

# Patient Rights and Responsibilities



#### Personal Privacy/Visitation

- To have your personal dignity respected.
- To have your identifiable health information kept confidential.
- To enjoy personal privacy and a safe, clean environment and to let us know if you would like to restrict your visitors or phone calls.
- To receive visitors of your choosing that you (or your support person, where appropriate) designate, including a spouse, a domestic partner (including a same-sex domestic partner), or another family member or a friend, and to withdraw or deny your consent to receive such visitors at any time.
- To be informed (or have your support person to be informed, where appropriate) of your visitation rights, including any clinically necessary restriction or limitation on such rights.
- To designate a support person who will designate visitors on your behalf, should you be unable to do so.
- To have a medical chaperone with you during sensitive or intimate exams. If you would like to ask for one, please make this request before your appointment or procedure. If you wait until the day of your visit, there could be delays.

#### Security

- To be free from all forms of abuse or harassment.
- To access protective and advocacy services.
- To know that restraints will be used only to ensure the immediate physical safety of the patient, staff member or others, and in accordance with established standards.

#### **Cultural and Spiritual Values**

- To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
- To have access to pastoral and other spiritual services.

#### Access to Care

- To receive care regardless of your age, race, color, national origin, culture, ethnicity, language, socioeconomic status, religion, physical or mental disability, sex, sexual orientation, or gender identity or expression, or manner of payment.
- To ask for a change of provider or a second opinion.

#### Access to Information

- To make advance directives and have them followed, subject to limitations required by applicable law or medical standards.
- To have your family or a representative you choose and your own physician, if requested, be informed of your hospital admission.
- To know the rules regulating your care and conduct.
- To know that Cleveland Clinic hospitals are teaching hospitals and that some of your caregivers may be in training.
- To ask your caregivers if they are in training.
- To know the names and professional titles of your caregivers.
- To have your bill explained and receive information about charges that you may be responsible for, as well as any potential limitations your policy may place on your coverage.
- To be told what you need to know about your health condition after hospital discharge or office visit.
- To be informed and involved in decisions that affect your care, health status, services or treatment.

- To understand your diagnosis, condition and treatment and make informed decisions about your care after being advised of material risks, benefits and alternatives.
- To knowledgeably refuse any care, treatment and services.
- To say "yes" or "no" to experimental treatments and to be advised when a physician is considering you to be part of a medical research program or donor program. All medical research goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not involve you in any medical research without going through this special process. You may refuse or withdraw at any time without consequence to your care.
- To legally appoint someone else to make decisions for you if you should become unable to do so, and have that person approve or refuse care, treatment and services.
- To have your family or representative involved in care, treatment and service decisions, as allowed by law.
- To be informed of unanticipated adverse outcomes.
- To have your wishes followed concerning organ donation, when you make such wishes known, in accordance with law and regulation.
- To request a review of your medical chart with your caregivers during your hospital stay.

#### Communication

- To receive information you can understand.
- To have access to an interpreter and/or translation services at no charge.
- To know the reasons for any proposed change in the attending physicians/professional staff responsible for your care.
- To know the reasons for your transfer either within or outside the hospital.



American Sign Language interpreters are available.



We have a full staff of language interpreters.

For more information about Language Access Services, please call Global Patient Services Dispatch at 216.445.7044.

#### Pain Management

• To have pain assessed and managed appropriately.

#### Disclosures

- To request a listing of disclosures about your healthcare, and to be able to access and request to amend your medical record as allowed by law.
- To know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care.

#### **Recording and Filming**

• To provide prior consent before the making of recordings, films or other images that may be used externally.

#### **Provision of Pertinent Information**

- To give us complete and accurate information about your health, including your medical history and all the medications you are taking.
- To inform us of changes in your condition or symptoms, including pain.

#### Asking Questions and Following Instructions

- To let us know if you don't understand the information we give you about your condition or treatment.
- To speak up. Communicate your concerns to any employee as soon as possible — including any member of the patient care team, manager, administrator or ombudsman.

#### **Refusing Treatment and Accepting Consequences**

• To follow our instructions and advice, understanding that you must accept the consequences if you refuse.

#### **Explanation of Financial Charges**

• To pay your bills or make arrangements to meet the financial obligations arising from your care.

#### Following Rules and Regulations

- To follow our rules and regulations.
- To keep your scheduled appointments, or let us know if you are unable to keep them.
- To leave your personal belongings at home or have family members take all valuables and articles of clothing home while you are hospitalized.

#### **Respect and Consideration**

- To be considerate and cooperative.
- To respect the rights and property of others.

### Concerns, Complaints or Grievances

You are entitled to receive a reasonably prompt response to your request for services, be involved in resolving issues involving your own care, treatment and services, and express concerns, complaints and/ or a grievance to your providing hospital personnel.

You may do this by writing to the following address:

#### **Ohio Patients**

**Cleveland Clinic Health System** 9500 Euclid Ave., Ombudsman Department, Mailcode S18, Cleveland OH 44195

#### Florida Patients

**Cleveland Clinic Florida** 2129 S.E. Ocean Blvd., Ombudsman Department, Stuart, Florida 34996

#### Or by contacting your Ombudsman office:

Akron General Medical Center 330.344.6711

Ashtabula County Medical Center 440.997.6277

Avon Hospital 440.695.5205

Cleveland Clinic Children's Hospital for Rehabilitation 216.444.2544

**Cleveland Clinic** 216.444.2544

**Euclid Hospital** 216.692.7888

Fairview Hospital 216.476.4424

Hillcrest Hospital 440.312.9140 Indian River Hospital (Florida) 772.567.4311

Lodi Community Hospital 330.344.6711

Lutheran Hospital 216.363.2360

Martin Health (Florida) 772.223.4995

Marymount Hospital 216.587.8888

Medina Hospital 330.721.5330

Mentor Hospital 440.312.9140

Mercy Hospital 330.458.4148

South Pointe Hospital 216.491.6299

Union Hospital 330.602.0705

Weston Hospital (Florida) 954.689.5545 According to hospital policy and our regulatory agency requirements, we are required to inform you that you have a right to file a grievance to the following agencies:

- The Joint Commission, Office of Quality and Patient Safety Information Line
  800.994.6610 | Fax: 630.792.5636;
  Mail Address: The Joint Commission, One
  Renaissance Blvd., Oakbrook Terrace, IL 60181;
  Website: www.jointcommission.org
- DNV GL Healthcare For Union Hospital only: 866.496.9647; Fax: 513.947.1250
- The Ohio Department of Health at 800.342.0553; email: hccomplaints@odh.ohio.gov; Fax: 614.564.2422; Mail Address: ODH, Complaint Unit, 246 N. High St., Columbus, OH 43215
- LIVANTA, Medicare's Beneficiary and Family Centered Care Quality Improvement Program (BFCC-QIO) Beneficiary Hotline at 888.524.9900, TTY 888.985.8775. Services include discharge appeals, beneficiary quality complaints, immediate advocacy and traditional focused reviews; mail quality of care complaint letters to BFCC QIO, 10820 Guilford Road, Suite 202, Annapolis Junction, MD 20701-1262
- Office of the Medicare Beneficiary Ombudsman at the following website: https://www.medicare.gov/claimsappeals/your-medicare-rights get-help-with-yourrights-protections

## Cleveland Clinic

#### Every life deserves world class care.

9500 Euclid Ave., Cleveland, OH 44195

Cleveland Clinic is a globally integrated multispecialty healthcare system combining hospital and outpatient care with research and education for better patient outcomes and experience. Cleveland Clinic has 80,000 caregivers worldwide, including 5,700 physicians and scientists. The health system consists of 23 hospitals and 265 outpatient locations, including a main campus in Cleveland; 15 regional hospitals in Northeast Ohio; five hospitals in Southeast Florida; a center for brain health in Las Vegas, Nevada; executive health and sports health services at two locations in Toronto, Canada; a hospital and outpatient center in London, United Kingdom; and a hospital and cancer center in Abu Dhabi, United Arab Emirates.

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