

Your Rights

As a patient of Dana-Farber Cancer Institute (DFCI), or as the parent or guardian of a minor patient, we want you to know the rights that you have under federal and Massachusetts state law. At DFCI, we recognize our responsibility to respect these rights as well as to inform you of them.

You have the right to:

Respect

- receive health care that respects your cultural, psychosocial, and personal values and beliefs, including the right to request pastoral and other spiritual services. The Institute is committed to serving all patients, without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, gender identity or expression, disability, political affiliation, veteran status, or other non-medically relevant factors.
- obtain a copy of any rules or regulations that relate to the conduct of patients, as provided below.
- have a spouse, domestic partner (including a same-sex domestic partner), family member, friend, or other individual be present with you for support during your visits or hospital stay, subject to certain clinical restrictions and limitations, and to withdraw or deny such consent to their presence at any time without any discrimination based on race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
- receive care in a safe setting.
- be free from all forms of abuse and harassment.

Privacy and confidentiality

- know that your records and communications are confidential to the extent provided by law.
- expect privacy during medical treatment and care, within the capacity of the Institute.

Participation

- refuse to be examined, observed, or treated by students or other Institute staff, without jeopardizing access to psychiatric, psychological, or other medical care.
- refuse to serve as a research subject or receive any care or examination that is primarily for educational or informational purposes, rather than for treatment; and to participate in any consideration of ethical issues that arise in your care or your child's, such as resolving conflict, withholding resuscitation, forgoing or withdrawing life-sustaining treatment, or taking part in research studies.

Pain management

- receive assessment and treatment for physical and psychological pain.

Information and treatment

- obtain an explanation of any relationship (including financial) that the Institute, or your/your child's physician, has with any other health care facility or educational institution, to the extent that the relationship relates to your care or your child's.
- have a family member (or representative of your choice) and your own physician notified promptly of your admission to the hospital.

- receive information regarding financial assistance or free health care.
- receive information, as needed and available, if you have a vision, speech, hearing, or cognitive impairment.
- obtain the name and specialty of the physician or other health care providers caring for you or your child.
- have all reasonable requests responded to promptly and adequately within the capacity of the Institute.
- receive enough information to make an informed decision, and to give an informed consent to treatment, to the extent provided by law, including an explanation of your condition or your child's, proposed treatments, and alternative therapies, with their respective benefits and risks.
- make decisions regarding your health care, including the decision to refuse or discontinue treatment, to the extent permitted by law.
- fill out advance care directives, such as a health care proxy form, to designate someone who can make decisions for you if you become incapable of understanding a proposed treatment or procedure, or are unable to communicate your wishes regarding care.
- receive a complete copy of the Massachusetts Patient Rights law (M.G.L. chapter 111, sec. 70E), available from the Patient/Family Relations Office 617-632-3417, or on the Internet at www.mass.gov/legis/laws/mgl/111-70e.htm.
- if you have breast cancer, receive complete information from your physician on medically viable alternative treatments.
- have an interpreter or other assistance, as needed and available, when there is a language, communication, or hearing barrier.
- inspect your medical record, or your child's, and receive a copy of it. If you request a copy, you may be charged a fee, unless you show that your request supports a claim or appeal under any provision of the Social Security Act or any federal or state needs-based benefit program.
- receive prompt, life-saving treatment in an emergency, without discrimination or delay based on economic or payment concerns.
- receive a prompt and safe transfer to the care of others if the Institute is unable to meet your request or need for treatment or service. For example, if we are unable to offer the type and quality of care, based on available resources, required by your specific condition or disease, or those of your child, we will make sure that you can receive care elsewhere.
- receive an itemized list of charges submitted by the Institute to your insurer or another third party regarding your care or your child's, including the amounts covered by the third-party payer, and a copy of the Institute's itemized charges sent to the attending physician.
- participate in the development and implementation of your plan of care.
- be free from physical or mental abuse, and corporal punishment.
- be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff.
- report complaints and file a grievance with the hospital if you have concerns regarding your care and treatment.

- › Any concern, complaint or grievance may be reported directly by telephone to the Patient/Family Relations Office at 617-632-3417, or by pager, 617-632-2337 (pager ID # 42137).
- › You should expect that the complaint and/or grievance will be acknowledged upon receipt by the Patient/Family Relations staff.
- › The details of the grievance will be communicated to supervisory level staff for review and investigation, and will inform Patient/Family Relations staff of the findings and any follow-up information.
- › Every effort will be made to resolve the grievance in 7 days, at which time you will be provided with a written response of resolution of the grievance. If a 7-day resolution is not possible, the Patient/Family Relations staff will inform you, verbally, and within 30 days, as to the status of the grievance.
- › Upon completion of the investigative process, you will receive written notification of the findings and resolution.
- › At any point during your care at the Institute, you have the option of filing a grievance directly with the Massachusetts Department of Public Health, the Massachusetts Board of Registration of Medicine, The Joint Commission, or the Institute's Quality Improvement Organization, KEPRO (see below for contact information).

Your Responsibilities

By taking an active role in your health care, you can help your caregivers meet your needs as a patient or family member. That is why we ask you and your family to share certain responsibilities with us.

We ask that you:

- provide, to the best of your ability, accurate and complete information about your present condition, past illnesses, hospitalizations, medications, and other matters related to your health or your child's, including information about home and/or work that may impact your/your child's ability to follow the proposed treatment.
- follow the treatment plan developed with your provider. You should express any concerns about your ability to comply with a proposed course of treatment. You are responsible for the outcomes if you refuse treatment or do not follow your care provider's instructions.
- be considerate of other patients and Institute staff and their property. Abusive, threatening, or inappropriate language or behavior will not be tolerated.
- keep appointments, or call us when you are unable to do so.
- be honest about your financial needs, so that we may connect you to appropriate resources.
- give us any health care proxy or other legal document, such as a power of attorney or court order, that may affect your decision-making ability or care.
- notify us if you object to students or researchers participating in your care.

Please direct your complaints or grievances to:

Dana-Farber Cancer Institute Patient/Family Relations

450 Brookline Ave.
Boston, MA 02215
Phone: 617-632-3417
Toll-free: 800-551-7034
Fax: 617-632-6988

Massachusetts Department of Public Health Bureau of Health Care Safety and Quality

67 Forest Street
Marlborough, MA 01752
Phone: 800-462-5540
Fax: 617-753-8165

Massachusetts Board of Registration in Medicine

200 Harvard Mill Square,
Suite 330
Wakefield, MA 01880
Phone: 800-377-0550
Fax: 781-876-8383

The Joint Commission Office of Quality Monitoring

1 Renaissance Blvd.
Oakbrook Terrace, IL 60181
Phone: 630-792-5000
www.jointcommission.com

Quality Improvement Organization – KEPRO

5700 Lombardo Center Drive,
Suite 100
Seven Hills, OH 44131
Phone: 888-319-8452
Fax: 833-868-4055