

## Patient Bill of Rights and Responsibilities

We want to encourage you, as a patient at UAB, to communicate openly with your health care team, participate in your treatment choices, and promote your own safety by being well informed and actively involved in your care. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities during your stay with us. We invite you and your family to join us as active members of your care team.

### All UAB Medicine patients shall have the RIGHT:

1. To receive considerate, respectful and compassionate care regardless of your age, gender, race, religion, culture, language, disabilities, socioeconomic status, sexual orientation, or gender identity or expression.
2. To receive information in a manner that is understandable and have access to sign or foreign language **interpreter services**. We will provide an interpreter as needed.
3. To be called by your **proper name** and to be told the **names of** the health care team involved in your care.
4. To receive care in a **safe environment** free from all forms of abuse, neglect or harassment.
5. To have a family member or representative of your choice and your own **physician /dentist notified promptly** of your admission to the healthcare facility, if you so choose.
6. To be told by your doctor/dentist about **your diagnosis and possible prognosis, the benefits and risks of treatment, and expected outcome** of treatment, including unanticipated outcomes. You have the right to give written **informed consent** before any non-emergency procedure begins.
7. To have your **pain** assessed, reassessed, and be involved in decisions about managing your pain.
8. To be free from **restraints and seclusion** in any form that is not medically required.
9. To expect full consideration of your **privacy and confidentiality** in care discussions, examinations and treatments. You **may ask for a chaperone** during any type of examination.
10. To access **protective and advocacy services** in cases of abuse or neglect. The hospital will provide protective and advocacy resources.
11. To participate in **decisions about your care**, treatment and services provided, including the **right to refuse** treatment to the extent permitted by law, request another physician, or to be moved to another hospital. If you leave against the advice of your doctor/dentist, UAB will not be responsible for any medical consequences that may occur.
12. To **agree or refuse** to take part in **medical research** studies. You may at any time withdraw from a study.
13. To make an **advance directive**, appointing someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and help to complete one.
14. To be **involved in your plan of care from admission to discharge**. You can expect to be told in a timely manner of the need for planning your discharge or transfer to another facility or level of care. Before your discharge from the hospital or outpatient setting of care, you can expect to receive information about follow-up care that you may need.
15. To receive **financial information** as a result of your treatment, care, and services received, including financial counseling resources.
16. To expect that all **communications and records** about your care are **confidential**, unless disclosure is allowed by law. You have the right to see or get a copy of your medical records and have the information explained, if needed. You may add information to your medical record by

contacting the Medical Records Department. Upon request, you have the right to receive a list of to whom your personal health information was disclosed.

17. To participate in **ethical decisions** that arise in the course of your care. Members of the ethics committee are on-call 24 hours/day.
18. To **voice your concerns** about the care you receive. If you have a problem or complaint, you may talk with your health care team to resolve the problem. If unresolved, you have the following contact options:
  - a. **All UAB Medicine Clinical Facility Entities:**
    - i. Contact Guest Services to request assistance from a Patient Advocate by dialing \*55 from an in-house phone or 934-CARE (2273).
    - ii. Send a written letter of unresolved grievance to:  
**UAB Hospital/Ambulatory Clinics**, Chief Operating Officer, Suite 502, 500 22<sup>nd</sup> Street South, Birmingham, AL 35233
  - b. File a complaint with:
    - **The Alabama Department of Public Health**, Division of Health Care Facilities, Complaint Unit, P. O. Box 303017, Montgomery, Alabama 36130-3017 (Complaint Unit phone number is 1-800-356-9596).
    - **The Joint Commission (TJC)** by calling 1-800-994-6610.
    - **The Center for Medicare & Medicaid Services (CMS)** by calling 1-800-633-4227 or [www.cms.gov/center/ombudsman.asp](http://www.cms.gov/center/ombudsman.asp).

#### **Patients RESPONSIBILITIES:**

1. You are expected to provide **complete and accurate information**, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required.
2. You should provide the healthcare facility or your doctor/dentist with a copy of your **advance directive** if you have one.
3. You are expected to provide **complete and accurate information about your health and medical history**, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
4. You are **expected to ask questions** when you do not understand information or instructions. If you believe you can't follow through with your treatment plan, you are responsible for telling your doctor /dentist. You are **responsible for outcomes** if you do not follow the care, treatment and services plan.
5. You are expected to **actively participate in your pain management** plan and to keep your doctors/dentist and nurses informed of the effectiveness of your treatment.
6. Please leave valuables at home and only bring necessary items.
7. You are **expected to treat all** staff, other patients and visitors with courtesy and respect; abide by all UAB rules and safety regulations; and be mindful of noise levels, privacy and number of visitors.
8. You are expected to provide complete and accurate information about your **health insurance coverage and to pay your bills in a timely manner**.
9. You are expected to **keep appointments**, be on time for appointments, or to call your health care provider if you cannot keep your appointments.