

## SOUTHERN CRESCENT BEHAVIORAL HEALTH SYSTEM

### Patient Rights

Southern Crescent Behavioral Health System strives to protect the rights and dignity of its patients and their families. Every effort is made to safeguard the legal and civil rights of patients and to inform them of their rights, including the right to legal counsel and the requirements of due process. The staff members seek to carry out these duties in a manner that preserves and enhances the patients and family's self-respect. The patient and family participate in the formulation of his/her/hers treatment plan. The nature of the treatment and any specific risks involved are explained to the patient and family in understandable terms.

Confidential information is safeguarded by the hospital and all of its personnel. There are written policies regarding the procedures and proper dissemination of appropriate information within the community.

Southern Crescent Behavioral Health System is committed to improving patient safety through an environment that maximizes safety and reduces exposure to risk. This process is monitored through the Patient Safety Council and is supported by feedback from patients, staff, and visitors.

The following is intended to provide you with an overview of the rights assured you as a patient under Georgia law. The listing is not intended to be and should not be relied on as an all-inclusive restatement of the Georgia patient rights statutes and regulations—this is available upon request to the Patient Advocate.

1. You, your family, or legal guardian has the right to be fully **informed about your rights as a patient**. You will be given a copy of these rights, and a copy will be posted on the unit.
2. You have a right to consent to **receive the visitors whom you designate**, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and you shall have the right to withdraw or deny such consent at any time. Before you are furnished patient care, if possible, you also have the right to designate a Support Person who can exercise your visitation rights in the event you are incapacitated or otherwise unable to do so. Patient Visitation Rights shall not be restricted, limited, or otherwise denied by the hospital on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors shall enjoy full and equal visitation privileges consistent with your preferences. **The facility may impose clinically appropriate limitations on patient visitation when visitation would interfere with your care, whether the reason for limiting or restricting visitation is infection control, disruptive behavior of visitors, or your need for rest or privacy.**
3. You do have the right to the **least restrictive environment** possible, to socialize, to participate in recreational activities as prescribed and appropriate, and the right to move about freely as your treatment and safety permit, unless restricted by your physician.
4. You do have the right to **personal privacy**, assured and protected within the constraint of your individual treatment plan, and as indicated by your physician. The right includes: visitation, privacy for visitation, sending and receiving mail, use of the telephone, requests for transfer to another room if conditions are unreasonably disturbing you, and to be interviewed and examined in private surroundings.
5. You do have the right to wear your own **personal clothing** and keep your own possessions, religious, or other symbolic items, unless they interfere with diagnostic procedures, unless restricted by your physician, or unless your clothes or possessions would be dangerous for your treatment or the treatment of other patients.
6. You do have the right to be **informed of the rules, procedures and schedules** concerning the day-to-day operation of the hospital and your program activities during the course of your treatment.
7. You do have the right to be **informed of hospital rules and regulations**, and your program's levels system which are applicable to your conduct as a patient. You are entitled to information about the hospital's mechanism for the initiation, review, and resolution of patient complaints.
8. You do have the right to know the **identity and professional status** of individuals providing services to you, to know the physician primarily responsible for your care, and to know who is responsible for authorizing and performing procedures and treatment.
9. You do have the right to **confidentiality**. All communications and records pertaining to your care, including the source of payment for treatment, shall be treated as confidential. See \* for exceptions.

10. You do have the right to **consult with an attorney** to help with legal problems, should you or your family have the need for legal consultation.
11. You do have the right at any time and without **notice to petition any court** that has petition jurisdiction to examine the cause and legality of your presence at Southern Crescent Behavioral Health System. You also have the right to file a petition in the appropriate court alleging that you are being unjustly denied a right. You retain all rights to appeal any order of the Probate Court, hearing office, Superior Court, Court of Appeals, and State Supreme Court as provided by law. You have a right to counsel or if you are unable to afford counsel, you have the right to appointed counsel in proceedings to question the legality of your involuntary presence at Southern Crescent Behavioral Health System.
12. You do have the right to vote by **absentee ballot**, provided you are properly registered.
13. You do have the right to **attend religious services of your choice**, unless restricted by your physician. You cannot be forced to attend.
14. You do have the right to **training and education** within the limits of your ability, if you are an adolescent patient.
15. You do have the right to **receive care and treatment** that is suited to your individual needs, to expect reasonable continuity of care, and to care that is administered skillfully, safely, and humanely with full respect for your dignity and personal integrity. **This includes the assessment and management of pain.**
16. You do have the right to **obtain information concerning your diagnosis, treatment, and known outcome of your treatment.** You have a right to an explanation of your condition, medications, procedures for treatment, alternatives for care or treatment, and problems related to recuperation and probability of success. You have a right to be informed of unanticipated outcomes of your treatment. You have a right for such information to be afforded you by your physician.
17. You do have the right to **request or secure the services of a private consultant or doctor at your own expense.**
18. You do have the right to **receive individualized treatment** based on an individual treatment plan which you participate in developing, and which is periodically reviewed and updated in keeping with your health status.
19. You do have the right to **reasonable safety** insofar as the hospital practices and environment are concerned. You have a right to be placed in protective privacy when considered necessary for personal safety. If isolated, you have a right to personal hygiene care and elimination privileges regularly.
20. You do have the right to **refuse treatment to the extent permitted by law.** Medication and treatment are given only for your welfare. When refusal of treatment by you or your legal representative prevents the provision of appropriate care in accordance with professional standards, the relationship with you may be terminated upon reasonable notice. You do have the right to request discharge. You do have the right for that request to be addressed by your physician within 72 hours.
21. You do have the right to **know the cost of services rendered to you**, regardless of the source of payment of your care. You do have the right to request and receive an itemized and detailed explanation of your total bill for services rendered in the hospital. You have the right to timely notice prior to termination of your eligibility for reimbursement to any third-party payer for the cost of your care.
22. You have a right to **prompt medical care for your physical disorders.** You shall be examined by a staff physician as soon as possible after admission.

\* **Exceptions to the right of confidentiality**

There are several instances where the hospital has the responsibility to waive the patient's right to confidentiality. These include:

1. The hospital is required to report any suspected child or elder abuse to the department of family and children's services.
2. Whenever a patient is discharged who has made a serious threat of violence toward another person, the hospital has the responsibility to warn any potential victim of that violence, that the patient is being released from the hospital.

3. The hospital has the responsibility to inform the probate system if the physician feels the patient is an imminent threat to self or others, requiring an involuntary commitment procedure to be initiated.

**Southern Crescent Behavioral Health System  
Patient Responsibilities**

**1. Provision of information**

A patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health. He/she has the responsibility to report unexpected changes in his/her condition to the responsible practitioner. A patient is responsible for making it known whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.

**2. Compliance with instructions**

A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and, when he/she is unable to do so for any reason, for notifying the responsible practitioner or the hospital.

**3. Refusal of treatment**

The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.

**4. Hospital charges**

The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

**5. Property Damage**

The patient or legal guardian is responsible for any property damage that may result during his/her stay at Southern Crescent Behavioral Health System. In the event that any property damage should occur as the result of the patient's actions, the charges to repair or replace such property will be included on the patient's itemized statement.

**6. Hospital rules and regulations**

The patient is responsible for following hospital rules and regulations effecting patient care and conduct. See individual program handbooks.

**7. Respect and consideration**

The patient is responsible for being considerate of the rights of other patients and hospital personnel and for assisting in the control of noise and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the hospital.

**8. Confidentiality**

The patient is responsible for maintaining the confidentiality of his/her peers. This means patients are to comply with federal regulations regarding confidentiality and cannot disclose the presence of any patient hospitalized here. Also, the patient may not discuss any information he or she may hear regarding another patient in the hospital.

**The hospital has the following mechanism for Patient Advocacy:**

**If you or your family has questions/concerns related to your case, please ask to see the Director of Nursing, the Nurse Manager or Director of Clinical Services.**

**If you are not satisfied with taking the above action, the hospital has designated a patient advocate which you may request through program staff or by calling the posted number.**

**If you are not satisfied with the outcome presented by Southern Crescent Behavioral Health System, you may reach the GA Department of Community Health, the Healthcare Facility Regulation at 404/657-5726, 404/657-5728, or 1-800-878-6442 (outside the Atlanta calling area), or the Joint Commission at 1-800-994-6610.**