

1. A patient has the right to respect, dignity, and comfort.
 2. A patient has the right, upon request, to be given the name of their attending physician, the names of all other physicians participating in their care, and the names and functions of other health care persons that have contact with the patient.
 3. A patient has the right to every consideration of their privacy concerning their own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted privately pursuant to 42 CFR 482.13(c)(1)
 4. A patient has the right to know that facility rules and regulations apply to his, her, or their conduct as a patient.
 5. A patient has the right to expect emergency procedures to be implemented without delay.
 6. A patient has the right to quality care and professional standards that are maintained and reviewed.
 7. A patient has the right to information in laymen's terms, concerning their diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given on their behalf to the patient's designee.
 8. Except for emergencies, the physician must obtain informed consent prior to the start of any procedure or treatment.
 9. A patient has the right to be advised when a physician is considering the patient as a part of a medical care research program. Informed consent shall be obtained prior to participation in a program. The patient or legally responsible party may refuse to continue in any program that they have previously given informed consent for. An Institutional Review Board, (IRB) may waive or alter the informed consent requirement if it reviews and approves a research study in accordance with federal regulations for the protection of human research subjects including U.S. Department of Health and Human Services (HHS) regulations under 45 CFR Part 46 and U.S. Food and Drug Administration (FDA) regulations under 21 CFR Parts 50 and 56. 45 CFR Part 46 and 21 CFR Parts 50 and 56 are incorporated by reference, including subsequent amendments and editions. These regulations may be accessed at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html> at no cost. For any research study proposed for conduct under an FDA "Exception from Informed Consent Requirements for Emergency Research" or an HHS "Emergency Research Consent Waiver" that waives informed consent but community consultation and public disclosure about the research are required, any facility proposing to be engaged in the research study shall also verify that the proposed research study has been registered with the North Carolina Medical Care Commission. When the IRB has authorized the start of the community consultation process required for emergency research, but before the beginning of that process, notice of the proposed research study shall be provided to the North Carolina Medical Care Commission. The notice shall include:
 - The title of the research study;
 - A description of the research study, including a description of the population to be enrolled;
 - A description of the planned community consultation process, including proposed meeting dates and times;
 - Instructions for opting out of the research study; and
 - Contact information including mailing address and phone number for the IRB and the principal investigator.
- The Medical Care Commission may publish all or part of the above information in the North Carolina Register, in accordance with 26 NCAC 02C .0307, and may require the institution proposing to conduct the research study to attend a public meeting convened by a Medical Care Commission member in the community where the proposed research study is to take place to present and discuss the study or the community consultation process proposed.
10. A patient has the right to refuse any drugs, treatment or procedure offered by the facility and a physician shall inform the patient of their right to refuse any drugs, treatment or procedures and of the medical consequences of the patient's refusal of any drugs, treatment or procedure.
 11. A patient has the right to assistance in obtaining consultation with another physician at the patient's request and expense.
 12. A patient has the right to medical and nursing services without discrimination based upon race, color, sex, religion, sexual orientation, national origin or source of payment.
 13. A patient who does not speak English or is hearing impaired shall have access to an interpreter
 14. A patient or their designee has the right to have all records pertaining to the patient's medical care treated as confidential except as otherwise provided by law or third party contractual arrangements. A patient's access to medical records may be restricted by the patient's attending physician. If the physician restricts the patient's access to information in the patient's medical record, the physician shall record the reasons on the patient's medical record. Access shall be restricted only for medical reason. A patient's designee shall have access to the information in the patient's medical records even if the attending physician restricts the patient's access to those records.
 15. When an inpatient is under the care of a MAHEC provider, the patient has the right not to be awakened by the hospital staff unless it is medically necessary.
 16. The patient has the right to be free from duplication of medical and nursing procedures.
 17. The patient has the right to medical and nursing treatment that avoids unnecessary physical and mental discomfort.
 18. When medically permissible, a patient may be transferred to another facility only after he, she, they or their next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The facility that the patient is to be transferred must first have accepted the patient for transfer.
 19. The patient has the right to examine and receive a detailed explanation of their medical bill.

20. The patient has a right to information and counseling on the availability of known financial resources for their health care.
 21. Patient has the right to be informed upon discharge of their continuing health care requirements following discharge and the means for meeting them.
 22. A patient shall not be denied the right of access to an individual or agency who is authorized to act on their behalf to assert or protect the rights set out in this Section.
 23. A patient, has the right to be informed of their rights at the earliest possible time in the course of their hospitalization.
 24. A patient has the right to designate visitors who shall receive the same visitation privileges as the patient's immediate family members, regardless of whether the visitors are legally related to the patient.
 25. A patient, and when appropriate, the patient's representative has the right to have any concerns, complaints, and grievances addressed. Sharing concerns, complaints and grievances will not compromise a patient's care, treatment or services.
- If a patient has a concern, complaint, or grievance, they may contact the Clinical or Administrative Director of the Family Medicine, OB/Gyn, Internal Medicine, Psychiatry and/or Dental Departments. For a written form there is a link on MAHEC's website under the patient information tab.
 - The patient has the right to directly contact the North Carolina Department of Health and Human Services and/or the Office for Civil Rights, Region VIII.

- consent), pain management, patient care issues and discharge planning.
28. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
 29. The patient has the right to personal privacy. Privacy includes a right to respect, dignity, and comfort as well as privacy during medical/nursing treatment, and when requested as appropriate.
 30. The patient has the right to receive care in a safe setting. A safe setting includes environmental safety, infection control, security, protection of emotional health and safety, including; respect, dignity, and comfort, as well as physical safety.
 31. The patient has the right to be free from all forms of abuse or harassment. This includes abuse, neglect, or harassment from staff, other patients, and visitors.
 32. The patient has the right to request a change of providers within the practice by submitting the request to the Practice Manager.
 - The Practice Manager for Family Medicine, OB/Gyn, Internal Medicine, Psychiatry or designee will make the assigned provider and tentative new provider aware of the request. If both providers agree the change is in the best interest of the patient, the change will be made.
 - The Dental Practice Manager will discuss the request with the Division Director who will make a determination concerning the provider change request.

Patient Responsibilities

Prior to receiving care in a MAHEC clinical practice, patients are informed of their responsibilities for:

- Providing complete and accurate information to the best of their ability about their health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
 - Following the treatment plan prescribed by the patient's provider and participating in his, her, or their care.
 - Arranging for a responsible adult to transport the patient home from the facility and remain with the patient for a defined time period, if required by the provider.
 - Accepting personal financial responsibility for any charges not covered by insurance.
 - All patients are expected to behave in a respectful manner toward staff members, other patients, guests, or visitors while on a MAHEC campus or a telehealth visit.
 - All patients are required to abide by all public safety measures that MAHEC has implemented to protect against and prevent the spread of any virus or disease that is easily transmitted to other patients, staff members, and the community.
- Questions concerning this policy should be directed to MAHEC's Risk Management and Corporate Compliance Department at risk@mahec.net.**

<p>NC Division of Health Services Regulation Complaint Intake Unit 2711 Mail Service Center Raleigh, NC 27699-2711 (Phone) 1-800-624-3004 (Fax) 1-919-715-7724</p>

<p>Office for Civil Rights, Region VIII U.S. Department of Health and Human Services Sam Nunn Atlanta Federal Center 61 Forsyth Street S.W., Suite 16T70 Atlanta, GA 30303-8909 Voice Phone 1-800-368-1019 FAX 1-202-619-3818 TDD 1-800-537-7697 Email: OCRMAIL@HHS.GOV</p>
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26. The patient has the right to participate in the development and implementation of their plan of care, including his, her, or their inpatient treatment/care plan, outpatient treatment/care plan, discharge care plan, and pain management plan.
27. The patient, or when appropriate, the patient's representative has the right to make informed decisions regarding their care. The patient's rights include being informed of their health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. Making informed decisions includes the development of their plan of care, medical and surgical interventions (e.g. deciding whether to sign a surgical