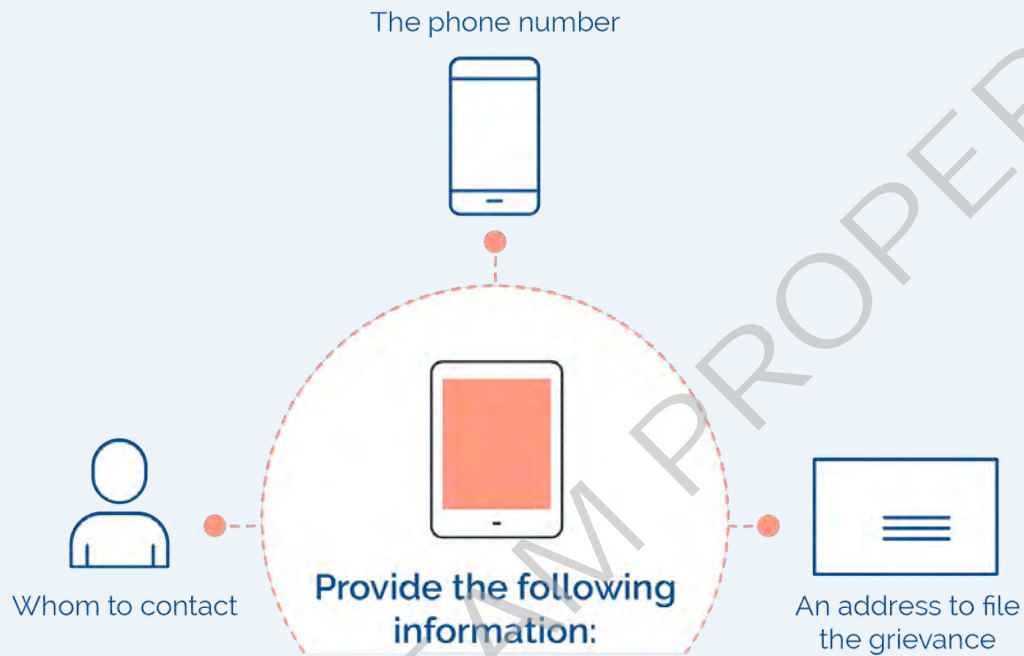
The notice of rights tells people their rights before care starts or stops. A copy of the rights is given in a language they know and in an easy-to-understand way.



People with hearing or visual impairment are to be given aids and services. These are to be given at no charge to help them understand their rights.

Some people cannot respond or act on their own. People may choose a representative to speak for them. When this happens, the representative should be told about the person's rights.

Part of the notice of rights is to tell people how to file a grievance or complaint. This may be with the facility or the state agency that is responsible for the facility. Explain the process to the person or their representative.



No Surprises Act



The No Surprises Act is a federal law that protects people from surprise medical bills for healthcare services. It is part of the right to be informed prior to care.

Information about the No Surprises Act is given to a person or their representative in a language and a way that is easy to understand. It tells them how they are protected and whom to contact if they have concerns.



Services that are covered include the following:

- Emergency services
- Non-emergency services
- Air ambulance from out-of-network providers in some cases

It provides protection in the following ways:

- Protects from having high out-of-pocket costs
- Protects from being billed for payments after insurance has paid
- Sets the amount the person is to pay

Health plans that cover emergency services do not require prior authorization before a person gets care, even if the provider is not in-network.

Those who self-pay or people who are uninsured are given a notice that includes:



A review of
expected costs



Details about
their rights

Choose the best option and select **SUBMIT**.

If a person cannot respond or act on their own, who could receive the notice of rights on their behalf?

☐

The charge nurse

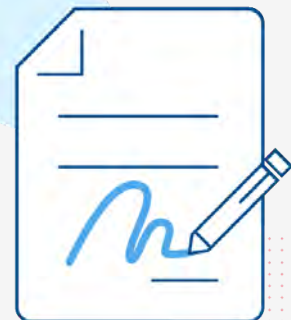
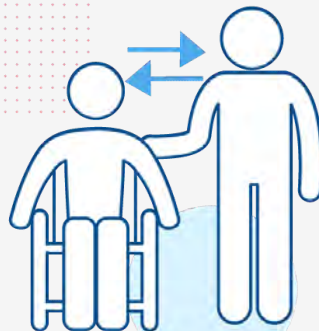
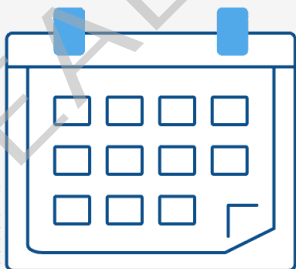
- ☐ The attending provider
- ☐ A visitor
- ☐ The person's representative

SUBMIT

An Important Message from Medicare

People admitted for care who have Medicare should be given a document called **An Important Message from Medicare**.

This document is required to be:



Given to the person within
two days of admission.

Given to a person's
representative if needed.

Signed, dated, and timed
by the person.



The document also explains some key rights, including the **right to appeal discharge**. A copy of the signed document is given to the person or their representative.

The person reviews and signs another copy of this document within two days, no later than four hours before discharge. It explains how the person may ask for an appeal or immediate review of their discharge. The review is done by the Quality Improvement Organization (QIO). This may happen if a person feels their health has not improved.

Electronic Notification Standard

Facilities that use electronic medical records (EMRs) follow federal and state regulations. This includes with people's rights notifications and protected health information (PHI).



The facility system sends a notification to other care providers at admission or during registration in the emergency department. The PHI includes their name,

treating provider, and sending facility. Notifications are sent again when the person is transferred or discharged.

People usually sign a document giving permission to share their PHI. If anyone refuses to give this permission, that refusal is documented in their medical record.



Complete the content above before moving on.

Exercising People's Rights

Under the Conditions of Participation (CoPs), every facility is required to make sure that all people receiving care at the facility know their rights.



By law, certain individuals may exercise the person's rights on their behalf. Responsible individuals may include the following:

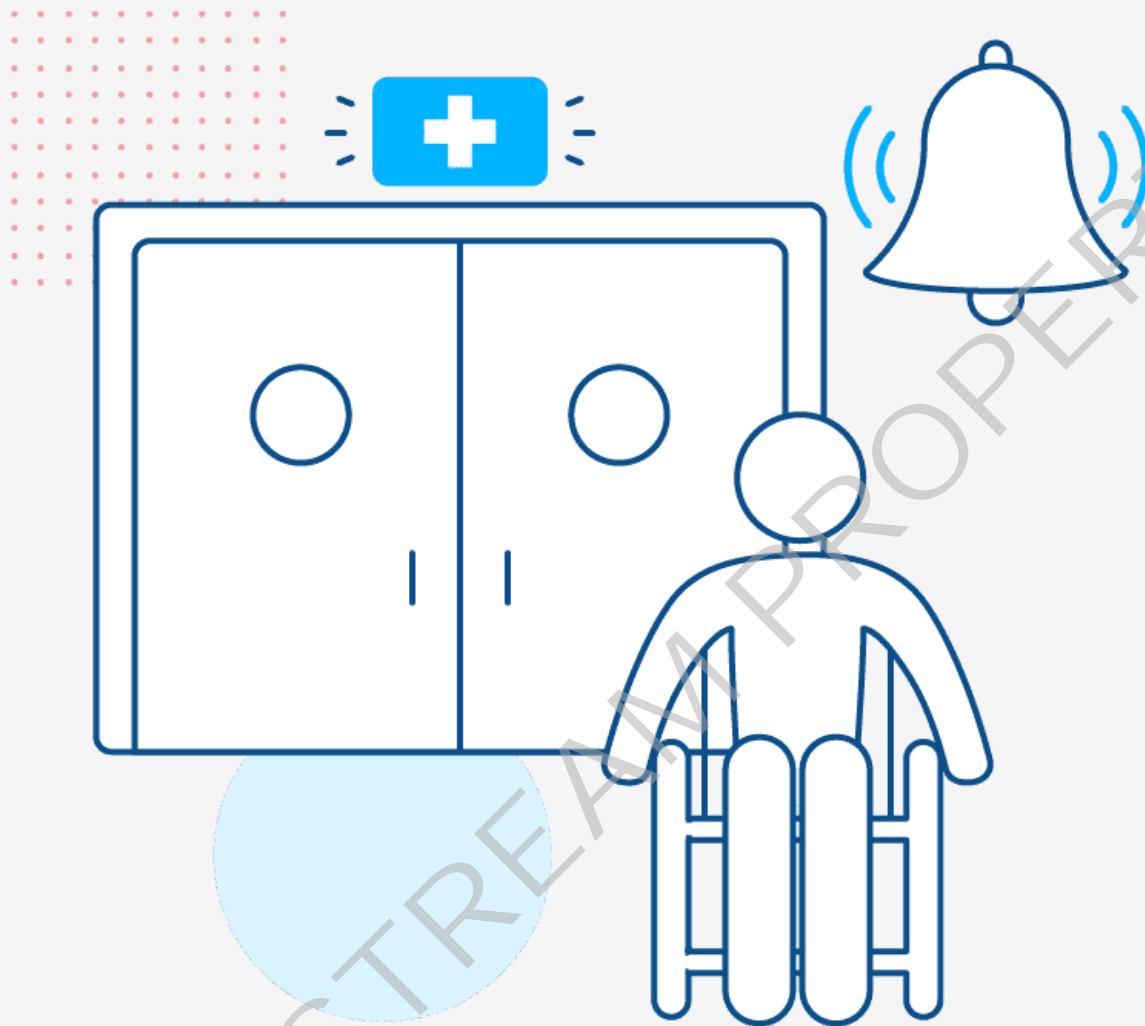
- A person's representative
- An individual named in a durable power of attorney for healthcare
- An individual chosen by the court

If a person is not able to make decisions about their care, proof should be given to the facility.

Proof may include the following:

- A copy of the durable power of attorney for healthcare
- A court order that identifies the individual(s) who may exercise the person's rights

Notification of Admission



Notification should happen during admission. People have **the right to have family, a representative, and their doctor notified of their admission.**

People should be asked whether they do or do not want someone notified. Their answer should be written in the medical record. Notifications should be documented, including who was notified, when they were notified, and how they were notified.

Plan of Care



People have the **right to participate in their plan of care**. The person or their representative should be included during the planning process and discussion of the person's goals.

Including the person in the plan shows respect for their wants, feelings, culture, and ideas.

CONTINUE

Right to Be Informed

Everyone has the **right to make informed decisions** about their care.



Having this information helps to make informed decisions about care. People can then create their goals and plan.



All individuals have the right to request or refuse care or treatment.

Right to Be Informed Ahead of Time

People have the **right to be informed ahead of time** about the following:

Select each card to view the text.



Doctor Ownership

Doctor Ownership

All doctor-owned facilities are to give written notice to people. It should be given at the start of every visit or stay.



On-site Presence of Doctor

On-site Presence of Doctor

A person should be told in writing that a doctor is in the facility 24 hours a day, seven days per week.

(This applies to inpatients and some types of outpatient visits.) If they are not available, the facility is required to let the person know in writing.



Sometimes, a person training to be a doctor or other advanced practice provider may perform exams or procedures as part of their education.

People have the right to make informed decisions, so they can consent to having the following done by a person in training:

- An exam
- Treatment
- A procedure

This is especially needed if the person will be given anesthesia.

Examples of procedures and exams include the following:

- Opening and closing during surgery
- Breast, pelvic, prostate, and rectal exams



The facility has to have a person sign a written consent if they will be treated by a person in training while under anesthesia. If the procedure by the student does not include anesthesia, the person has to be able to give verbal consent. This has to be documented in the medical record.

Right to an Advance Directive



An advance directive explains a person's choices about the care they receive when they cannot speak or communicate. It may include whom the person wants to represent them in decision-making. These directives are legal in most states, but each healthcare worker should know their state laws.

A person should be asked during admission if they have an advance directive or if they would like to create one. Facilities provide written notice of their policies that include rights, a

person's choices for care, and the right to create an advance directive. These rights include the right to create a psychiatric advance directive.



Complete the content above before moving on.

Right to Privacy and Confidentiality

Right to Personal Privacy

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People have the **right to privacy** of their information that could be used to identify them or their medical problems. A person has to be asked for permission to share their information. Their approval has to be received before the information is shared.

Healthcare staff can also show respect for a person's privacy in simple ways:

- Knock and wait before entering their room.

- Perform exams in private.
- Provide privacy during care.



Right to Confidentiality and Access to Medical Records

Right to Confidentiality

People have the **right to the confidentiality of their medical records**. Only staff involved in the person's treatment, payment, or care may access these records. Policies and procedures about keeping all records and electronic devices secure should be followed.



Right to Access Their Medical Records

People have the **right to copies of their medical records**. The person's request can be verbal or in writing. The facility is required to meet the request as soon as their system allows in a reasonable time. The records can be given electronically or on paper.



The Privacy Rule states that a facility is to get a person's approval before sharing psychotherapy notes for any reason. This includes sharing with a provider other than the person who wrote the notes for care.

Reproductive Healthcare Privacy

A facility may not use or disclose PHI for the following reasons:

- To investigate or identify a person who seeks, gets, provides, or facilitates reproductive healthcare
- To put blame on or identify a person who seeks, gets, provides, or facilitates reproductive healthcare

CONTINUE

Right to Safe Care

Right to Safe Care

People have the **right to receive care in a safe setting.**

Safe settings feature the following:



Care teams that follow infection control measures, respond to alarms, and report risks



Security staff who follow standards for the safety of all people



Staff who protect defenseless people, newborns, and children

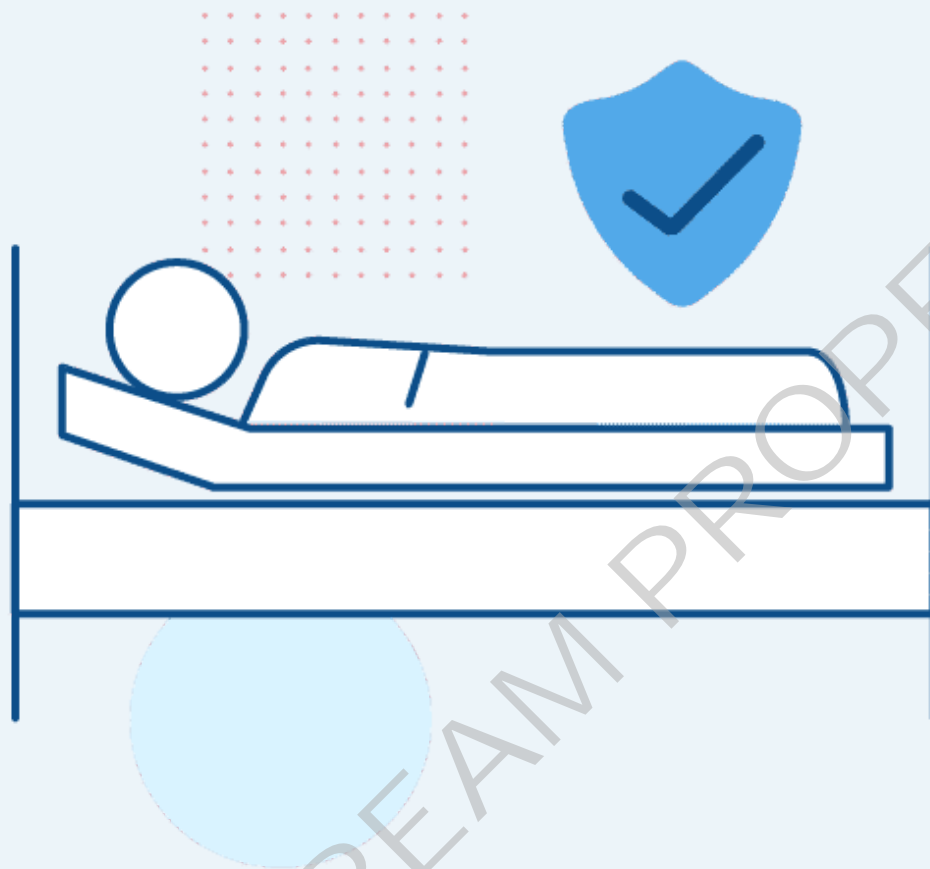


Staff who protect people
with mental health illnesses



Environmental staff who
check fire and electric
safety

Special protection may be needed for
people at risk for self-harm or violent
behavior.



If a setting is not specific for mental healthcare, actions for risk prevention are required. These actions may include the following:

- Observing a person one-to-one (one healthcare worker observing only that person)
- Removing all sharp or dangerous objects from the room
- Taking away any furniture or equipment that could be used to hurt them or someone else
- Removing possible ligatures and identifying ligature risks

All locked psychiatric units are to achieve a ligature-resistant environment. These locked units can be seen in the following settings:

- Psychiatric hospitals
- Acute care hospitals
- Critical access hospitals
- Emergency departments



Certain items can be used to harm a person. These include plastic bags, breakable windows, light fixtures, and oxygen tubing.

Right to Be Free From All Forms of Abuse or Harassment



People have the **right to be free from all forms of abuse, harassment, and discrimination** from staff, other people receiving care, or visitors. Every person has the right to be treated with respect, dignity, and comfort while receiving care.

Abuse—Hurting someone that results in mental or physical harm. Neglect is failing to care for someone correctly and is a form of abuse.

Harassment—Violent behavior used to scare or bully someone. The behavior can be physical or verbal and makes someone uncomfortable.

Discrimination—This is to treat a group of people in an unfair way based on their characteristics.



It is against the law to discriminate against a person based on their race, color, national origin, disability, age, sexual orientation, and gender identity.

Restraint or Seclusion



People have the **right to be free from restraint or seclusion**. This includes physical or chemical restraint or mental punishment by staff.

Trained healthcare providers should only use physical and chemical restraints for the immediate physical safety of the person or others around the person. If they are misused, they may be considered abuse.

Sometimes a person needs restraint, seclusion, or both to keep them from harming themselves or others. A safe room may be the best option in this situation.

When using restraints or seclusion,
**protect the person's rights, safety,
comfort, and dignity** at all times.



**Stop restraint or seclusion of a person as soon as
safely possible.**

CONTINUE

Visitation Rights

Visitation Rights



People have the **right to decide who may visit** them. Facilities are required to tell people about visitation rights and policies.

A facility cannot restrict, limit, or stop visits based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

There are times when visitors may need to be limited or restricted. When this happens, the person or their representative should be told. They should be provided with a policy that includes those reasons.

Reasons for limiting visitors are:



Special care settings that limit the number of visitors



Care done at specific times



Infection control concerns



Legal orders restricting specific visitors



Visitors who threaten or show violent behavior

Facilities are encouraged to let people have one visitor stay during care if requested. This is to help provide comfort.



People have the right to change who they want to visit.

CONTINUE

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Responsibilities of Healthcare Workers

All healthcare workers should know and understand people's rights. Everyone is responsible for protecting these rights and making sure they are met.



Healthcare workers should know where to find a copy of the rights. It is important to:

- Review and understand them.
- Provide them to people if they ask.

The facility policies about a person's rights
and how to protect them should be
reviewed.

CONTINUE

Module Conclusion

This module has reviewed the following:

- People's rights
- People's rights under the CMS Conditions of Participation
- The healthcare worker's responsibility to honor people's rights

References

Adams Memorial Hospital. (n.d.). *Critical access hospital patient rights include*. [PDF]. Retrieved May 21, 2024, from https://adamshospital.org/wp-content/uploads/2021/10/Patient_Rights.pdf

American Hospital Association. (2019, April 22). *CMS issues draft ligature risk guidance for psychiatric hospitals, units*. <https://www.aha.org/news/headline/2019-04-22-cms-issues-draft-ligature-risk-guidance-psychiatric-hospitals-units>

Centers for Medicare and Medicaid Services. (2025, January 27). *No Surprises*. <https://www.cms.gov/nosurprises>

Centers for Medicare and Medicaid Services. (2024, April 1). *Revisions and clarifications to hospital interpretive guidelines for informed consent*. <https://www.cms.gov/files/document/qso-24-10-hospitals.pdf>

Centers for Medicare & Medicaid Services. (2024b, April 19). *State operations manual appendix A - Survey protocol, regulation and interpretive guidelines for hospitals*. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

Centers for Medicare & Medicaid Services. (2024, December 3). *Beneficiary notices initiative (BNI)*. <https://www.cms.gov/medicare/medicare-general-information/bni?>

redirect=/bni/12_hospitaldischargeappealnotices.asp

Condition of participation: Medical record services, 42 CFR § 482.24 (2020, May 1).
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482#482.24>

Condition of participation: Patient's rights, 42 CFR § 482.13. (2025, March 13).
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482#482.13>

The Office of the Federal Register (OFR) of the National Archives and Records Administration. (2024, April 26). *HIPAA Privacy Rule to support reproductive health care privacy*.
<https://www.federalregister.gov/documents/2024/04/26/2024-08503/hipaa-privacy-rule-to-support-reproductive-health-care-privacy#h-100>

U.S. Department of Health and Human Services. (2024, November 15). *HIPAA Privacy Rule final rule to support reproductive health care privacy: fact sheet*. <https://www.hhs.gov/hipaa/for-professionals/special-topics/reproductive-health/final-rule-fact-sheet/index.html>

U.S. Department of Health & Human Services. (2022, January 3). *HHS kicks off the new year with new protections from surprise medical bills*. <https://www.hhs.gov/about/news/2022/01/03/hhs-kicks-off-new-year-with-new-protections-from-surprise-medical-bills.html>

U.S. Department of Health and Human Services. (2024, April 22). *The Biden-Harris Administration issues new rule to support reproductive health care privacy under HIPAA*.
<https://www.hhs.gov/about/news/2024/04/22/biden-harris-administration-issues-new-rule-support-reproductive-health-care-privacy-under-hipaa.html>

Welch, A. (2021, December 31). *Surprise medical bill ban now in effect: What to do if you get one*. Healthline Media. <https://www.healthline.com/health-news/surprise-medical-bill-ban-now-in-effect-what-to-do-if-you-get-one>

This is the end of the module. To exit and return to the Activity Details, select **EXIT**.