

**LOGO**  
**CENTRE NAME**  
**CENTRE ADDRESS**

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| DOCUMENT NAME          | POLICY MANUAL- PRE (Patient Right And Education )                          |
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| PATIENT RIGHTS AND RESPONSIBILITIES |                                      |                  |             |

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| <b>SUMMARY</b>      | This document provides instruction and guidance to hospital staff on various issues pertaining to Patients and Family Rights.<br>The document also discusses the responsibilities of the patients while they are at the hospital. |
| <b>DISTRIBUTION</b> | This document is for distribution to all departments, units and wards of the hospital through the hospital manual   |

### 1. Purpose

Purpose of this document is to ensure that the basic rights of the patient and his / her family are addressed, concern for personal dignity and human relationships are preserved for all patients, and to define the responsibilities of patients at **CENTRE NAME**

### 2. Scope

Applicable to all patient related activities

### 3. Policy

It is the policy of **CENTRE NAME** to respect the individual rights of all persons that come to this facility for care. Patients' rights include the right to make decisions regarding medical care and the right to accept or refuse treatment. Patients' responsibilities include those actions on the part of patients that are needed so that healthcare providers can provide appropriate care, make accurate and responsible care decisions, address patient's needs, and maintain a sound and viable healthcare facility.

Patients arriving at **CENTRE NAME** are educated about their rights and responsibilities at the time of admission by the admission staff in a language they understand. Printed copies of the rights and responsibility statement shall be provided where necessary.

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## **Patient's Rights**

### **3.1 Access to care**

CENTRE NAME welcomes all patients. No patient shall be denied admission who fall under our scope of services when required, on the basis of race, color, religion, ancestry, financial class or nation of origin.

### **3.2 Respect and dignity**

The patient has the right to have considerate, respectful care at all times and under all circumstances, with recognition of his personal esteem, worth and dignity.

### **3.3 Privacy and confidentiality**

The patient has the right, within the law, to personal and informational privacy, as manifested by the right to refuse to talk with or see anyone not officially connected with the hospital, including visitors, persons officially connected with the hospital but who are not directly involved in his care

Patients have liberty to wear appropriate personal clothing and religious or other symbolic items, as long as they do not jeopardize safety or interfere with diagnostic procedures or treatment

Be interviewed and examined in surroundings designed to assure reasonable audio and visual privacy. This includes the right to have a person of one's own gender present during certain parts of a physical examination, treatment, or procedure performed by a health professional of the opposite sex; and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe

Expect that any discussion or consultation involving his / her case will be conducted discreetly and that individuals not involved in direct care will not be present without permission of the patient

Have his/ her medical record read only by individuals directly involved in treatment or monitoring of quality, and by other individuals only on written authorization by the patient or that of his / her legally authorized representative

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Expect that all communications and other records pertaining to his care, including the source of payment for treatment, be treated as confidential

Expect that information given to concerned family members or significant other legally qualified person, be delivered in privacy and with due consideration of confidentiality.

Request transfer to another available room if another patient or visitors in that room are unnecessarily disturbing the said patient

Be placed in protective privacy when considered necessary for personal safety

### **3.4 Personal safety and security**

The patient has the right to expect reasonable safety in so far as the hospital practices and environment are concerned. To address the needs of patient, visitor the hospital security personnel are present round the clock. Other safety and security measures include limited access to the facility and the use of employee identification badges that are to be conspicuously displayed.

### **3.5 Identity**

The patient has the right to know the identity and professional status of individuals providing service to him / her and to know which Senior Doctor / Doctor is primarily responsible for his / her care. This includes the patient's right to know of the existence of any professional relationship among individuals that are treating him / her, as well as the relationship to any healthcare or educational institutions involved in his / her care. Participation of patients in research programs, or in gathering of data for research purposes, shall be voluntary with a signed informed consent.

### **3.6 Information**

The patient has the right to obtain from the Senior Doctor / Doctor responsible for coordinating his / her care, complete and current information concerning his / her diagnosis (to the degree known) treatment and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand.

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The patient has the formal right of access to his / her medical records. The Senior Doctor / Doctor shall be notified when such requests are made.

### 3.7 Communication

The patient has the right of access to people outside the hospital by means of visitors, and by oral and written communication, but only during the official visiting hours notified by the hospital.

When the patient does not speak or understand the predominant language of the community, he/ she shall have access to an interpreter. This is particularly true where language barriers are a continuing problem.

### 3.8 Consent

The patient has the right to the reasonably informed participation in decisions involving his / her healthcare. To the degree possible, this shall be based on a clear, concise explanation of his / her condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient shall not be subjected to any procedure without his / her voluntary, competent, and informed consent, or that of his / her legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

The patient has the right to know who is responsible for performing the procedures or treatment

The patient shall be informed if the Senior Doctor / Doctor proposes to engage in or perform human experimentation or other research / educational projects affecting his / her care or treatment, and the patient shall sign an informed consent if participation is desired and maintains the right to refuse to participate or withdraw from any such activity at any time

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The patient may refuse treatment. When refusal of treatment by the patient or his / her legally authorized representative prevents the provision of appropriate medical care, in accordance with ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.

If a patient is unconscious or is determined to be mentally incompetent, consent shall be obtained from an appropriate family member.

### **3.9 Consultation**

The patient, at his own request and expense, has the right to consult with a Senior Doctor / any other Doctor for a second opinion.

### **3.10 Transfer and Continuity of care**

A patient may not be transferred to another facility unless he / she have received a complete explanation of the need for a transfer and the alternatives for a transfer, and unless the transfer is acceptable to the other facility. The patient has the right to be informed by the responsible Senior Doctor / Doctor or his / her representative of any continuing healthcare requirements following discharge from the hospital.

Regardless of the source of payment of his / her care, the patient has the right to request and receive an itemized and detailed explanation of his / her finalized bill for services rendered in the hospital. The patient shall be informed of eligibility for reimbursement by any third-party coverage during the admission or pre-admission financial discussions.

### **3.11 Hospital rules and regulations**

The patient shall be informed of the hospital rules and regulations applicable to his / her conduct as a patient

### **3.12 Complaint process**

The patient has the right to file a complaint regarding services and is entitled to information regarding the hospital's mechanism for the initiation, review and resolution of such complaints.

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### Patients' responsibilities

- Patients have the responsibility for providing accurate and complete Information about medical complaints, past illnesses, hospitalizations, medications, pain, and other matters relating to their health.
- To be punctual for all the appointments.
- Following the treatment plan recommended by those responsible for their care.
- Inform and bring to the doctor's notice if it has been difficult to understand any part of the existences of challenges in complying within the treatment.
- To participate intelligently in medical care by actively involving in the prescribed do-at-home activities.
- To maintain healthy habits and routines that contributes to good health, and takes responsibility for my health.
- To make sincere effort in understanding therapies/Procedures. This includes the medicines prescribed or Procedures advised and their associated adverse effects if any and other compliances for effective treatment outcomes.
- Not to ask for surreptitious bills and false certificates, and/or advocate forcefully by unlawful means to provide with one.
- To inform the doctor if unhappy with the service and to discuss with him regarding the same.
- To respect the doctors and medical staff providing care.
- To abide by the hospital rules.
- To bear the agreed expenses of the treatment that is explained in advance and to pay the bills on time.
- Seeking information, and in the event they have questions, asking the

### 4 References

Standards

PRE 1 – All elements

PRE 2 – a,b,c,d,e,g,h,i,j

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| Consent Policy |  |                  |             |

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|---------------------|--|
| <b>SUMMARY</b>      | This policy is intended for all staff groups. This document provides instruction and guidance to doctors, nurses and others on how to manage patient / family consent to various examination and treatments. |
| <b>DISTRIBUTION</b> | This document is for distribution to all departments, units and wards of the hospital through the Hospital Manual.   |

## 1. Introduction

“Consent” is the patient’s agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting the arm for the pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- Be competent to take the particular decision
- Have received sufficient information to take the decision; and
- Not be acting under stress.

It is the responsibility of the medical professional giving the treatment or doing the investigation to ensure that consent is valid, however this can be delegated but it is still the responsibility of the medical professional to ensure that consent is taken properly.

The general consent for treatment, which is obtained from all the patients entering the organization, is taken by trained administrative or nursing personnel. These staff will be trained on the consent procedure and should be competent to inform the patient and / or his family about the scope of a general consent.

In cases of minors and patients unable to provide consent due lack of consciousness; consent may be obtained from the next of kin.

If the patient has capacity, but is unable to sign the consent form for whatever reason i.e. illiteracy or blindness, the patient may use a thumb impression to indicate consent. A person other than the clinician seeking consent should witness this and the reason the patient has chosen to mark the consent form in this way should be documented in

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the patient's health records. Similarly if the patient has the capacity to and wishes to give consent but is physically unable to mark the consent form, all the facts should be recorded in the patient's health records.

## 2. Purpose and Scope

The purpose of this policy is to guide the hospital staff in managing the process of obtaining patient consent for investigation and treatment.

The scope of this policy also covers situations of delegated consent, obtaining consents from family in case of adults not in capacity to provide consent and parental consent in case of pediatric cases.

The consent policy also covers undertakings from patients and / or family in case of denial of recommended treatments including Leaving Against Medical Advice (LAMA).

## 3. Responsibilities Sr.

### Doctors / Doctors

The doctors are responsible for implementing the consent policy and procedure at the ward level.

## 4. Definitions

### Implied Consent

A form of consent which is not expressly granted by a person, but rather inferred from a person's actions and the fact and circumstances of a particular situations (for example by presenting the arm for the pulse to be taken or for obtaining blood for a sample).

### Informed Consent

Legal conditions whereby a person can be said to have given consent for a treatment or investigation based upon clear appreciation and understanding of facts, implications and future consequences of an action. For providing an informed consent the individual concerned must have adequate reasoning faculties and be in possession about relevant

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facts about his disease / condition and various treatment options at the time consent is given.

## 5. Policies

5.1 General consent for treatment is obtained from all inpatients at the time of admission.

5.2. The hospital operates under implied consent in the following situations in case of an OPD patients;

- ☐ Physical examinations
- ☐ Blood collection / phlebotomy for blood investigations

5.2 Consent for Panchkarma / therapies are taken by the concerned Doctor before the start of the treatment regimen. Consent should indicate the modality and duration. In case of changes to the modality a fresh consent has to be taken again from the patient by the concerned Doctors. For Parasurgical procedures the consent to be taken by concerned doctor.

5.3 In cases of all paediatric cases (defined for the purpose of consent as under 18 years of age) the informed consent will be taken from the parents / legal guardian of the patient. Patient may be asked to produce relevant documents for his age if needed by the hospital authorities.

5.4 In cases of any mentally ill patients the consent shall be obtained from the legally appointed guardian.

5.5 The patient has the right to refuse consent for any mode of treatment suggested by the hospital / doctors. However it shall not affect or prejudice his pursuing all other options of treatments available to him despite the treating teams reservations about

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the effectiveness of the same compared to the mode, which was not agreed upon by the patient.

5.6 In case of any other occasions like Laboratory investigations like HIV test or for antenatal scans, Blood transfusions, taking part in research activities etc consent/declaration shall be obtained whenever necessary. For end of life care or for Cancer care separate consent forms are used.

5.7 The informed consent shall be taken after explaining the various issues involved in a language understood by the patient. The hospital shall maintain versions of all consent forms in English and Hindi.

5.8 In cases of any other language all efforts will be made by the hospital to provide an interpreter from among the hospital staff well versed with the patient's language. In case where this is not possible interpretation by a relative / friend representing the patient will be used. In both cases the name and other details of the interpreter will be documented in the consent form / patient record.

## 6. Procedure (s)

### Standardization of Consent Forms

The various consent forms to be used across the hospital have been standardized and provided at various wards.

### Filing and Changes to filled in Consent Forms

Completed forms must be kept with the patient's medical record. Any changes to a form, made after the form has been signed by the patient, should be initialed and dated by both patient and treating doctor. Major changes or changes that are not legible require completion of a new consent form.

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## Consent Issues for Infants and Children

Only people with 'parental responsibility' "guardianship" are entitled to give consent on behalf of their children.

### Process for Obtaining Consent

The process for obtaining patients consent at CENTRE NAME operates under three channels of as described below.

#### I. Implied Consent

Applicable in cases of Out - Patients for physical examinations and minor procedure if any.

For implied consents a regular form is not prepared instead it is understood that the patient has permitted the hospital and its staff to perform these tests by arriving to that area. However the technician / nurse performing the above mentioned procedures are encouraged to discuss the consent with the patient and obtain permission verbally.

#### II. General Consent

This is obtained at the time of admission by the front office staff. Two parts are there for the forms available;

- ☐ General admission consent (Adult)
- ☐ General admission consent (Paediatric)

The patient or the relative reads the form, understands it and consents for the contents. In case of doubts it may be clarified with the treating doctor and signed.

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### III. Procedure Consents

Informed consents are applicable for all the Ayurveda therapies, Surgical or parasurgical procedures and any other treatment modalities performed in the hospital

#### Access to more details or specialist information

Patients may sometimes request more detailed information or discussions with another doctor for better understanding. In such cases the clinicians involved will provide additional information through patient education. In case the patient request for a discussion with another doctor before providing his consent the same shall be facilitated.

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## Refusal of treatment

If the process of seeking consent is to be a meaningful one, refusal must be one of the patient's options. A competent adult patient is entitled to refuse any treatment for any reason, rational or irrational, or for no reason at all, except in cases of mental incapacity.

Where a patient has refused a particular therapy, the doctor must ensure that they continue to provide any other appropriate care to which the patient consented. The doctor should also ensure that the patient realizes he or she are free to change his or her mind and accept treatment if he or she later wish to do so. Where delay may affect their treatment choices, they should be advised accordingly.

## 7. Monitoring

The Senior Doctors should monitor the adherence to the consent policy and processes across the hospital.

The medical records audit process reviews the completeness and appropriateness of the consent forms / process used in the sample medical records / cases audited by them.

## 8. References

### A. Standards

PRE 2 – f

PRE 4 – All elements

### B. Mandatory Documents/Forms/Registers Maintained

- ☐ General Consent
- ☐ Informed Consent
- ☐ High risk consent
- ☐ Other consents specific to departments applicable by law

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| Complaint Redressal Policy |  |                  |             |

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| <b>SUMMARY</b>      | This document provides instruction and guidance to hospital staff on various issues pertaining to Complaint Redressal Policy. |
| <b>DISTRIBUTION</b> | This document is for distribution to all departments, units and wards of the hospital through the hospital manual.            |

**Purpose:**

- ❑ To provide a mechanism this identifies and addresses patient/visitor complaints in a timely and efficient manner.
- ❑ To improve the delivery of quality healthcare services and protect patient health and safety by ensuring complaint is reviewed/investigated, tracked and trended.
- ❑ To provide a mechanism through which every patient complaint is reviewed by Operations Head, responding on an individual basis, and that a feedback and appeal mechanism is available to the complainant.

**Definition:**

Patient complaint – a formal, written or verbal grievance that is filed by a patient, or on behalf of a patient who is incapable of doing so by when a patient issue cannot be resolved promptly by present staff.

**Policy:**

1. Patient complaint is received through suggestion/complaint boxes, direct verbal or written reporting or via phone.
2. All patient complaints, written or verbal (including telephone complaints), and regardless of point of origin, are forwarded to Operations Head.

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3. Every effort will be made to resolve the situation/complaint by the Hospital management team for the department involved; if needed the Operations Head/ Director can be contacted for assistance.
4. If resolved at that time, and no further action is indicated, the complaint is not considered a formal complaint.
5. If the complaint presents apparent issues of legal liability or media involvement, the Medical Director is notified immediately and he calls for a management committee meeting immediately
6. All complaints alleging the release of protected information will be shall be dealt with at most diligence
7. In all routine cases or complaints once logged, and reviewed by the Operations Head, individual/team is routed to refer as appropriate for investigation, follow- up and decision.
8. All complaints shall be immediately reviewed for the purpose of risk assessment, need for urgent intervention, administrative awareness of complaint issues pending investigation for appropriate routing and follow-up oversight.
9. Operational complaints shall be immediately reviewed by the Hospital Management team
10. All complaints received shall be addressed and the proceedings shall be documented with Quality department.

## References

Standards – PRE 7 – All elements

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