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# Patient and Parent Bill of Rights & Responsibilities Policy

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## I. Purpose

To identify and state the rights and responsibilities applicable to patients securing care at Children's of Alabama.

## II. Scope

This policy applies to all employees of Children's of Alabama.

## III. Policy

It is the policy of this institution to treat all patients with respect and courtesy recognizing their rights as human beings.

### 1. Patient/Parent Rights

Parents and legal guardians have the duty and authority to provide for the health care needs of their children. As a result, Children's of Alabama relies, to the extent allowed by law, upon the consent of a custodial parent, legal guardian, or other legally-authorized person when admitting or treating un-emancipated minor children (18 years of age or younger), except in those instances where Alabama law grants a minor the authority to consent or when a physician has the right to proceed without consent. Parents, legal guardians, or other legally authorized persons may expect the following concerning the care and treatment of an unemancipated minor child, to the extent allowed by law:

- a. The hospital's reasonable response to their request and need for treatment or service, within the hospital's capacity, its mission, and applicable law and regulation.
- b. The right to access medically indicated services in an impartial manner that complies with applicable federal civil rights, laws, and regulations, and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, gender expression, sex, religion, or source of payment.
- c. The right to have cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected, including the right to pastoral and other spiritual services.
- d. Considerate, respectful care and recognition of personal dignity supporting a positive self-image.
- e. Personal and informational privacy as manifested by the following rights:
  - i. The right to limit visitors or visits by other persons not directly involved in the patient's care.
  - ii. The right of the patient to wear appropriate personal clothing and religious or other symbolic items, as long as these do not interfere with diagnostic procedures or treatment.
  - iii. The right of the patient to be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy.
  - iv. To expect that any discussion or consultation involving their case will be conducted discreetly and that individuals not directly involved in their care will not be present without the patient's permission.
  - v. To expect all communications, clinical and other records pertaining to their care, including the source of payment for treatment, be treated as confidential.
  - vi. The right to access information contained in records in a reasonable time frame.

- vii. The right of the patient to be placed in protective privacy when considered necessary for personal safety.
- viii. The right to personal privacy for the patient and confidentiality of information relating to the patient within limits of the law. The patient and the patient's legally authorized representative have the right of access to the information contained in the patient's medical record within limits of the law.
- ix. The right of the patient to receive the privacy rights granted by the federal health care privacy law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- f. The right of the patient to have a family member or a designated representative promptly notified of their admission to the hospital.
- g. The right of the patient to have their personal physician promptly notified of admission to the hospital, or discharge or transfer from the emergency department or inpatient unit. The right of the patient to be informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post-acute care services providers and suppliers. Children's of Alabama has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit.
- h. The right of the patient to timely information necessary to enable them to make treatment decisions that reflect their wishes.
- i. The right of the patient to participate in dilemmas or ethical questions about their care.
- j. Adult inpatients (19 years of age or older or 18 years of age if married) have the right to formulate advance directives, including the designation of a surrogate decision maker, and to have hospital staff and practitioners who provide care in Children's of Alabama comply with these directives.
- k. The right to include or exclude any family members from participating in health care decisions.
  - l. Reasonable safety insofar as the hospital practices and environment are concerned.
- m. The right to be treated in a secure environment.
- n. The right to know the identity and professional status of individuals providing a service and to know which physician or other practitioner is primarily responsible for their care. This includes the patient's right to know of the existence of any professional relationship among individuals who are treating them, as well as the relationship to any other health care or educational institutions involved in their care. Participation by patients in clinical training programs or in the gathering of data for research purposes should be voluntary.
- o. The right to obtain from the practitioner responsible for coordinating their care, complete and current information concerning diagnosis (to the degree known), treatment, outcomes of care, including unanticipated outcomes, and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual.
- p. The right to refuse care, treatment, and services in accordance with law and regulation and the right to be informed of the medical consequences of refusing treatment to the extent permitted by law.
- q. The right to be free from all forms of abuse, neglect, harassment, and exploitation including mental, physical, sexual, and verbal.
- r. The right of the patient to have reasonable access to people outside of the hospital by means of visitors, and by verbal and written communication (including access to an interpreter, if necessary) as is medically appropriate.
- s. The right to the reasonable, informed participation in decisions involving their health care. To the degree possible, this should be based on a clear, concise explanation of their condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side

effects, problems related to recuperation, and probability of success. The patient should not be subjected to any procedure without the voluntary, competent, and understanding consent of a person authorized to give effective consent, unless a physician has the right to proceed without consent. Where medically significant alternatives for care or treatment exist, that information should be communicated to the person(s) making the decision regarding care or treatment.

- t. The right to know the name of the physician(s) and other practitioners authorizing and delivering care, treatment, and services.
- u. The right to be informed if Children's of Alabama proposes to engage in or perform studies involving human subjects or other research or educational projects affecting the patient's care or treatment and the right to refuse to participate in any such activity.
- v. The right to be informed of and gain access to protective and advocacy services.
- w. The right to consult with a specialist (at their own request and expense).
- x. The right not to have the patient transferred to another facility unless you have received a complete explanation of the need for the transfer and of the alternatives to such a transfer has been given. Further, the transfer must be acceptable to the other facility.
- y. The right to be informed by the practitioner responsible for care or their delegate of any continuing health care requirements following discharge from Children's of Alabama needed to facilitate continuity of care.
- z. The right to request and receive an itemized and detailed explanation of the total bill for services rendered in Children's of Alabama.
- aa. The right to be informed of Children's of Alabama rules and regulations applicable to the patient's conduct.
- ab. The right to be free from the use of seclusion or restraints of any form that are not medically necessary.
- ac. The right to appropriate pain assessment and management.
- ad. Patients who are emancipated minor children and adults shall also have the rights stated herein.

## **2. Patient/Parent Responsibilities**

Patients, and their parents, legal guardians, or other persons legally responsible for the patient, have the following responsibilities:

- a. To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, unexpected changes in condition, and other matters relating to the patient's health, including any patient safety risks or concerns and unexpected changes in condition.
- b. To ask questions if you do not understand what you have been told about your medical condition, care, treatment, and services, or what you are expected to do, and to report whether a contemplated course of action has been adequately explained.
- c. To follow the treatment plan recommended by the patient's health care team and express any concerns about inability to follow such plans. Patients and families are responsible for accepting the consequences of not following the care, treatment, and service plan.
- d. To assure that the financial obligations of the patient's health care are fulfilled as promptly as possible.
- e. To follow Children's of Alabama rules and regulations affecting patient care and conduct.
- f. To be considerate of the rights of other patients and hospital personnel, including respecting the property of other patients and Children's of Alabama, including their right to personal and informational privacy, and to assist in the control of noise, smoking, and the number of visitors.

## **3. Mechanism of Initiation, Review, and Resolution of Patient/Parent Complaints/Grievances or Concerns**

- a. Children's of Alabama has Patient Relations Coordinators or, for the Pediatric Practices, the Office Managers who are responsible for the review and followup of patient complaints/grievances that are not resolved at the time of the complaint by staff present. Complaints/grievances received by the Patient Relations Coordinators are obtained through personal contact with the patient or parent/legal guardian, letters or survey questionnaires, or referrals from hospital or medical staff. The Patient Relations Coordinators can be reached at 205-638-3999 Monday through Friday, 8:00am - 4:30pm, excluding observed federal holidays. A Nursing Supervisor or Administrator On Call is available 24 hours per day to respond to complaints/grievances and can be reached by calling the hospital operator (205) 638-9100. In addition to phone or face-to-face contact, complaints/grievances may be submitted in writing to: Children's of Alabama, Patient Relations Department, 1600 7th Avenue South, Birmingham, Alabama 35233. They may also be faxed to the Patient Relations Department (205) 638-3221.
- b. All internal and external customer complaints and process problems will be addressed at the time of the occurrence in an effort to resolve the customer complaint and/or review and improve the process. Grievances will be responded to in writing within 7 days in most cases. Where this is not possible due to additional time for investigation, the grievant will be informed that an investigation is underway within the 7-day time frame. Follow-up to the complainant should occur within a timely manner but, no longer than 90 days of the grievance.
- c. Complaints may also be submitted to:
  - i. Alabama State Department of Public Health at their toll-free number (800) 356-9596 or in writing to Alabama State Department of Public Health, Division of Health Care Facilities, 201 Monroe Street, Suite 600, Montgomery, Alabama 36104, or to
  - ii. The Joint Commission Office of Quality and Patient Safety at their toll-free number (800) 994-6610 or in writing to One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181 or at [complaint@jointcommission.org](mailto:complaint@jointcommission.org).
  - iii. Complaints/Grievances may be submitted to the Alabama State Department of Health or to The Joint Commission regardless of whether or not the complaint/grievance has been reported to Children's of Alabama. Patients are informed of whom to contact within the hospital and are provided contact information for The Joint Commission and the Alabama State Department of Public Health in the information received upon admission. This information is listed in the Abbreviated Patient and Parent Bill of Rights information available upon admission to the hospital and at outpatient clinic/service registration desks. In addition, the Children's of Alabama website provides access to the Joint Commission Office of Quality and Patient Safety.
- d. The Board of Trustees has delegated responsibility of the complaint and grievance processes to the Patient Relations Department. Complaints and process problems will be collected and trended by the Patient Relations Department. Identified trends will be forwarded to the appropriate Hospital or Medical Staff director for action. If necessary, the Patient Relations Department may directly refer issues (regardless of whether they are resolved or unresolved) to the appropriate Administrator or other decision-making body. Identified individual trends will be included in the employee or physician quality profile.
- e. The Grievance Committee shall be comprised of representatives from Hospital Administration, Patient Relations, Risk Management/Performance Improvement, Medical Leadership, and other stakeholders on an ad hoc basis as deemed necessary. The Grievance Committee has been delegated the responsibility of reviewing and resolving grievances by the Board of Trustees.

## IV. Procedure

### Resolution of Complaints/Grievances:

1. The patient or their representative may ask to file a grievance with any staff member. The staff member will immediately contact the Patient Relations Department or House Supervisor (when Patient Relations is unavailable). The Patient Relations Coordinator or House Supervisor reviewing the grievance with the grievant will advise the grievant of the process and time frame for resolution. When complaints or grievances are received by the Patient Relations Department, the Patient Relations Coordinator will make every effort to obtain the full name, phone number, and address of the complainant.

A complainant may file a complaint at the point of care/service with any staff member and expect an inquiry with the goal of explaining the situation or resolving the complaint. Any complainant may request assistance from the Patient Relations Coordinator or their designee in filing a complaint. Complaints which cannot be resolved at the departmental level will be referred to the Patient Relations Coordinator or House Supervisor (when Patient Relations is unavailable).

The Patient Relations Coordinator or other designated staff present will respond to the patient or their designee and obtain the details from the complainant. The complaint will be resolved. If the complaint cannot be resolved at the time of the complaint by the staff present, it will be treated as a grievance. NOTE: Those post-care verbal communications regarding patient care that would routinely have been managed by staff present if the communication had occurred during the stay/visit are not required to be defined as a grievance.

2. The Patient Relations Coordinator will review the issue identified and determine if the complaint should be defined as a grievance or complaint according to the Complaints and Grievances Definitions document attached to this policy.
3. If it is determined that the patient's concerns are consistent with the definition of grievance, the Patient Relations Coordinator will follow the flowchart attached to this policy. The Grievance Committee and or the Patient Relations Coordinator will determine a resolution and will provide the patient or his/her representative with a written notice of the decision in a language and manner that the patient or the patient's representative understands. The written notification of the grievance resolution to the grievant will include:
  - a. steps taken on behalf of the patient to investigate the grievance
  - b. result of the grievance process
  - c. date of completion
  - d. name of hospital contact person

Notification of the decision will be sent to the patient's address via certified mail. No e-mail responses will be made even if the grievance is filed via e-mail. However, a representative of the Grievance Committee may respond via e-mail that a written response will be forthcoming via certified mail. A copy of all correspondence will be kept by the Patient Relations Department and the Grievance Committee, or its designee.

#### **Notification of Rights and Responsibilities to Families:**

1. Patients, parents, or the patient's legal guardian will have access to a written copy of their rights. A written summary of the patient and parent rights and responsibilities within Children's of Alabama will be provided to the patient, parent, or the patient's legal guardian upon request made to the Patient Relations Department. This summary will contain the mechanism by which a patient/parent/legal guardian's complaints/grievances will be investigated.
2. The Patient and Parent Bill of Rights & Responsibilities contains the rights and responsibilities for patients/parents/legal guardians.
3. If telephone consent is obtained, the registration personnel will inform the parent or legal guardian of the Patient and Parent Bill of Rights & Responsibilities and the information will be sent to the nursing unit.
4. Patient Rights and Responsibilities are posted in the admissions areas of Children's of Alabama.

5. Patient/parent/legal guardian will be informed of the patient’s HIPAA privacy rights. Children’s of Alabama will provide a separate privacy notice to the patient/parent/legal guardian. The privacy notice will explain how the patient’s confidential information will be used and disclosed. (Please refer to the Children’s of Alabama HIPAA Privacy Manual).

## V. Definitions

See Complaints and Grievances Definitions document.

1. **Complaint:** A verbal expression of dissatisfaction by a Children’s of Alabama patient, family member, guardian, surrogate decision maker, or authorized representative about care and/or services provided by Children’s of Alabama. A complaint may address dissatisfaction with care, health services, or other ancillary services (such as parking or food). Claims of malpractice are not addressed in this process, but in a legal forum. A complaint is a situation that can be resolved by staff present at the time the complaint is received.
2. **Complainant:** A person who expresses a complaint.
3. **Staff Present:** Includes any Children’s of Alabama staff or physician present at the time of the complaint or who can quickly be at the patient’s location (i.e. Department Director, Patient Relations Coordinator, Nursing Supervisor, Administrator, etc.) to resolve the patient’s complaint.
4. **Grievance:** A written or verbal complaint (when the verbal complaint is not resolved at the time of the complaint by staff present) by a patient, or patient’s representative to any Children’s of Alabama staff regarding the patient’s care, abuse or neglect, issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation, or a Medicare beneficiary billing complaint related to patient rights. Exceptions would be disagreements regarding lost or damaged personal property, parking, food, and non-patient care issues. Examples of grievances include:
  - a. All written letters, e-mails, or faxes from patients or their representative,
  - b. All complaints alleging abuse, neglect, patient harm, or non-compliance with any CMS requirement,
  - c. Any time a patient or his/her representative requests a complaint be treated as a grievance
5. **Grievant:** Person who files a grievance.

## VI. Processes

See Grievance Process Flowchart.

## VII. Reference/Regulations

Medical Photography Permission [Medical Photography Permission \(lucidoc.com\)](#)

“Consent for Medical Services Policy” [Consent for Medical Services Policy \(lucidoc.com\)](#)

“Children’s of Alabama Medical Staff Organization and Functions Manual, Section 5.01.” [Organization & Functions Manual \(lucidoc.com\)](#)

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