

Useful Information for Lung Cancer Patients and Guests

Topics in this handout:

- Patient Rights and Responsibilities
- Advance Directives
- Compliments or Complaints
- Confidentiality

Patient Rights and Responsibilities

We support your right to:

- **Access Care** – You have the right to receive care when medically necessary no matter your age, race, ethnicity, religion, culture, language, physical or mental disability, income level, job, sex, sexual orientation and gender identity or expression.
- **Access Medical Records** – You have the right to see, request a review of, and request changes to your medical records as allowed by law and regulation.
- **Advance Directives** – You have the right to complete an advance directive, including a Do Not Resuscitate (DNR) order, durable power of attorney for health care, and living will. Your right to receive care, treatment and services does not require you to have these documents completed.
- **Access Ethics Committee** – You have the right to request a meeting with an ethics committee member to discuss any issues about your care.
- **Confidentiality** – You have the right to confidentiality with your medical records, and any discussions and decisions about your care.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

- **Continuity of Care and Discharge Information** – You have the right to receive written discharge information from your healthcare team about your follow-up care.
- **Designate Others to Make Care Decisions** – You have the right to name a guardian, next of kin, or other legally authorized responsible person to make care decisions, including refusing care, on your behalf if you are unable to do so, as allowed by law or regulation.
- **Disclosure** – You and your guardian or other legally authorized responsible person have the right to receive open, honest, prompt and easy-to-understand communication from your healthcare team about your condition and treatment, including any unexpected outcomes related to serious medical events in accordance with HIPAA privacy laws, and the Patient Information and Disclosure and Apology policies.
- **Effective Communication** – You, your family and visitors have the right to effective communication from your healthcare team, unless it is restricted due to your medical condition or at your request.
- **Information** – You have the right to receive information about your outcomes of care, treatment and services in a way appropriate for your age, language, and ability to understand, from your healthcare team in order to take part in current and future healthcare decisions.
- **Information About Charges for Treatment** – You have the right to take part in your treatment decisions and to receive information about the cost of treatment.
- **Informed Consent and Refusal** – You have the right to request information about your care and to know the risks, benefits, and choices for treatment, except in an emergency. You may refuse treatment to the extent allowed by law.
- **Interpretation and Translation Services** – You have the right to receive and request medical information in your preferred language. This includes interpreter services, translation of information, vision and hearing accommodations.
- **Know the Identity of Your Caregivers** – You have the right to know the name and role of those who care for you.
- **Pain Management** – You have the right to have your pain assessed, evaluated, treated and reassessed by the healthcare team.

- **Participate in Decisions About Your Care** – You and your family have the right to be involved in decisions about your care, treatment and services provided, including the informed consent process. You and your family have the right to have your own doctor promptly notified of your admission to the hospital.
- **Information About Transfers** – You have the right to receive information about a transfer to another doctor, unit or facility before it happens.
- **Patient Visitation** – The hospital and ambulatory care clinics allow a family member, friend or other individual to be present with you for emotional support during your stay or visit. General patient visitation will not be restricted, limited or otherwise denied on the basis of age, ethnicity, religion, culture, language, physical or mental disability, income education, job, income level, sex, sexual orientation and gender identity or expression. If you would like a copy of any patient policy, please contact a member of your care team.
- **Positive Self-Image and Dignity** – You have the right to a medical chaperone and to receive care in an environment that preserves your personal dignity and contributes to a positive self-image. You have the right to keep and use personal clothing and possessions, use mail services, and use telephones in a private space unless this impacts on others' rights or is not medically or therapeutically advised, based on the setting, patient population or service.
- **Privacy** – You have the right to personal privacy during the course of your treatment.
- **Privacy of Pictures** – You have the right to expect that pictures, recordings or other images taken by staff that contain any patient identifiers or facial information will be treated as protected health information and will not be released to anyone without your consent, except when required by law or a third-party payer contract. If you would like a copy of any patient policy, please contact a member of your care team.
- **Protective Services** – You have the right to a safe and secure environment, including assistance in accessing protective and advocacy services as needed.
- **Release of Medical Records** – You have the right to expect that your medical records will not be released to anyone without your consent, except when required by law or a third-party payer contract.

- **Report Concerns Regarding Care and Safety** – You have the right to share concerns and receive assistance to settle a complaint without being pressured, or subject to discrimination, reprisal or unreasonable interruption of care.
- **Research and Teaching** – Research to improve health is part of our mission. While we may use patient information in research, we will not release information that identifies a patient unless the patient gives us permission. You have the right to choose whether or not to take part in any research study or educational program. If you decide that you no longer want to take part in a study, you can stop at any time and it will not change your access to any care, treatment or services unrelated to the research.
- **Respect for Cultural and Personal Values** – You have the right to expect understanding of your cultural values, beliefs and preferences, including respect for special religious, spiritual and cultural practices/ services, as allowed by law.
- **Respectful Care** – You have the right to be free and protected from abuse, neglect, inappropriate use of restraint and seclusion, humiliation, financial or other exploitation, and retaliation.
- **Safe and Clean Environment** – You have the right to expect to be cared for in a safe and clean environment. You have the right to report concerns regarding your care and safety.
- **Second Opinion** – You have the right to ask for the advice of another doctor if you are uncertain about your care or treatment plan.

Your responsibilities:

- Be respectful of your healthcare team, including all employees of the hospital and ambulatory care clinics, other visitors and patients.
- Be thoughtful about your language, behavior and conduct, and the property of others. Be mindful of noise levels, privacy and the number of visitors allowed.
- During your hospital stay, you have a right to privacy. Out of respect for others, patients and visitors are not permitted to video/audio record or take photos of other patients or hospital staff without their permission.
- Give full information about your health and any changes in your condition to your doctor and other members of your healthcare team.

- Follow your treatment plan and tell your doctor or nurse if you have any concerns, so changes can be made, if needed. If you choose not to follow your care instructions, you will be responsible for the outcome.
- You and your family are encouraged to ask questions if you do not understand the information about your treatment or what to do for your care. You and your family are also encouraged to ask questions about patient safety procedures (e.g. Have you washed your hands?).
- It is in your best interest to stay in the area where your care is given to enhance patient safety and to move forward with your treatment as planned without unexpected delays or interruptions. You may leave the unit if approved by your healthcare team. (For example, patients having certain clinical conditions or treatments, patients with guardians or minors, patients with psychiatric illnesses being treated in OSU Harding Hospital or the Emergency Department, and/or prisoners). If you choose not to follow these rules, you will be asked to sign a Patient Safety Agreement. If you would like a copy of any patient policy, please contact a member of your care team.
- Follow the Tobacco Free Environment policy. Smoking or the use of other tobacco products is prohibited anywhere on hospital or ambulatory properties.
- Pay your bills in a timely manner. Financial counseling can be made available upon request.

Advance Directives

You have the right to accept or refuse medical treatment. Your doctor will talk with you about your options for care. If you are unable to speak for yourself, advance directives are helpful legal documents that give you a way to make your wishes known about your health care. It is important for all adults to complete advance directives before they are faced with a serious illness or unexpected accident.

It is important to let your health care team know if you have advance directives, so they are aware of them and can honor your health care choices. When you come to the hospital or clinic, you will be asked if you have any advance directives.

In Ohio, three forms of advance directives exist:

- **Health Care Power of Attorney:** This document lets you choose someone as your agent to make all health care decisions for you when you are unable to speak for yourself.
- **Living Will:** This document lets you give written directions about your care when you are terminally ill or in a permanently unconscious state and unable to speak for yourself.
- **Do Not Resuscitate (DNR) Order:** This document says that you do not want to have CPR (cardiopulmonary resuscitation) done if your heart should stop beating.

Please talk to your doctor and family about your thoughts regarding advance directives. If you want more information or the forms needed for advance directives, call the Social Work Department at (614) 293-8427 weekdays, 8 a.m. to 5 p.m.

What if my doctor does not agree with my choice?

If your doctor is unable to honor your wishes, he or she will assist in getting another doctor to work with you. Often, disagreements about care choices can be worked out by talking about them with your doctor and family members.

If you and your family remain unsure about what is the best decision for your care, the Ethics Consultation Team is available to help. You may ask someone on your health care team to contact them or you may page the Ethics Team by following these steps:

- Call (614) 293-7243.
- When asked for the “ID number”, enter #9333.
- You will be asked to enter a phone number where you can be reached, followed by the pound sign “#”.
- A member of the Ethics Team will call you back within a short period of time.

For more information on Advance Directives, we encourage you to visit our video library at <http://cancer.osu.edu/patientvideos>.

Your Concern is Our Concern

If you have any concerns about your care, treatment or safety, we encourage you to first talk with a member of your health care team or the Patient Experience Office at (614) 293-8609 or toll free at (866) 993-8609.

A staff member will talk with you and help connect you with the best person to address your question or concern. Other resources for assistance include:

- The Facility Complaint Hotline at (800) 669-3534
- The Ohio Department of Health at (800) 342-0553; TDD (614) 752-6490
- The Joint Commission at (800) 994-6610
- U.S. Department of Health and Human Services, Office for Civil Rights (Region V-Ohio) (312) 886-2359; TDD (312) 353-5693
- Ohio Department of Mental Health (614) 466-2596; TDY (614) 752-9696
- Ohio Legal Rights Service (614) 466-7264 or 1-800-282-9181; TDY (614) 728-2553
- KePRO Inc. (Medicare patients with concerns regarding discharge) (216) 447-9604

Confidentiality

The confidentiality and privacy of your medical information is important to us. We take action to protect your privacy and medical information by following federal privacy regulations that are stated in the Health Insurance Portability and Accountability Act (HIPAA).

You have the right to:

- Inspect and receive a copy of your medical information.
- Request an amendment of incorrect information about you.
- Request a restriction on how we use or share your information.
- File a complaint about our privacy practices.

The Notice of Privacy Practices gives important information about your rights and our duty to protect, use and share patient health information properly. These rights do have special limitations. If you wish to receive a copy of this Notice, please contact the Patient Experience Office at (614) 293-8609 or call the Medical Center Privacy Office at (614) 293-4477.