**Patient and Parent Abbreviated Bill of Rights English**

**CHILDREN’S OF ALABAMA PATIENT/PARENT BILL OF RIGHTS**

Children’s recognizes a patient’s rights as a human being deserving respect and courtesy

**Patient/Parent Rights**

**Patients, and the parents or legal guardians of emancipated minors’ and emancipated adults on behalf of patients have, to the extent allowed by law, the following rights:**

1. Reasonable response to requests and need for treatment or service, within the hospital’s capacity, its mission, and applicable law and regulation.
2. The right to access medically indicated services in an impartial manner that complies with applicable Federal civil rights and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, gender expression, sex, religion or source of payment.
3. Respect demonstrated by staff for the patient’s cultural, psychosocial, spiritual, and personal values, beliefs and preferences, including the access to pastoral and other spiritual services.
4. Considerate, respectful care and recognition of personal dignity to support a positive self-image.
5. Personal and informational privacy including the right to: wear appropriate personal clothing and religious or other symbolic items, as long as these do not interfere with diagnostic procedures or treatment, have interviews and examinations conducted in surroundings designed to assure reasonable visual and auditory privacy and excluding individuals not directly involved in the patient’s care unless permitted by the patient, confidential treatment of all communication, including clinical and other records pertaining to the patient’s care and source of payment, access to medical records in a reasonable time frame, protective privacy needed for personal safety, receipt of the Notice of Privacy Practices, and the organization’s compliance with privacy rights as per the Health Insurance Portability and Accountability Act (HIPAA).
6. Visitation: The right to; receive or deny visitors of your choosing; receiving information about visitation rights including any limitations or restrictions and a rationale for those limitations or restrictions. Children’s limits visitation where clinically necessary or reasonable. When Children’s limits visitation, we will explain the rationale to the patient, their parents or support person. Broad examples of when Children’s may limit visitation includes:
   - When infection prevention and control practice indicate limitation or restriction
   - When visitation may interfere with care of other patients
   - When Children’s is aware of an existing court order restricting contact
   - When the patient is a prisoner or detainee of law enforcement
   - When visitors engage in harmful, disruptive, threatening or violent behavior of any kind
   - When the patient needs rest or privacy
   - When inpatient psychiatric, substance abuse treatment program protocols limit visitation
   - When the patient is undergoing care interventions
   - When Children’s in good faith suspects neglect or abuse
   - When Children’s is aware that the visitor is a registered sex offender
   - Reasonable limitations on the number of visitors at any one time
   - Reasonable limitations on visitors who are minors
   - Reasonable limitations on the duration of visitation, or visitation hours for visitors other than parents or support persons
7. Prompt notification of the patient’s family member or designated representative, and personal physician of hospital admission.
8. Timely information to enable treatment decisions for the patient that reflect his/her wishes.
9. Participation in dilemmas or ethical questions about the patient’s care.
10. Create and have Children’s of Alabama comply with Advance Directives, including the designation of a surrogate decision maker (applies only to adult inpatients who are 19 years or older or 18 years or older and married).
11. Inclusion or exclusion of family members in health care decisions.
12. Reasonable safety and security regarding hospital practices and environment.
13. Knowledge of the identity and professional status of individuals authorizing and providing service and of the physician or practitioner primarily responsible for the patient’s care. This includes knowledge of any professional relationship among individuals providing treatment, as well as the relationship with other health care or educational institutions involved in the patient’s care. Patient participation in clinical training programs or in data gathering for research is voluntary.
14. Complete and current information concerning diagnosis (to the degree known), treatment, outcomes of care, unanticipated outcomes, and any known prognosis from the practitioner responsible for coordinating the patient’s care 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.
15. Refuse care, treatment, and services, in accordance with law and regulation, and be to be informed of the medical consequences of refusing treatment.
16. Freedom from mental, physical, sexual and verbal abuse, neglect, harassment, and exploitation.
17. Access to communication with others outside the hospital.
18. Access to an interpreter, if necessary.
19. Reasonable, informed participation in decisions involving the patient’s health care based on a clear, concise explanation of the condition, the proposed and alternative care, treatment, and service options including potential benefits, risks, including death (if applicable), and side effects, the likelihood of the patient achieving his/her goals, potential problem in recuperation, and the risks of not receiving the proposed care, treatment, and services.
20. Care, treatment, and services provided with the voluntary, competent, and understanding consent of a person authorized to give consent, unless a physician or practitioner has the right to proceed without consent.
21. Information regarding Children’s of Alabama’s proposal to engage in research, educational projects, or perform human experimentation affecting the patient’s care or treatment and the right to refuse to participate in any such activity.
22. Information regarding access to protective and advocacy services.
23. Consultation with a specialist (at the patient’s request and expense).
24. Transfer to another accepting facility after receiving complete explanation of the need for and alternatives to the transfer.
25. Information on health care requirements following discharge provided by the practitioner responsible for care or his/her delegate.
26. Request and receive an itemized and detailed explanation of the total bill for services rendered within Children's of Alabama.

27. Information concerning Children's of Alabama rules and regulations applicable to the patient's conduct.

28. Freedom from the use of non-medically necessary seclusion or restraint.


30. Patients who are emancipated minor children and adults shall also have the rights stated herein.

**Patient/Parent Responsibilities**

Patients, and their parents or legal guardians have the following responsibilities:

1. Provision of 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.

2. Asking questions if you do not understand what you have been told about the medical condition, care, treatment, and services, or what you are expected to do and stating understanding of proposed care, treatment, and services.

3. Following the treatment plan recommended by the patient’s health care team and expressing concerns about the ability to follow such plans. Patients and their legal guardians are responsible for accepting the consequences of not following the care, treatment, and service plan.

4. Fulfilling the financial obligations from the patient's care at Children’s of Alabama promptly.

5. Following Children’s of Alabama rules and regulations impacting patient care and conduct.

6. Showing consideration for the rights of others, including respecting the property of patients and Children’s of Alabama, respecting other patient’s rights to personal and informational privacy, and assisting in noise control, smoking only in designated areas, and observing limitations on visitation.

**Mechanism of Initiation, Review, & Resolution of Patient/Parent Complaints/Grievances or Concerns**

1. Children’s of Alabama’s Patient Representatives are responsible for the review and follow-up of patient complaints/grievances. Complaints/grievances received by the Patient Representative are obtained through personal contact with the patient, parent, or legal guardian, through letters and survey questionnaires, and referrals from hospital or Medical Staff. The Patient Representative can be reached at (205) 638-3999 or by requesting the Nursing Supervisor through the hospital’s Switchboard. An individual is available 24 hours per day to respond to complaints/grievances. 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.

2. Complaints and process concerns will be addressed at the time of the occurrence in an effort to resolve complaint and/or review and improve the process. Written response to grievances will be made within seven days in most cases.

Complaints may also be submitted to the Alabama Quality Assurance Foundation Suite 200 West, Two Perimeter Park South, Birmingham, AL 35243, phone number (800) 760-3540, the Alabama State Department of Public Health, Division of Health Care Facilities, 201 Monroe Street, Suite 600, Montgomery, Alabama 36104, phone number (800)

356-9596, or to The Joint Commission IS Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181, phone number (800) 994-6610 through complaint@jointcommission.org. Complaints/Grievances may be submitted to the Alabama Quality Assurance Foundation, the Alabama State Department of Health, or The Joint Commission regardless of whether or not the complaint/grievance has been reported to Children’s of Alabama.

Revised 10.17.2016

This is an abbreviated version of the Patient Parent Bill of Rights and Responsibilities Policy. For a copy of the complete Policy, please visit the Patient Relations Department - 2nd Floor, Russell Building.

Si usted desea recibir una copia de este documento en español por favor visite o llame a la Oficina de Relaciones del Paciente al (205) 638-3999.

---

**DOCUMENT OWNER:** Moler, Lori D. - VP Customer Service Admin

**SIGNATURES:** Philisia Bryant, Policy and Procedure Coordinator (10/17/2016 09:07 AM PST), Robert J Royston, Risk Manager, JD (10/17/2016 11:35 AM PST), Lori D. Moler, VP Customer Service Admin (10/17/2016 11:35 AM PST)

**ORIGINAL EFFECTIVE DATE:** 01/18/2016

**LAST REVISED/REVIEWS:** 10/17/2016

**ATTACHMENTS:** (REFERRED BY THIS DOCUMENT) Patient Parent Bill of Rights Responsibilities

**OTHER DOCUMENTS:** (WHICH REFERENCE THIS DOCUMENT) Patient and Parent Bill of Rights Responsibilities Policy

---

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at http://www.lucidoc.com/cgi/doc-gw.pl?ref=childrensal:15726.