

## Patient Rights & Protections



### HIPAA - Patient Privacy

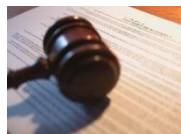
All healthcare providers are obligated to take reasonable safeguards to protect patient privacy. HIPAA (Health Insurance Portability and Accountability Act) regulations govern providers' use and disclosure of health information, and grant patient's rights of access and control. They also establish civil and criminal penalties for violations of patient privacy. Fines range from \$100 to \$50,000 for each episode. When privacy violations occur, disciplinary action will be taken.

Healthcare providers' ethical and legal obligation to protect patient health information includes all formats: written, electronic and oral communication. Helpful guidelines:

- Patient information is shared with other healthcare workers on a "need to know" basis.
- Protected health information (PHI) may not be discussed in front of a patient's family, friends and/or visitors without the patient's permission. You should ask individuals to momentarily leave a patient's room while you discuss the patient's health information/condition with the patient.
- Information is never released without written consent, except as per the law.
- Confidential information is never discussed in areas where others can overhear you (hallways, elevators, informal social settings, etc.).
- Computerized records are kept confidential, just like any other medical record and are accessed on a "need to know" basis as it directly relates to patient care delivery.
- Keep computer screens and open charts from view of public traffic.
- Log off when leaving the computer.
- Do not share your computer password with anyone.
- Do not use someone else's user ID and password to gain access to secured sites.
- Do not share patient information learned over social media.

Healthcare workers can only access, use or disclose protected health information when they have a legitimate need to know or to share with another healthcare worker who is treating the patient in order to perform their job function, regardless of the extent of access provided to them.

Call the in-house operator to contact the HIPAA Privacy or the HIPAA Security Officer, if needed.



### **Patient Rights and Responsibilities**

Upon admission, all patients are given a *Guide to Patient Services* containing detailed information about patient rights and responsibilities.

Patients have the right to:

- Respect, compassion and dignity
- Access to reasonable and impartial response to request for treatment or services that are available or medically indicated
- Effective communication
- Know the identity and professional status of the persons responsible for delivery of care
- Be involved in decisions about treatment and care
- Have family member and their own physician notified promptly of admission to the Hospital

Patients have the responsibility to:

- Provide adequate and complete information about present and past illnesses, hospitalizations, and medications
- Inform caregivers of perceived risks in their care and unexpected changes in their conditions
- Follow the care, treatment, and service plan developed and ask questions when aspects of the care are not understood
- Understand that unfavorable outcomes may be experienced when they do not follow the care, treatment and service plan
- Follow the facility's rules and regulations affecting the patient and family
- Be considerate of the staff of the facility and their property as well as other patients and their property
- Fulfill financial obligations promptly

CSRHS has **Patient Representatives on each campus** that can assist patients and their families with concerns or problems that are not easily resolved by the staff. The Patient Representative can be reached through the Hospital Operator

CSRHS also has a **Patient Grievance/Complaint Policy #CO-PM-01-2**

## **Pain**

**CHRISTUS Santa Rosa Health Care recognizes the rights of patients with pain. All patients:**

- Have the right to have their reports of pain accepted and acted on by health care professionals
- Have the right to have their pain controlled, no matter what the cause or how severe it may be
- Have the right to be treated with respect at all times. When medication is needed for pain, patients should not be treated as abusers.

## **ABUSE & NEGLECT**

### **Child Abuse**

A "child" or "minor", according to the TEXAS FAMILY CODE section 101.003, is defined as a person under 18 years of age who is not and has not been married.

### **EXAMPLES OF CHILD ABUSE / NEGLECT:**

Child abuse and neglect include the following acts or omissions by a person responsible for a child's care, custody, or welfare.

- ◆ Allows physical injury to be inflicted upon a child that is not accidental
- ◆ Commits or allows to be committed an act of sexual abuse.
- ◆ Fails to provide food, shelter, clothing, education, and/or medical care though financially able to do so.
- ◆ Imposes excessive disciplinary actions.
- ◆ Constant belittling, shaming and humiliating a child

### **Reporting Child Abuse**

The initial licensed Associate member who suspects child abuse or neglect is legally required to contact the **Texas Department of Family and Protective Services (DFPS) at 1-800-252-5400, or on line at <https://www.txabusehotline.org> within 48 hours. When using the web site to log on use Professional and the pass word is Report 1**

Additionally, the person who conducts the screening and has cause to suspect abuse has occurred is responsible for reporting.

**The non-licensed person** must report suspected child abuse/neglect immediately to the Texas Department of Family and Protective Services (DFPS). The 48 hour window does not apply for the non-licensed associate.

You will need the following information when reporting

- name/address/phone number of child – (required if known)
- name/address/phone number of patient/guardian, DOB, SS# (if known)
- child's age / DOB/ SS#
- possible extent of injuries
- other pertinent information (child's school and grade, names of other household members)

**A licensed professional** may not delegate to or rely on another person to make the report. The term "professional" includes but is not limited to nurses, doctors, social workers, respiratory therapists, psychologists, dietitians, child life specialists and physical/speech/occupational therapists.

If it is after hours also call the

- social worker on call by calling the operator
- attending physician
- nursing supervisor/charge nurse

### **Elder/Vulnerable Adult Abuse/Neglect**

**DEFINITION OF AN ELDER:** according to Texas state law, a person who is "age 65 or older.

**DEFINITION OF VULNERABLE ADULT / DISABLED PERSON:** according to Texas state law, a "disabled person (vulnerable adult)" means a person with a mental, physical, or developmental disability that substantially impairs the person's ability to provide adequately for their own care or protection and who is:

- a) 18 years of age older; or
- b) Under 18 years of age and who has had the disabilities of minority removed (emancipated minor).

**DEFINITION OF A CAREGIVER / CARETAKER:** A relative, legal guardian, or representative payee, or a person who has frequent or regularly scheduled contact such that a personal relationship exists or the client perceives that person as having a role in assisting the client to meet his/her basic needs.

### **Types of Abuse & Neglect**

- Physical/Psychological Abuse
- Sexual Abuse

- Exploitation
- Neglect

#### **REPORTING ELDER / VULNERABLE ADULT ABUSE / NEGLECT**

Texas Law (Texas Family Code 261.101) requires any professional upon learning of or suspecting abuse or neglect to report to the Texas Department of Family and Protective Services (DFPS) at 1-800-252-5400, or on line at <https://www.txabusehotline.org> or TDD. This is a 24 hour toll free phone number.

**Family Violence** – According to Texas law, "Family Violence", or "Domestic Violence", means an act by a member of a family or household against another member that is intended to result in physical harm, bodily injury, assault, or sexual assault, or that is a threat that places a member in fear of such harm.

REMEMBER: FAMILY/DOMESTIC VIOLENCE IS A CRIME.

- **Domestic violence can also be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner.**
- **The nature of domestic violence can also be physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone.**

#### **REPORTING DOMESTIC VIOLENCE**

- Domestic violence that is physical in nature should be reported to the local police department.
- Acts of violence may involve known or unknown suspects.
- **If a gun is involved the incident *must* be reported to the police.**
- If a child is involved, the staff will report to the law enforcement agency who has jurisdiction (where the crime was committed) and Texas Department of Family and Protective Services (DFPS).
- Any patient at CHRISTUS Santa Rosa Health System who is suspected of being a victim of domestic violence will be referred to Social Work Services.
- A list of community agencies that provide help to victims of domestic violence is available through Social Work Services.
- No person shall incur any civil or criminal liability as a result of making a report in good faith.

#### **Colored Coded Wrist Bands**

**Color Coded Wrist Bands** – for patient safety to ensure that all healthcare workers are alerted patients at CHRISTUS Santa Rosa Hospitals wear color coded wrist bands.

**All patient ID bands are white and if the patient has an allergy, is high risk for falls, has asked and their doctor agreed, not to be resuscitated in the event they code, in other words have a DNR order, or if they have an extremity that should be restricted from procedures, B/Ps, etc., the patient will have a color coded wristband**

- **Nurses apply the bands and will educate patients and families about this aspect of patient safety**
- **Color wristbands go on the SAME ARM as the ID band (exception: restricted extremity)**
- **Document the application of the appropriate band**

## What Are The Colors?



- Allergy: **RED**
- Falls Risk: **YELLOW**
- DNR: **PURPLE**
- Restricted Extremity: **PINK**



## Translation

**TRANSLATION:** Providing information to our patients about their disease, treatment options and how to best care for themselves is paramount to the success of their care. Great care must be taken to ensure the patient understands their condition, treatment choices and the potential outcome of their choices.

**To prevent errors and miscommunication in the provision of care, CSRHC has language translation supports that include:**

**Translation Phones** - located on the Nursing Units to take to the bedside as needed. If needed, any facility phone can be used to contact the translator, the phone number is 1-800-225-5254. Additionally, CSR has Associates who are Spanish Language Interpreters. The list of interpreters is posted on the CHRISTUS Santa Rosa Connect site under the "Department" menu, select Educational Resources, and on the far right hand side of the front page is the link to the Medical Interpreters who are listed by facility.

**TDDY Phones** - For the hearing impaired. Call "O" for the CSRHC Operator to acquire this type of phone.

**Sign Language Interpreting Deaf Link is the video camera available at all sites for sign language services. Deaf Link can be signed out as follows:**

- Childrens - Nursing Supervisor Office**
- New Braunfels - House Supervisor Office**
- Medical Center - Patient Representative Office**
- Westover Hills - Nursing Supervisor**
- Alamo Heights – Nursing Supervisor**
- ALON Emergency Center - patient care area**

**For sign language, Live interpreters can be booked by calling Vital Signs**

Vital Signs Inc. can be reached:

Monday - Friday until 5pm at 590-7446

After 5pm or on Weekends & Holidays on the Emergency Pager at 871-3266.

It is important to remember that it is imperative that a patient's preferred language to receive medical information be identified and documented on admission and that all important medical

**information (such as information about diagnosis, treatment, informed consent, discharge instructions, care planning) have approved language translation by language translation services. Remember, you cannot rely on a family member or someone else who "speaks the language" as they may not be familiar with appropriate medical terminology, or may not have translation skills to convey the information so that the patient understands it correctly. The only exception is if the patient declines a formal interpreter and appoints another of their choice (this should be documented in the patient's record).**

**DOCUMENTATION of INTERPRETATION: Anytime interpretation is used, it should be documented in the patient record, date, time, what was interpreted, and interpreter identification.**

