

	Applicable to: <input checked="" type="checkbox"/> Admin <input checked="" type="checkbox"/> VCC <input checked="" type="checkbox"/> HC Clinics <input type="checkbox"/> CBO	CC 6.01
	Effective Date: 8/1/12	Revised Date 8/1/12
	Reviewed and Approved By: IPM-SouthTX Administration	
POLICY/PROCEDURE TITLE: Patient Rights and Responsibilities		
SECTION: Clinical Care		

It is the policy of the Practice to preserve the rights and responsibilities of every patient and adhere to the guidelines developed by the National Health Council¹ as defined herein.

PROCEDURES

This policy does not presume to be all inclusive of incidents related to patient’s rights and responsibilities. It is intended to express the Practice’s commitment to maintain a professional relationship with the patient and to emphasize the need to observe the rights and responsibilities of the patient.

These rights and responsibilities, such as the following developed by the National Health Council, are published and communicated to all patients.

¹ National Health Council Board of Directors. “Principles of Patient’s Rights and Responsibilities,” (National Health Council Principle, 1995) Washington, D.C. www.nationalhealthcouncil.org/pages/patients-rights.php, Accessed April 1, 2010.

PRINCIPLES OF PATIENTS’ RIGHTS

- 1. All patients have the right to informed consent in treatment decisions, timely access to specialty care, and confidentiality protections.**

Patients should be treated courteously with dignity and respect. Before consenting to specific care choices, they should receive complete and easily understood information about their condition and treatment options. Patients should be entitled to coverage for qualified second opinions; timely referral and access to needed specialty care and other services; confidentiality of their medical records and communications with providers; and, respect for their legal advanced directives or living wills.

- 2. All patients have the right to concise and easily understood information about their coverage.**

This information should include the range of covered benefits, required authorizations,

and service restrictions or limitations (such as on the use of certain healthcare providers, prescription drugs, and “experimental” treatments). Plans should also be encouraged to provide information assistance through patient ombudsmen knowledgeable about coverage provisions and processes.

3. All patients have the right to know how coverage payment decisions are made and how they can be fairly and openly appealed.

Patients are entitled to information about how coverage decisions are made, i.e., how “medically necessary” treatment is determined, and how quality assurance is conducted. Patients and their family caregivers should have access to an open, simple, and timely process to appeal negative coverage decisions on tests and treatments they believe to be necessary.

4. All patients have the right to complete and easily understood information about the costs of their coverage and care.

This information should include the premium costs for their benefits package, the amount of any patient out-of-pocket cost obligations (e.g., deductibles, copayments, and additional premiums), and any catastrophic cost limits. Upon request, patients should be informed of the costs of services they’ve been rendered and treatment options proposed.

5. All patients have the right to a reasonable choice of providers and useful information about provider options.

Patients are entitled to a reasonable choice of healthcare providers and the ability to change providers if dissatisfied with their care. Information should be available on provider credentials and facility accreditation reports, provider expertise relative to specific diseases and disorders, and the criteria used by provider networks to select and retain providers. The latter should include information about whether and how a patient can remain with a provider who leaves or is not part of a plan network.

6. All patients have the right to know what provider incentives or restrictions might influence practice patterns.

Patients also have the right to know the basis for provider payments, any potential conflicts of interest that may exist, and any financial incentives and clinical rules (e.g., quality assurance procedures, treatment protocols or practice guidelines, and utilization review requirements) that could affect provider practice patterns.