



The Chickasaw Nation

Department of Health

PATIENT BILL OF RIGHTS:

The Chickasaw Nation Department of Health, using a Bill of Rights developed by the American Hospital Association as a model, presents a Patient's Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, the patient's providers and the health system. It is the policy of the Chickasaw Nation to endeavor to assure for all of its patients, including infants and children, the preservation of basic human rights and the provision of one standard of medical care regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, marital status or source of payment of care. Further, the Chickasaw Nation presents these rights with the expectation that they will be supported by the entire department of health on behalf of its patients as an integral part of the healing process. It is recognized that a personal relationship between the provider and the patient is essential for the provision of proper medical care. The traditional patient relationship takes on a new dimension when care is rendered within an organizational structure. Legal precedent has established that the department of health itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

1. The patient has the right to health care that is considerate, respectful and sensitive to their culture beliefs, and preferences in an environment that contributes to achieving optimal patient outcomes.
 - 1.1 The patient has the right to express religious or spiritual beliefs and cultural practices that do not harm others or interfere with their planned course of medical therapy.
2. The patient has the right to request pastoral or other spiritual services.
3. The patient has a right to request assistance to access protective and advocacy services.
4. The patient has the right to comfort and dignity by receiving appropriate treatment for primary and secondary symptoms and management of acute pain, as desired by the patient and/or representative, responding to the psychosocial, emotional and spiritual concerns of the patient and/or representative.
5. Advance Directive, Life-sustaining, and Resuscitative services:
 - 5.1 The patient has the right to receive information about and Formulate advance directives (if chosen), forgo or withdraw life-sustaining treatment, and withhold resuscitative services and appoint a representative (e.g., health care proxy, health care durable powers of attorney) to make health care decisions on their behalf and have the advanced directive followed in accordance with applicable law.
 - 5.2 The provider will discuss with patient and/or representative the extent to which the hospital is able to honor regarding the advance directive.
 - 5.3 If the hospital is unable to honor the advance directive, the provider will update the patient and/or representative with the information.

- 5.4 In the event the patient's provider is uncomfortable with a signed directive and decides they are unable to follow the patient's choices, then the provider will discuss with the patient and, if needed, will turn the care of the patient over to a provider who will be able to follow the patient's requests in accordance with the CNDH policies.
- 5.5 When a patient is unable to make decisions for themselves and the patient did not designate a representative or there is not sufficient evidence of the patient's choices, then staff will follow the set CNDH policies.
6. The patient has the right to address autopsy and organ donation issues conducted in a sensitive manner.
7. The patient has the right, in collaboration with their primary health provider, to make decisions involving their health care, treatment and services, and involve representative as chosen by the patient.
 - 7.1 The primary health provider shall provide all information necessary to the patient for decision-making, including an explanation of the risks involved, whether any incapacity for normal living will result, or if there are alternative types of treatments.
 - 7.2 The patient has the right to receive information about the individual(s) responsible for and providing the patient's care, treatment, and services.
 - 7.3 The patient has the right to informed consent (i.e., approval to have procedures or treatments performed in accordance with the CNDH policies).
 - 7.4 The patient has a right to withhold/refuse informed consent and to receive information about this in writing.
 - 7.5 In bona fide emergency situations (e.g., life threatening or a possibility of permanent loss of limb, eyesight or critical functions), the health care provider(s) may need to provide treatment without having time to provide information to the patient and/or representative. In such instances, the primary health provider shall not be responsible for providing extensive information, if it would further jeopardize the patient's well-being.
8. The patient has the right to discuss with the provider any ethical issues that arise during the course of care, including sentinel events (i.e., a patient safety event that reaches a patient and results in death, severe harm, or permanent harm). The patient may request access to the hospital's ethics committee, as applicable.
9. The patient has the right to accept medical care or to refuse treatment to the extent permitted by law (i.e., patient determined to have decision making capabilities or not, or a court ordered treatment), and to be informed of the medical consequences of such refusal. The patient has the right to receive information about this in writing.
 - 9.1 The patient, at their own expense, has the right to consult with a private physician for a second opinion unless otherwise prohibited (e.g., incarcerated patients).
10. The patient has the right to privacy and confidentiality concerning their medical care and their clinical health records. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Those not directly involved in a patient's care must have the permission of the patient in order to be present in such proceedings with the exclusion of correctional/law enforcement responsible for incarcerated patients and will follow applicable tribal or federal law and the CNDH guidelines.

- 10.1 The patient or representative has the right to receive all information from the primary health provider concerning health care to the extent permitted by law.
- 10.2 The patient has the right to request medical records information and either receive copies of their clinical records or a written explanation why the request has been delayed or denied within a reasonable time frame, from the date of request in accordance with CNDH policy.
- 10.3 The patient has the right to request amendments to their medical records in accordance with CNDH policy and applicable law.
- 11. The patient has the right to effective communication whenever services are being provided.
 - 11.1 Information will be provided to the patient in a manner that is understandable and based on the individual needs.
 - 11.2 Access to communication with others outside of the CNDH will be provided to the patient through telephone, mail, and internet as appropriate to the setting and patient condition.
 - 11.3 Information will be provided to the patient that is appropriate to age, understanding and language.
 - 11.4 The patient will be provided an interpreter by the CNDH upon request or when the need is identified.
 - 11.5 The CNDH will address the needs of patients with vision, speech, hearing, or cognitive impairments to ensure they receive effective communication.
- 12. The patient has the right to expect reasonable safety in so far as the CNDH practices and environment are concerned.
- 13. The patient has the right to know the names, qualifications and professional status of the persons who will be responsible for providing their care, treatment, or services.
- 14. The patient has the right to know the reasons for any proposed change in the professional staff responsible for their care.
- 15. The patient has the right to expect that within the capacity, the CNDH must make reasonable response to the request of the patient for services in accordance with Indian Health Service eligibility regulation requirements.
 - 15.1 The CNDH must provide evaluation, service, or referral as indicated by the urgency of the case.
 - 15.2 When medically permissible or required by law, a patient may be transferred to another facility, only after the patient has received complete information and explanation concerning the needs for and alternatives to such a transfer (pending patient's medical condition). Such transfers shall occur only on order of the provider. The facility to which the patient is being transferred must have accepted the patient for transfer.
- 16. The patient has the right to expect continuity of care, including provisions for managing the physical, educational, and social development of child and adolescent patients. Patients have the right to expect the hospital will provide a mechanism whereby they are informed of the patient's continuing health care requirements following discharge.
- 17. The patient has the right to know which CNDH rules and regulations apply to their conduct as a patient.

18. The patient has the right to be advised if the CNDH proposes to engage in or perform human experimentation, research, investigation, or trials affecting their care or treatment. The patient has the right to refuse to participate in such research projects. The patient will need to receive the following information when deciding whether to participate in human experimentation, research, investigation, or trials:
 - 18.1 Explanation of the purpose of the research.
 - 18.2 Expected duration of participation.
 - 18.3 Clear description of the procedure involved in the research.
 - 18.4 Statement of the potential benefits, risks, discomforts, and side effects.
 - 18.5 Alternative care, treatment, and services available to the patient that might prove advantageous.

19. All patients and/or representatives have the right to register complaints without fear of compromising the quality of care received including unreasonable interruption of care, or without being subject to coercion, discrimination, or retaliation.
 - 19.1 Patient and/or representative has the right to be informed of the facilities internal grievance process including how to contact patient relations to file a complaint or grievance.
 - 19.2 Resolution of complaints is attempted at the lowest management level possible.
 - 19.3 If a patient and/or representative is not satisfied with the response or action taken concerning a complaint, they may appeal the response or action.
 - 19.4 When a patient and/or representative decides a complaint regarding patient care and safety has been left unaddressed by the organization or cannot be resolved through the organization's management and leadership, they are encouraged to contact the Joint Commission:
 - Phone: 630-792-5800
 - On-line:
http://www.jointcommission.org/report_a_complaint.aspx
 - Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181If an unresolved complaint involves services acquired through a state or federal entity, the patient and/or representative is encouraged to contact the following:
 - Oklahoma Health Care Authority/SoonerCare:
1-800-987-7767 or 711 (TDD)
 - Medicare: 1-800-633-4227 www.medicare.govIf an unresolved complaint involves swing bed services, the patient and/or representative is encouraged to contact the following:
 - Oklahoma Ombudsman (Pontotoc County)
(800) 211-2116 or (580) 920-1388

20. The patient has the right to examine and receive an explanation of their statement for services rendered in the hospital regardless of source of payment within a reasonable period.

21. The patient has the right to be informed of the source of the hospital's reimbursement for their services and of any limitations which may be placed upon their care.
22. The patient has the right to be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience, or retaliation. Restraint(s) or seclusion may only be imposed to ensure the immediate physical safety of the patient, staff member, or others and must be discontinued at the earliest possible time with the exclusion of forensic restraints applied and monitored by correctional/law enforcement personnel.
23. Patient privileges will not be denied or prohibited based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, marital status, or source of payment.
24. The patient has the right to be informed of the CNDH visitation policy and to either consent to, or withdrawal consent for visitors of their choosing at any time, in accordance with CNDH visitor restrictions or limitations following CNDH guidelines and policies to ensure patient, employee, correctional/law enforcement, and visitor safety. All visitors shall enjoy full and equal visitation practices without restrictions or limitations on basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, marital status, or source of payment.
25. The patient has either the right to have notification or to withhold notification for the following: a representative of their choice and their own provider to be notified promptly of their admission to the hospital to the extent permitted by law and the CNDH guidelines.
26. The patient has the right to be free from all forms of abuse, neglect, exploitation, or harassment.