

Patient Rights and Responsibilities

Your Rights

As a patient of Dana-Farber Cancer Institute, we want you to know the rights that you have under federal law and New Hampshire state law. At Dana-Farber, 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. Dana-Farber 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.
- be treated with consideration, respect, and full recognition of your individual dignity and individuality, including privacy in treatment and personal care, and including being informed of the name, licensure status, and staff position of all those with whom you have contact, pursuant to RSA 151:3-b.
- receive notice of your patient rights and responsibilities and all procedures governing your conduct, provided orally and in writing before admission with the receipt acknowledged in writing by either you or your legal guardian.
- 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, including emotional, psychological, sexual and physical abuse, and from exploitation, neglect and corporal punishment.
- be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff.

Privacy and confidentiality

- know that your records and communications are confidential to the extent provided by law, and your written consent is required for release of information to anyone not otherwise authorized by law.
- expect privacy during medical treatment and care, within the capacity of Dana-Farber.

Participation

- refuse to be examined, observed, or treated by students or other Dana-Farber 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, 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 Dana-Farber or your physician has with any other health care facility or educational institution, to the extent that the relationship relates to your care.
- 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.
- have all reasonable requests responded to promptly and adequately within the capacity of Dana-Farber.
- be fully informed regarding your medical condition, health care needs, and diagnostic test results to permit you to make an informed decision, and to give an informed consent to treatment, to the extent provided by law, including receiving an explanation of your condition, 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, and your choice of physician, 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 New Hampshire Patients' Bill of Rights law (New Hampshire RSA 151:21), available from Dana-Farber's Patient/Family Relations office, 617-632-3417, or on the Internet at <http://www.gencourt.state.nh.us/rsa/html/xi/151/151-21.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, and receive a copy of it. If you request a copy, you may be charged a fee, unless you show that

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your request supports a claim or appeal under any provision of the Social Security Act in 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 Dana-Farber 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, we will make sure that you can receive care elsewhere.
 - receive an itemized list of charges submitted by Dana-Farber to your insurer or another third party regarding your care, including the amounts covered by the third-party payer, and a copy of Dana-Farber's itemized charges sent to the attending physician.
 - participate in the development and implementation of your plan of care.
 - 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 Dana-Farber's 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 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 within 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 Dana-Farber, you have the option of filing a grievance directly with: the New Hampshire Department of Health and Human Services, Division of Public Health Services; the New Hampshire Board of Medicine; The Joint Commission; or the 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, including information about home and/or work that may impact your 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 Dana-Farber 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

**The Joint Commission
Office of Quality Monitoring**
1 Renaissance Blvd.
Oakbrook Terrace, IL 60181
Phone: 630-792-5000
www.jointcommission.com

**State of New Hampshire
Office of Professional Licensure and
Certification Board of Medicine**
121 South Fruit Street, Suite 301
Concord, NH 03301-2412
Phone: 603-271-1203

**Division of Public Health Services
New Hampshire Dept. of Health
and Human Services**
929 Hazen Drive
Concord, NH 03301
Phone: 603-271-4501
Fax: 603-271-4827

**Quality Improvement
Organization – KEPRO**
5700 Lombardo Center Drive, Suite 100
Seven Hills, OH 44131
Phone: 888-319-8452
Fax: 833-868-4055