

## Table of Contents

Interpreter Services

Know your Care Team

Rapid Response Room Signage

Planning for Leaving the Hospital (Discharge)

Safe Patient moving in the hospital

11 tips to Prevent Falls While You are at the Hospital

How to prevent Infections During your hospital stay

Understanding Health Care Directives and Related Terms

Your Rights and Responsibilities as a patient

Your Rights and Protection Against Surprise Medical Bills

Notice of Privacy Practices

Rights Under Federal Law - Minnesota Patient's Bill of Rights



**Read this packet on our website  
by scanning QR code.**

# Interpreter services



You have a right to a medical interpreter at no cost to you. Please let the nurse or other clinical staff know if you would like to have an interpreter available during your visit.

Usted tiene derecho a un intérprete médico gratis. Por favor, comuníquese a su enfermera u otro personal clínico si usted desea un intérprete durante su consulta médica.

Waxaad Xaq u leedahay Turjubaan Caafimaad oo lacag la'aan kugu ah. Fadlan la socodsii kalkaalisada ama qolyaha caafimaadka ah haddii aad rabto turjubaan kuu diyaar ah xilliga booqashadaada.

**612-262-3220**

[abbottnorthwestern.com](http://abbottnorthwestern.com)

S11966 18917 0214 ©2014 ALLINA HEALTH SYSTEM. TM – A TRADEMARK OF ALLINA HEALTH SYSTEM.

## Deaf and Hard of Hearing services

A telecommunications device is available to help deaf and hard of hearing patients or patients who want to communicate with a deaf or hard of hearing relative or friend.

In addition, we have American Sign Language interpreters available to help patients who are deaf or hard of hearing communicate.

Allina Health 

ABBOTT  
NORTHWESTERN  
HOSPITAL



## Know your care team

We are committed to providing our patients and their families high-quality, compassionate and professional care.

As part of that commitment, we've made it easier for you to identify members of your care team and how they may help you.

### Your care team wears the following colors:

- |  |   |   |                           |
|--|---|---|---------------------------|
|  Navy Blue     | Registered Nurses                         |  Teal        | Patient Care Support      |
|  Dark Teal    | Laboratory Services                       |  Green      | Clerical Support          |
|  Maroon       | Pharmacy                                  |  Royal Blue | Therapy Services          |
|  Olive Green  | Respiratory Therapy                       |  Purple     | Licensed Practical Nurses |
|  Maroon Black | Nutrition Services                        |  Gray       | Radiology                 |
|  Dark Brown   | Environmental Services and Linen Services |  Khaki      | Materials/Supplies        |

# Rapid Response Team

**If you are concerned, so are we.  
Contact the nurse.**

**If there are still concerns, please call 3-1111  
from a hospital phone. Indicate your room  
number. Request a rapid response team.**

**Call  
3-1111**

Do you notice warning signs that may indicate a patient is getting worse?

- ➔ pounding or racing heart
- ➔ feeling faint or lightheaded
- ➔ difficulty breathing
- ➔ change in alertness
- ➔ change in ability to speak
- ➔ new weakness in arm, leg or face

*We encourage the use of Rapid Response Teams so we can respond quicker to a patient's change in condition. Research shows these teams save lives.*

*This is a part of our commitment to provide quality, compassionate care that we expect for ourselves and our families.*

**AllinaHealth** 

**ABBOTT  
NORTHWESTERN  
HOSPITAL**

# Planning for Leaving the Hospital (Discharge)

## Your Transition

As soon as you enter the hospital, your health care team is thinking about and planning for the day you leave the hospital.

It is important to remember that hospitals specialize in care that requires doctors to manage an illness or injury every day.

When your health care needs no longer require this type of care, planning must start for the rest of your recovery.

You may need the care of a skilled nursing facility, home care, home hospital or rehabilitation if you have the following needs when your hospital stay ends:

- wound care
- intravenous (IV) medicines or treatments
- rehabilitation services
- help transferring from the chair to the bed
- help with walking
- help with daily tasks, such as eating, getting dressed, using the toilet or taking medicines unless a caregiver will help with these tasks.

Transferring your care to another facility or service may be confusing and, at times, overwhelming. You need to know what your options are for your care. You also need to be involved in these decisions.



**Your doctor and health care team will talk with you about when you will leave the hospital.**

Once you no longer need hospital care the transfer to other care can happen quickly. You will have the information and help you need to be prepared for this change. With the help of staff members, your transition can be a smooth one.

## Making Your Discharge Easier

Your health care team will determine when you can safely leave the hospital (discharge). They will confirm your discharge details (such as date and time) and write it on your care board.

Health care team members may update your care board as your health needs change.

**(over)**

## While You Are in the Hospital

- Ask your nurse or doctor questions about what you will need to know to take care of yourself after you leave the hospital.
- Talk with your family or friends to find out who would be available to take you home.
- If you are paying for private transportation, be sure to make a reservation for the day you will be leaving the hospital. If you need help, please ask your nurse.
- Ask whoever will help you at home to come to the hospital to get any instructions from the nurses.
- Learn about your medicines. Be sure you know the names, what they do, how much to take, when to take them, how to take them and how to store them. Ask your nurse if the medicines react with other medicines.

## Day Before Discharge

- Tell the person who is driving you home from the hospital what day and time to pick you up.
- Ask family members or friends to start taking home some of your personal items, such as flowers, cards, cell phone or extra clothes.

## Day of Discharge

- Remind the person driving you home what time to be at the hospital.
- Make sure you have all of your personal items.
- You will receive information and instructions for follow-up appointments.
- Be sure you review and understand your discharge instructions.
- Ask your nurse or doctor if you have any questions or concerns.

# Safe Patient Moving in the Hospital

*Actively Caring for You*

## Your Safety

Your safety during your hospital stay is very important. Your caregivers will help keep you safe by using safe patient moving equipment if you cannot fully move yourself.

This equipment will help protect you from falling and from getting bruises and skin injuries that you might get without the equipment.

Safe patient moving equipment has other benefits. Patients who have used this equipment report:

- greater comfort while being moved
- skin protection
- security (being protected from falling)
- better hygiene
- greater dignity.

Special lifting equipment and/or moving aids can also shorten your rehabilitation and prevent injuries among hospital caregivers.

## When Equipment May Be Used

For most adult patients, safe patient moving equipment may be used when you need help:

- being moved (such as from a wheelchair to the bed, or from the bed to the toilet)
- changing positions (such as scooting up or rolling in a bed)
- during care (such as changing a dressing, or for hygiene).



© Allina Health System

**The lift helps move a patient comfortably with a sling attached to a lift mounted on the ceiling.**

Your health care team will honor your privacy at all times and answer any of your questions. Lifting equipment may not be used during an emergency or if it is not part of your care plan.

## How Lifting and Moving Equipment Will be Chosen

Your health care team will assess if it is safe for you to move on your own without risk of falling or injury. **If you need help from caregivers to move, you will be lifted or moved with this equipment. This is for your own safety.** Your caregivers will choose the right equipment to move you safely with the greatest comfort.

**(over)**

Your health care team will run the equipment and be with you while you are moving.

Common types of lifts you may see include the following.

- **Full lifts** are used for patients who are not able to support their own weight or who are disoriented. There are two types of full lifts:

- overhead lift, which is attached to the ceiling of the room

- mobile lift, which rolls across the floor.

For both of these lifts, the patient rides in a cloth sling that is securely hooked to the lift.

- **Lateral transfer devices** are used for moving patients from a bed to a stretcher or table while lying down. One device uses an air mattress to glide the patient between two surfaces.



© Allina Health System

**The mobile lift helps move a patient comfortably with a sling attached to a lift on wheels.**

- **Sit-to-stand transfer devices** are used for patients who have some upper body strength and ability to support their own weight. The equipment allows a patient to move from a chair or toilet to the bed.

- **Powered transport carts and tugs** are used to move patients long distances or on carpeted hallways.



© Allina Health System

**A sit-to-stand device helps a patient stand.**



© Allina Health System

**A special airbed helps move a patient comfortably while lying down.**



# 11 Tips to Prevent Falls While You Are in the Hospital

**Remember:** Certain medicines, general weakness, and new surroundings during your hospital stay can increase your risk of falling.

## Tips to Prevent Falls

1. For your safety, a member of the nursing staff will stay within arm's reach with you in the bathroom and when you are walking.
2. Wear nonslip footwear (red slippers) when you are up.
3. Other things that may be used to keep you safe in the hospital include a bed alarm, chair pad alarm, floor mat or observation camera.
4. Use the call light when you need help.
5. Ask the nursing staff for help to and from the bathroom. This is very important if you are unsteady. The call light in the bathroom may be located on the wall.
6. If you take medicines that cause you to go to the bathroom often, ask for help when you need to get up. Consider using a commode or urinal.
7. Some medicines may cause you to feel dizzy or sleepy. Take your time getting out of the bed or chair. Sit at the edge of the bed for a few seconds before you get up.
8. Wear your eyeglasses, hearing aid(s) or both when you are awake.
9. Walkers and canes can provide support. Other items do not. Do not lean on the bedside table, furniture, IV pole or other items to steady yourself.
10. Ask a member of your health care team to place the call light, phone and personal items within your reach before they leave the room.
11. Tell a member of the nursing staff if you have any concerns about your safety.

## For Family and Friends

The nurse identifies patients who may be at risk for falling with red slippers, special signs or both.

Please speak up about safety concerns to the nursing staff. This includes information about the risk of falling, or a recent history of a fall.

Patient safety and comfort are important to the health care team. Family and friends can also help. Please read the information in this fact sheet so you can remind your family member or friend of the 11 tips to prevent falls.

You can also do the following.

- Make sure the call light, phone and personal items are within easy reach of the patient before you leave the room.
- Call the nurse if the patient is weak or lightheaded.
- Consider staying with the patient if they are confused or at a high risk of falling.
- Call the nurse before leaving the patient if they are confused.
- Remind the patient to ask the nursing staff for help when getting up.

Ask a member of your health care team if you have any questions.

**(over)**

## Ways You Can Help Avoid Falls



- Use the call light when you need to get up or reach for something.



- Keep your bed alarm on at all times.



- Plan for bathroom breaks with your nurse.



- Have a member of your care circle (family member or friend) stay with you.



- Have 1 or 2 members of your health care team help you get out of bed.



- Wear non-skid slippers or shoes.



- Use a cane, walker, crutches or brace when you are out of bed.

- Your ideas:

## Ways You Are More Likely To Fall



- Getting up to go to the bathroom without calling for help.



- Feeling different from medicine.



- Having fallen in the past.



- Not calling your nurse for help.



- Having a tube, drain, line, pole or other equipment.



- Feeling unsteady when you walk.

- Your ideas:

# How To Prevent Infections During Your Hospital Stay

## Hand Hygiene

Washing your hands, known as hand hygiene, is the most important way to prevent the spread of infections such as the common cold, influenza, and infections that are hard to treat such as Methicillin resistant staph aureus (MRSA).

- Insist that all health care workers and visitors wash their hands before they touch you or any devices you have.
- Perform hand hygiene often, especially after using the bathroom, blowing your nose, coughing, sneezing, before eating, before and after changing dressings or bandages, and when entering or leaving your room.
- If you cannot get to a sink, please ask your health care provider for a waterless alcohol hand rub or wipes.

To perform hand hygiene:

- Use soap and warm, running water.
- Wet your hands.
- Put some soap on your hands.
- Rub your hands together for at least 15 seconds. Cover all surfaces, including between your fingers and under fingernails.
- Rinse with running water.
- Dry your hands with a paper towel.
- Use a paper towel to turn off the faucet.

To use alcohol hand rub, dispense a walnut-sized amount into your hand and rub until dry before touching anything.

## Cough/Sneeze Hygiene (Respiratory Hygiene)

- Cover your mouth and nose with a tissue or your upper arm or elbow.
- Turn away from other people in the room.
- Put the used tissue in the waste basket. Cleanse your hands after handling a tissue or after sneezing or coughing into your hands.
- You may be asked to wear a surgical mask when leaving your room.
- Remind your visitors to cover a cough, wear a mask or both.

## Special Precautions

If you are placed on special precautions to prevent the spread of infection, the nurse will explain the reason for precautions, what the staff will be doing and what your responsibilities are.

## Catheter-related Bloodstream Infections

Central lines (central venous catheters including PICC lines), are lines put into a large vein in your arm, neck, chest or groin. The end of the line stops at or close to your heart.

You will receive medicines, blood, fluids or nutrition through these types of lines. They can also be used to collect blood for medical tests.

- Ask members of your health care team to wash their hands before touching your line.
- Report any signs of infection in the skin around your line (redness, warmth, increased drainage or pain).

**(over)**

- Your central line should stay only as long as needed. Ask your health care provider each day if you still need the line.

## Surgical Site Infections

Here is what you can do to prevent an infection at the site of your surgery:

- Make sure all hospital staff members clean their hands before and after touching your incision site.
- Anyone who visits you should not touch the incision site or dressing.
- Make sure you understand how to care for your incision site before you leave the hospital.
- Always clean your hands before and after caring for your incision site.
- Tell your health care provider if your incision has increased redness, increased pain, or drainage. These could be signs of infection.

## Urinary Catheter-related Infections

Your chance of infection increases the longer your catheter remains in place.

Here is what you can do to prevent a catheter-associated urinary tract infection:

- Make sure your catheter tubing is secured to your leg, if possible, always below the level of your bladder or hips.
- Make sure all hospital staff members clean their hands before and after touching your catheter.
- Always keep your urine drain bag off the floor.
- Your catheter should stay only as long as necessary. Ask your healthcare provider each day if you still need the catheter.

## How to Prevent Pneumonia

Follow the breathing instructions you get from your health care team. Ask your health care provider about the influenza and pneumonia vaccines (shots).

## Antibiotics Use

Antibiotics will only work for bacterial infections such as whooping cough, strep throat and urinary tract infections.

Infections caused by viruses (such as cold, runny nose, sore throat) will not be cured by taking antibiotics. If you have a virus, ask your health care provider for tips on how to relieve symptoms and feel better.

When you are in the hospital with a bacterial infection (such as a urinary tract infection), your doctor will prescribe antibiotics. They may be changed depending on test results.

Take antibiotics:

- the way your health care provider says (Do not skip a dose.)
- until it is gone, even if you start feeling better
- if prescribed for you by your health care provider.

## Tips for Visitors

- Do not visit if you feel sick.
- Wash your hands with soap and water or use a waterless alcohol hand rub before you enter and when you leave.
- Follow any directions from the health care team.

**Remember: You are an important part of the health care team.**

**Information adapted from the Centers for Disease Control and Prevention, Minnesota Department of Health, the Association for Professionals in Infection Control and Epidemiology, the Surgical Care Improvement Project Partnership, and the Institute for Healthcare Improvement.**

[allinahealth.org](http://allinahealth.org)

# Understanding Health Care Directives and Related Terms

## Why Should You Have a Health Care Directive?

When you are healthy it is easy to avoid thinking about becoming very sick or disabled, or dying. But now is a good time to make some decisions about the kind of health care you would want if your health status changes. A health care directive allows you to communicate your health care decisions to others.

Talking with your family, clergy and doctor or other health care providers now can help you decide what kind of health care you want or do not want. You can let them know what your health care wishes, goals, values and treatment choices are by completing a health care directive form.

You will also appoint someone as a health care agent for yourself. That person will act on your behalf if you are unable to make health care decisions for yourself.

If you create a health care directive, you can include your wishes, goals, values and decisions about such things as:

- medical treatments you want or do not want such as:
  - ventilator or respirator (to breathe)
  - feeding tube (for nutrition)
  - CPR (for restarting your heart and lungs if they stop)
  - dialysis (for kidney failure)

- organ or tissue donation
- nursing home placement
- your funeral.

You may hear a number of terms related to making health care decisions. Some of the common ones are defined here for your information.

## Health Care Directive

A legal document that allows you to state in writing what kind of health care you want to receive if you:

- cannot communicate your medical decisions yourself
- or
- prefer not to communicate your medical decisions yourself.

Legislation and terms related to these kinds of documents vary from state to state.

In Minnesota and Wisconsin, the document is called a health care directive. In it you can state in writing your wishes and decisions about health care and appoint someone to make health care decisions for you in the event you are unable or choose not to do so yourself.

For example, if you were in a coma, you could not make your wishes about health care treatments known.

**(over)**

Before 1998 there were a number of Minnesota health care documents. They included living wills, durable health care powers of attorney, and mental health declarations (also known as advanced psychiatric directives).

To make it easier for people to create directives, the living will and durable health care power of attorney were combined into one health care directive in 1998 by the state legislature. The mental health declaration remains a separate document.

## **POLST (Provider Orders for Life-sustaining Treatment)**

A POLST is for anyone who:

- might die in the next 12 months
- has a serious illness
- cannot make decisions
- does not want CPR.

Your doctor can use the POLST form to document your wishes in a clearly written medical order.

One decision you can make is whether or not you want CPR if your heart or breathing stops. This is known as a “do not resuscitate” order.

## **Do Not Resuscitate (DNR)**

This is a type of care planning decision. It is your request not to receive CPR (cardiopulmonary resuscitation) if your heart stops or if you quit breathing.

If you have this type of request, a DNR order is put into your medical record by your doctor.

Unless you indicate otherwise, health care providers will assume you do want CPR and it will be provided if needed.

## **For More Information**

- Go to [allinahealth.org/hcd](https://allinahealth.org/hcd) for a health care directive and guide for how to fill it out.
- Go to [polst.org](https://polst.org) to learn more about POLST.
- Ask your health care provider if you have questions.

# Your Rights and Responsibilities as a Patient

You have certain rights and responsibilities as a patient in a Minnesota hospital. These rights and responsibilities help you take an active role in your health care and promote your well-being and recovery.

## Your Rights

You have a right to:

- receive medical and personal care that is:
  - courteous and respectful
  - based upon your specific needs
- know the name of the doctor or other health care provider who is responsible for coordinating your care
- have complete and current information about your treatment so you can make informed decisions; this includes:
  - knowing the diagnosis, treatment, alternatives, risks and most likely results
  - having the information stated in terms and words you understand
  - having a family member or other chosen person present when you talk with your health care provider if you wish
- see a copy of your medical records as allowed by law
- be cared for with reasonable regularity and continuity of staff (as allowed by facility policy)
- know what services are available at the facility
- quick and reasonable response to your questions and requests
- join in discussions about your care or treatment; this includes:
  - being able to discuss treatments and alternatives
  - being able to attend formal care conferences
  - having a family member or other chosen person with you if you feel more comfortable that way
  - having a family member or other chosen person speak for you if you cannot do so yourself unless you have stated otherwise in writing
- refuse care
- be free from restraints that are not medically necessary and be free from abusive or harassing behavior
- have privacy for medical and personal care; this includes:
  - discussions, exams, treatments, medical records (except where a release of records is authorized by law)
  - personal hygiene activities
- have personal privacy with respect to your preferences (such as cultural, social or religious preferences) and for communications with others (such as phone calls or mail)
- have an interpreter provided with no charge

**(over)**

- make a formal grievance and recommend changes in the facility's policies or services without fear of revenge or punishment.

## Your Responsibilities

You are responsible for:

- showing respect and consideration for the facility staff and property
- providing accurate and complete information about your health and reporting any changes in it
- asking questions when you do not understand what you have been told about the care being offered to you or what you are being asked to do
- following the care or treatment plan developed with you
- reporting any risks you think are related to your care as well as any unexpected changes in your condition
- accepting the consequences if you don't follow the care or treatment plan
- paying for charges related to your care.

## For More Information

This fact sheet contains only a brief summary of your rights and responsibilities. If you would like more information:

- please see the copy of the Minnesota Patients' Bill of Rights you received or
- contact the Minnesota Department of Health:
  - Office of Health Facility Complaints,  
P.O. Box 64970,  
St. Paul, MN 55164-0970
  - 651-201-4201 or 1-800-369-7994.

## For Concerns About Your Care

Talk with your health care provider if you have any concerns about your care. You can also talk with one of the hospital's patient care liaisons.

Contact The Joint Commission if you think that your concerns have not been satisfactorily resolved:

- phone:  
1-800-994-6610
- email:  
complaint@jointcommission.org
- address:  
Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181.



# Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

## What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

## You are protected from balance billing for:

### **Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

A network provider is prohibited from billing an enrollee for any amount in excess of the allowable amount the health carrier has contracted for with the provider as total payment for the health care service. A network provider is permitted to bill an enrollee the approved co-payment, deductible, or coinsurance.

A network provider is permitted to bill an enrollee for services not covered by the enrollee's health plan as long as the enrollee agrees in writing in advance before the service is performed to pay for the noncovered service.

### **Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

A network provider is prohibited from billing an enrollee for any amount in excess of the allowable amount the health carrier has contracted for with the provider as total payment for the health care service. A network provider is permitted to bill an enrollee the approved co-payment, deductible, or coinsurance.

A network provider is permitted to bill an enrollee for services not covered by the enrollee's health plan as long as the enrollee agrees in writing in advance before the service is performed to pay for the noncovered service.

**When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
  
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.



# Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## Our Health Information Responsibilities

- We have a duty to protect the privacy of your health information and to give you this Notice.
- We have a duty to follow our current Notice of Privacy Practices.
- We will abide by the terms of the Notice. We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed. If we change this Notice, you can access the revised Notice on our website at [allinahealth.org](http://allinahealth.org).

## Who Will Follow this Notice

This Notice describes Allina Health's practices and that of:

- all providers, departments, and units of Allina Health
- all residents, medical students, and other trainees affiliated with Allina Health
- all employees, volunteers, staff and other Allina Health workers, and
- other independent health care providers that deliver care to patients at Allina Health facilities (such as physicians, physician assistants, therapists, and other health care providers not employed by Allina Health), unless these other health care providers give you their own Notice of privacy practices that describes how they will protect your health information.

## Your Health Information Rights

**Restrictions on Use or Disclosure.** This Notice describes some restrictions on how we can use and disclose your health information. You may ask us for extra limits on how we use or to whom we disclose the information. You need to ask for the restriction in writing. If you ask that information about a service not be sent to your insurer and pay for the service in full, we will agree to this restriction. If you restrict us from providing information to your insurer, you also need to explain how you will pay for your treatments, and you will be responsible for arranging for payment of the bills. We are not required to agree to other

restrictions. If we do agree, we will follow the restriction except:

- in an emergency where the information is needed for your treatment
- if you give us written permission to use or disclose the restricted information
- if you decide or we decide to end the restriction, or
- as otherwise required by law.

**Alternative Communication.** Normally, we will communicate with you at the address and phone number you give us. You may ask us to communicate with you in other ways or at another location. We will agree to your request if it is reasonable.

**Patient Access.** You may request to look at or get copies of your health information and direct a copy of your health information to another person/third party designated by you. You need to make your request in writing. If you request a copy of your health information we keep electronically, we will provide it in an electronic format upon your request. We may charge you a fee as authorized by law to meet your request. Most patients may inspect and receive a copy of the full medical record. On rare occasions, we may deny a request to inspect and receive a copy of some information in the medical record. For example, this may happen if, in the professional judgment of a patient's physician, the release of the information would be reasonably likely to endanger the life or physical safety of the patient or another person. If a request is denied, we will send the denial in writing. This will include the reason and describe any rights you may have to a review of the denial.

**Amendment.** You may ask us to change certain health information that you think is wrong or missing. You need to make the request in writing and explain why the information should be changed. If your request is denied, we will send the denial in writing. This denial will include the reason and describe any steps you may take in response.

*Continued on next page*



Allina Health

**Disclosure List.** You may receive a list of disclosures of your health information – with some exceptions – made by us or our business associates. The list does not include:

- disclosures made for treatment, payment, or health care operations (this term is defined in the next section), and
- other disclosures as allowed by law.

You need to make your request in writing. Your request must state a time period that may not go back further than six (6) years. If you ask for a list more than once in a 12-month period, we may charge you a fee for each extra list. You may cancel or change your request to reduce or eliminate the charge.

**Paper Copy of Notice.** A paper copy of this Notice will be provided upon request, even if you previously agreed to receive this Notice electronically.

### **Uses and Disclosures of Health Information**

To provide you with the best quality care, we need to use and disclose health information. We safeguard your health information whenever we use or disclose it. We follow this Notice of Privacy Practices and the law when we use and disclose health information. We may use and disclose your health information as follows:

**Treatment, Payment, and Health Care Operations.** We may use and disclose your health information for:

- Treatment (includes working with another provider).
- Payment (such as billing for services provided).
- Health care operations. These are non-treatment and non-payment activities that let us run our business or provide services. Examples of health care operations include quality assessment and improvement, care management, reviewing the competence or qualifications of health professionals, and conducting training programs.
- Health care operations of a receiving covered entity. We may also disclose your health information to another health care provider who either has or had treated you, or to your insurance company, if such information is needed for certain health care operations of the health care provider or insurance company, such as quality improvement activities, evaluations of health care professionals, and state and federal regulatory reviews.

**Disclosures to Business Associates.** We may contract with other organizations to provide services on our behalf. In these cases, we will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use, and disclosure of your protected health information.

**Medical Emergency.** We may use or disclose your health information to help you in a medical emergency.

**Appointment Reminders and Treatment Alternatives.** We may send you appointment reminders, test results, or tell you about treatments and health-related benefits or services that you may find helpful. Our communication to you may be by telephone, cell phone/text message, e-mail, patient portal, or by mail.

**Patient Information Directory.** We may disclose the following information to people who ask about you by name:

- location in the facility
- general condition
- religious affiliation (given only to clergy).

You may choose not to have us disclose some or all of this information. For example, if you do not want us to tell people your location, we will agree to your instructions. (In some cases, such as medical emergencies, we may not get your instructions until you can communicate with us.)

**People Involved in Your Care.** We may disclose limited health information to people involved in your care (for example, a family member or emergency contact) or to help plan your care. If you do not want this information given out, you can request that it not be shared. We also may allow another person to pick up your prescriptions, medical supplies, or X-rays.

**Foundations/Fundraising.** We may contact you or have our foundations contact you about fundraising programs and events. We will use or disclose only your name, how to contact you, demographic information, the dates we served you, and other limited information about your care and the services you received. We may disclose this information to companies that help us with our fundraising programs. You have the right to opt out of fundraising communications. You have the right to opt out of fundraising by contacting Philanthropy at: [Philanthropy@allina.com](mailto:Philanthropy@allina.com) or 612-262-0635.

**Research.** We may use or share your health information for research purposes as allowed by law or if you have given permission. You may ask us how to contact a researcher who received your health information for research purposes and the date on which it was disclosed.

**Death; Organ Donation.** We may disclose certain health information about a deceased person to the next of kin. We may also disclose this information to a funeral director, coroner, medical examiner, law enforcement official, or organ donation agency.

**Health Care Workplace Medical Surveillance/Injury/Illness.** If your employer is a health care provider, we may share health information required by state or federal law:

- for workplace medical surveillance activities, or
- about work-related illness or injury.

**Law Enforcement.** We may disclose certain health information to law enforcement. This could be:

- about a missing child, or
- when there may have been a crime at our facility, or
- when there is a serious threat to the health or safety of another person or people.

**Correctional Facility.** We may disclose the health information of an inmate or other person in custody to law enforcement or a correctional institution.

**Abuse, Neglect, or Threat.** We may disclose health information to the proper authorities about possible abuse or neglect of a child or a vulnerable adult. If there is a serious threat to a person's health or safety, we may disclose information to that person or to law enforcement.

**Food and Drug Administration (FDA) Regulation.** We may disclose health information to entities regulated by the FDA to measure the quality, safety, and effectiveness of their products.

**Military Authorities/National Security.** We may disclose health information to authorized people from the U.S. military, foreign military, and U.S. national security or protective services.

**Immunization Records.** We may disclose your immunization records to the Minnesota Immunization Information Connection or Wisconsin Immunization Registry.

**Public Health.** We may disclose health information about you for public health purposes, such as:

- reporting and controlling disease (such as cancer or tuberculosis), injury, or disability
- reporting vital events such as births and deaths
- reporting adverse events or surveillance related to food, medications, or problems with health products
- notifying persons of recalls, repairs, or replacements of products they may be using, or
- notifying a person who may have been exposed to a disease or may be at risk for catching or spreading a disease.

**Health Oversight Activities.** We may disclose health information to government, licensing, auditing, and accrediting agencies for actions allowed or required by law.

**Required by Other Laws.** We may use or disclose health information as required by other laws. For example, we may disclose health information:

- to the U.S. Department of Health and Human Services during an investigation.
- under workers' compensation or similar laws.
- to social services and other agencies or people allowed to receive information about certain injuries or health conditions for social service, health, or law enforcement reasons.
- about an unemancipated minor or a person who has a legal guardian or conservator regarding a pending abortion.
- about an emancipated minor or a minor receiving confidential services to prevent a serious threat to the health of the minor.

**Information with additional protections.** Certain types of health information may have additional protection under federal or state law. For example, federally assisted alcohol and drug abuse programs are subject to certain special restrictions on the use and disclosure of alcohol and drug treatment information. To the extent applicable, Allina Health would need to get your written permission before disclosing that information to others in many circumstances. Listed below are state law resources:

Minnesota Health Care Records Act at <https://www.revisor.mn.gov/statutes/cite/144.291>

Wisconsin Confidentiality of Patient Health Care Records at <https://docs.legis.wisconsin.gov/statutes/statutes/146/82> and <https://docs.legis.wisconsin.gov/statutes/statutes/252/15>

**Notice.** We are required to promptly notify you of a breach to your health information.

**Legal Process.** We may disclose health information in response to a state or federal court order, legal orders, subpoenas, or other legal documents.

### **With Your Authorization**

We may use or disclose health information only with your written permission, except as described above. Most uses and disclosures of psychotherapy notes (special notes kept by mental health providers for only their own use when treating a patient), health information for marketing purposes, and the sale of health information require written authorization. If you give written permission, you may withdraw it at any time by notifying us in writing. A form to revoke your permission is available from the Allina Health facility where you received services or by contacting us. Your permission will end when we receive the signed form and have acted on your request. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision or any actions that we have taken based upon your authorization.

*Continued on next page*

**Questions and Complaints**

If you have questions about our privacy practices, think your privacy rights have been violated, or disagree with a decision about any of your rights, you may file a complaint by calling Allina Health Compliance at 1-800-472-9301 or submitting a complaint in writing to the following address:

**Allina Health Compliance**  
**Mail Route 10839**  
**PO Box 43**  
**Minneapolis, MN 55440-0043**

You also may send a written complaint to the U.S. Department of Health and Human Services – Office for Civil Rights (OCR). We will give you the address to file a complaint upon request. Please know you will not be penalized for filing a complaint.

For release of information questions, such as copy fees and release of records, contact Health Information/Release of Information at 612-262-2300.

If you have any questions or concerns about our privacy practices and specifically this Notice, please contact Allina Health Compliance at 1-800-472-9301 or by e-mail at [PrivacySupport@allina.com](mailto:PrivacySupport@allina.com).

**Organizations Covered by this Notice**

This Notice applies to the privacy practices of the Allina Health providers and facilities and their related sites. These facilities may be part of an Organized Health Care Arrangement. For a list of the Organizations covered by this Notice, go to our website or request a list by contacting Allina Health Compliance at 1-800-472-9301.



**Allina Health**

---

**ABBOTT  
NORTHWESTERN  
HOSPITAL**

This package contains important information about your rights as a patient. Please read the attached:

- Minnesota Patients' Bill of Rights
- Rights Under Federal Law

Patients are encouraged to contact the hospital patient representative for any concerns about patient care, service or safety that have not been resolved. Patients have the right for follow-up by the hospital on any complaint. A written or verbal grievance related to the Patients' Bill of Rights or to any other concerns may be resolved by contacting:

Abbott Northwestern Hospital Patient Representative  
800 East 28th Street  
Minneapolis, MN 55407  
Tel: (612) 863-5391 (metro)  
(877) 618-2203

(In the absence of the patient representative, you may ask staff for assistance in contacting the administrative representative.)

OR

Inquiries or complaints regarding care and safety may be directed to:

Office of Quality Monitoring  
Joint Commission on Accreditation of Healthcare Organizations  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
Tel: (800) 994-6610  
E-mail: [complaint@jcaho.org](mailto:complaint@jcaho.org)

Inquiries or complaints regarding medical treatment or the Patients' Bill of Rights may be directed to:

Office of Health Facility Complaints  
P.O. Box 64970  
St. Paul, MN 55164-0970  
Tel: (651) 201-4201  
(800) 369-7994

Minnesota Board of Medical Practice  
2829 University Ave SE, Suite 400  
Minneapolis, MN 55414-3246  
Tel: (612) 617-2130  
(800) 657-3709

Inquiries regarding access to care or possible premature discharge may be directed to:

Ombudsman for Older Minnesotans  
P.O. Box 64971  
St Paul, MN 55164-0971  
Tel: (651) 431-2555 (metro)  
(800) 657-3591

## FEDERAL RIGHTS

Starting August 2, 1999, the federal Patient's Bill of Rights law (42 CFR Part 482) went into effect. Patients have rights afforded them under federal laws in areas of notification of rights; the exercise of his/her rights in regard to his/her care, privacy and safety; confidentiality of his/her records; and freedom from restraints or seclusion except as necessary to ensure the immediate physical safety of the patient, a staff member, or others, in which case they must be discontinued at the earliest possible time and safely implemented by trained staff. Information concerning the procedures for registering complaints or concerns can be found on the previous page of this document.

### RIGHTS UNDER FEDERAL LAW

#### 42 CFR §482.13 Condition of participation: Patients' Rights.

A hospital must protect and promote each patient's rights.

##### (a) Standard: Notice of rights.

- (1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.
- (2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:
  - (i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.
  - (ii) The grievance process must specify time frames for review of the grievance and the provision of a response.
  - (iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

##### (b) Standard: Exercise of rights.

- (1) The patient has the right to participate in the development and implementation of his or her plan of care.
- (2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her 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.
- (3) 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, in accordance with § 489.100 of this part (Definition), § 489.102 of this part (Requirements for providers), and § 489.104 of this part (Effective dates).



- (4) The 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 the hospital.

**(c) Standard: Privacy and safety.**

- (1) The patient has the right to personal privacy.
- (2) The patient has the right to receive care in a safe setting.
- (3) The patient has the right to be free from all forms of abuse or harassment.

**(d) Standard: Confidentiality of patient records.**

- (1) The patient has the right to the confidentiality of his or her clinical records.
- (2) The patient has the right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.

**(e) Standard: Restraint or seclusion.**

All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

- (1) Definitions.
  - (i) A restraint is —
    - (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or
    - (B) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.
    - (C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).
  - (ii) Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.
- (2) Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient a staff member or others from harm.
- (3) The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm.
- (4) The use of restraint or seclusion must be —
  - (i) In accordance with a written modification to the patient's plan of care; and
  - (ii) Implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with State law.
- (5) The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.
- (6) Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).

- (7) The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion.
- (8) Unless superseded by State law that is more restrictive —
  - (i) Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed in accordance with the following limits for up to a total of 24 hours:
    - (A) 4 hours for adults 18 years of age or older;
    - (B) 2 hours for children and adolescents 9 to 17 years of age; or
    - (C) 1 hour for children under 9 years of age; and
  - (ii) After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12(c) of this part and authorized to order restraint or seclusion by hospital policy in accordance with State law must see and assess the patient.
  - (iii) Each order for restraint used to ensure the physical safety of the nonviolent or non-self-destructive patient may be renewed as authorized by hospital policy.
- (9) Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order.
- (10) The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy.
- (11) Physician and other licensed independent practitioner training requirements must be specified in hospital policy. At a minimum, physicians and other licensed independent practitioners authorized to order restraint or seclusion by hospital policy in accordance with State law must have a working knowledge of hospital policy regarding the use of restraint or seclusion.
- (12) When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1 hour after the initiation of the intervention—
  - (i) By a—
    - (A) Physician or other licensed independent practitioner; or
    - (B) Registered nurse or physician assistant who has been trained in accordance with the requirements specified in paragraph (f) of this section.
  - (ii) To evaluate—
    - (A) The patient's immediate situation;
    - (B) The patient's reaction to the intervention;
    - (C) The patient's medical and behavioral condition; and
    - (D) The need to continue or terminate the restraint or seclusion.
- (13) States are free to have requirements by statute or regulation that are more restrictive than those contained in paragraph (e)(12)(i) of this section.
- (14) If the face-to-face evaluation specified in paragraph (e)(12) of this section is conducted by a trained registered nurse or physician assistant, the trained registered nurse or physician assistant must consult the attending physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12(c) as soon as possible after the completion of the 1-hour face-to-face evaluation.

- (15) All requirements specified under this paragraph are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored—
  - (i) Face-to-face by an assigned, trained staff member; or
  - (ii) By trained staff using both video and audio equipment. This monitoring must be in close proximity to the patient.
- (16) When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:
  - (i) The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior;
  - (ii) A description of the patient's behavior and the intervention used;
  - (iii) Alternatives or other less restrictive interventions attempted (as applicable);
  - (iv) The patient's condition or symptom(s) that warranted the use of the restraint or seclusion; and
  - (v) The patient's response to the intervention(s) used, including the rationale for continued use of the intervention.

**(f) Standard: Restraint or seclusion: Staff training requirements.**

The patient has the right to safe implementation of restraint or seclusion by trained staff.

- (1) Training intervals. Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion—
  - (i) Before performing any of the actions specified in this paragraph;
  - (ii) As part of orientation; and
  - (iii) Subsequently on a periodic basis consistent with hospital policy.
- (2) Training content. The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:
  - (i) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.
  - (ii) The use of nonphysical intervention skills.
  - (iii) Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition.
  - (iv) The safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia);
  - (v) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.
  - (vi) Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the 1-hour face-to-face evaluation.
  - (vii) The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.
- (3) Trainer requirements. Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors.
- (4) Training documentation. The hospital must document in the staff personnel records that the training and demonstration of competency were successfully completed.

**(g) Standard: Death reporting requirements: Hospitals must report deaths associated with the use of seclusion or restraint.**

- (1) The hospital must report the following information to CMS:

- (i) Each death that occurs while a patient is in restraint or seclusion.
  - (ii) Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.
  - (iii) Each death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.
- (2) Each death referenced in this paragraph must be reported to CMS by telephone no later than the close of business the next business day following knowledge of the patient's death.
  - (3) Staff must document in the patient's medical record the date and time the death was reported to CMS.100

**(h) Standard: Patient visitation rights.**

A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation. A hospital must meet the following requirements:

- (1) Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.
- (2) Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
- (3) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- (4) Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

As adopted July 2, 1999, effective August 2, 1999, and amended December 8, 2006, effective January 8, 2007 and amended, effective January 18, 2011. effective January 18, 2011.

# Minnesota Patients' Bill of Rights

## Legislative Intent

It is the intent of the Legislature and the purpose of this statement to promote the interests and well-being of the patients of health care facilities. No health care facility may require a patient to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient. An interested person may also seek enforcement of these rights on behalf of a patient who has a guardian or conservator through administrative agencies or in probate court or county court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

## Definitions

For the purposes of this statement, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. "Patient" also means a minor who is admitted to a residential program as defined in Section 7, Laws of Minnesota 1986, Chapter 326. For purposes of this statement, "patient" also means any person who is receiving mental health treatment on an out-patient basis or in a community support program or other community-based program.

## Public Policy Declaration

It is declared to be the public policy of this state that the interests of each patient be protected by a declaration of a patient's bill of rights which shall include but not be limited to the rights specified in this statement.

## 1. Information About Rights

Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs



Rev. 07/01/2007

Page 1

as defined in Section 7, the written statement shall also describe the right of a person 16 years old or older to request release as provided in Section 253B.04, Subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for those with communication impairments, and those who speak a language other than English. Current facilities policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and Section 626.557, relating to vulnerable adults.

## **2. Courteous Treatment**

Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

## **3. Appropriate Health Care**

Patients shall have the right to appropriate medical and personal care based on individual needs. This right is limited where the service is not reimbursable by public or private resources.

## **4. Physician's Identity**

Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, of any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative.

## **5. Relationship With Other Health Services**

Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative.

## **6. Information about Treatment**

Patients shall be given by their physicians complete and current information concerning their diagnosis, treatment, alternatives, risks and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the



Rev. 07/01/2007

Page 2

treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

## **7. Participation in Planning Treatment**

Notification of Family Members:

(a) Patients shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the patient cannot be present, a family member or other representative chosen by the patient may be included in such conferences. A chosen representative may include a doula of the patient's choice.

(b) If a patient who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient has an effective advance directive to the contrary or knows the patient has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient has executed an advance directive relative to the patient's health care decisions. For purposes of this paragraph, "reasonable efforts" include:

- (1) examining the personal effects of the patient;
- (2) examining the medical records of the patient in the possession of the facility;
- (3) inquiring of any emergency contact or family member contacted whether the patient has executed an advance directive and whether the patient has a physician to whom the patient normally goes for care; and
- (4) inquiring of the physician to whom the patient normally goes for care, if known, whether the patient has executed an advance directive. If a facility notifies a family member or



Rev. 07/01/2007

Page 3

designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

(c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient and the medical records of the patient in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

### **8. Continuity of Care**

Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

### **9. Right to Refuse Care**

Competent patients shall have the right to refuse treatment based on the information required in Right No. 6. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.

### **10. Experimental Research**

Written, informed consent must be obtained prior to patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

### **11. Freedom From Maltreatment**

Patients shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. Maltreatment means conduct described in Section 626.5572, Subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct



Rev. 07/01/2007

Page 4



intended to produce mental or emotional distress. Every patient shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patients' physician for a specified and limited period of time, and only when necessary to protect the patient from self-injury or injury to others.

### **12. Treatment Privacy**

Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.

### **13. Confidentiality of Records**

Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and Section 144.335. This right does not apply to complaint investigations and inspections by the department of health, where required by third party payment contracts, or where otherwise provided by law.

### **14. Disclosure of Services Available**

Patients shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist patients in obtaining information regarding whether the Medicare or Medical Assistance program will pay for any or all of the aforementioned services.

### **15. Responsive Service**

Patients shall have the right to a prompt and reasonable response to their questions and requests.

### **16. Personal Privacy**

Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being.



Rev. 07/01/2007

Page 5

## **17. Grievances**

Patients shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens. Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, Section 307 (a)(12) shall be posted in a conspicuous place.

Every acute care in-patient facility, every residential program as defined in Section 7, and every facility employing more than two people that provides out-patient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision-maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in Section 7 which are hospital-based primary treatment programs, and outpatient surgery centers with Section 144.691 and compliance by health maintenance organizations with Section 62D.11 is deemed to be in compliance with the requirement for a written internal grievance procedure.

## **18. Communication Privacy**

Patients may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record. There shall be access to a telephone where patients can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' calls. This right is limited where medically inadvisable, as documented by the attending physician in a patient's care record. Where programmatically limited by a facility abuse prevention plan pursuant to the Vulnerable Adults Protection Act, Section 626.557, Subdivision 14, Paragraph (b), this right shall also be limited accordingly.

## **19. Personal Property**

Patients may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.



Rev. 07/01/2007

Page 6

## **20. Services for the Facility**

Patients shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

## **21. Protection and Advocacy Services**

Patients shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this Section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

## **22. Right to Communication Disclosure and Right to Associate**

Upon admission to a facility, where federal law prohibits unauthorized disclosure of patient identifying information to callers and visitors, the patient, or the legal guardian or conservator of the patient, shall be given the opportunity to authorize disclosure of the patient's presence in the facility to callers and visitors who may seek to communicate with the patient. To the extent possible, the legal guardian or conservator of the patient shall consider the opinions of the patient regarding the disclosure of the patient's presence in the facility.

The patient has the right to visitation by an individual the patient has appointed as the patient's health care agent under chapter 145C and the right to visitation and health care decision making by an individual designated by the patient under paragraph 22.

Upon admission to a facility, the patient or the legal guardian or conservator of the patient, must be given the opportunity to designate a person who is not related who will have the status of the patient's next of kin with respect to visitation and making a health care decision. A designation must be included in the patient's health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under chapter 145C prevails over a designation made under this paragraph. The unrelated person may also be identified as such by the patient or by the patient's family.

## **ADDITIONAL RIGHTS IN RESIDENTIAL PROGRAMS THAT PROVIDE TREATMENT TO CHEMICALLY DEPENDENT OR MENTALLY ILL MINORS OR IN FACILITIES PROVIDING SERVICES FOR EMOTIONALLY DISTURBED MINORS ON A 24-HOUR BASIS:**

### **23. Isolation and Restraints**

A minor patient who has been admitted to a residential program as defined in Section 7 has the right to be free from physical restraint and isolation except in emergency situations involving likelihood that the patient will physically harm the patient's self or others. These procedures may



Rev. 07/01/2007

Page 7

not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, psychiatrist, or licensed consulting psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

#### **24. Treatment Plan**

A minor patient who has been admitted to a residential program as defined in Section 7 has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor patient and his or her parents or guardian shall be involved in the development of the treatment and discharge plan.

#### **Inquiries or complaints regarding medical treatment or the Patients' Bill of Rights may be directed to:**

##### **Minnesota Board of Medical Practice**

2829 University Ave. SE, Suite 400

Minneapolis, MN 55414-3246

Tel: (612) 617-2130

(800) 657-3709

##### **Office of Health Facility Complaints**

P.O. Box 64970

St. Paul, MN 55164-0970

Tel: (651) 201-4201

(800) 369-7994

#### **Inquiries regarding access to care or possible premature discharge may be directed to:**

##### **Ombudsman for Long-Term Care**

PO Box 64971

St. Paul, MN 55164-0971

Tel. (800) 657-3591 or

(651) 431-2555 (metro)

**Text provided by the Minnesota Hospital and Healthcare Partnership. Translation financed by the Minnesota Department of Health. For more information on this translation, contact the Minnesota Department of Health at (651) 201-3701.**



Rev. 07/01/2007

Page 8