

## STATEMENT OF PATIENTS' RIGHTS

### AS A PATIENT YOU HAVE THE RIGHT:

- To confidentiality of all medical information about your case.
- To have your privacy respected at all times during care or treatment.
- To receive care in a safe setting.
- To be free from restraints unless medically necessary.
- To be free from all forms of abuse or harassment.
- To request or refuse treatment.
- To have all reasonable requests responded to promptly and adequately within the capacity of the hospital.
- To refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
- To be treated by competent professional clinical staff.
- To refuse to be treated by students or other staff without jeopardizing access to other care.
- To be treated with personal dignity.
- To be informed of your health status.
- To have informed participation in decisions regarding your care and to participate in the development and implementation of your plan of care.
- To formulate advance directives and have caregivers comply with directives.
- To prompt and safe transfer to another facility if you are refused treatment because of economic status or lack of source of payment.
- To prompt life saving treatment in the event of an emergency without consideration of economic status.
- If you are a female rape victim, to receive information regarding emergency contraception and to be offered and provided with the same.
- To have family members or representatives of your choice notified of admission.
- To receive visitors you designate (spouse, domestic partner, other family member, friend) in a manner consistent with the Hospital's restrictions on visitation. You may withdraw your consent for visitors at any time.
- To have your personal physician notified of your admission.
- To opt out of fundraising communications with no affect on future treatments.

### YOU HAVE THE RIGHT TO KNOW:

- The name and specialty, if any, of the professionals responsible for the coordination of your care.
- The relationship of the facility and your physician to any health care facility or educational institution insofar as said relationship relates to your care.
- All information necessary for you to understand your medical problem and to give an informed consent to diagnostic or treatment procedures.
- Any rules or regulations of the hospital which apply to your conduct as a patient.

### YOU HAVE THE RIGHT TO RECEIVE UPON REQUEST:

- An itemized hospital bill and an explanation thereof.
- Any information which the hospital has available regarding financial assistance and free health care.
- A copy of the bill or other statement of charges submitted to any third party.
- Access to your medical record in a timely fashion and for a reasonable fee, obtain a copy thereof.

### YOU HAVE THE RIGHT:

- To file a grievance concerning your treatment with the Hospital. We will seek to resolve your grievance and provide you with a written response within 7 days. You may file your grievance by writing or calling:

**President, AdCare Hospital of Worcester, Inc. 107 Lincoln Street, Worcester MA 01605 Telephone: (508) 799-9000 x3021**

Or you may file a complaint with  
Department of Public Health  
Division of Health Care Quality  
99 Chauncy Street, 2<sup>nd</sup> Floor  
Boston, MA 02111  
(617) 753-8000

Or  
Board of Registration in Medicine  
560 Harrison Avenue, Suite G-4  
Boston, MA 02118  
(617) 654-9800

Or  
The Joint Commission  
1-800-994-6610 or  
[complaint@jointcommission.org](mailto:complaint@jointcommission.org)

### YOUR RIGHTS ARE PROTECTED UNDER MASSACHUSETTS AND FEDERAL LAW. A COPY OF THE LAW IS AVAILABLE TO YOU UPON REQUEST:

AdCare Hospital of Worcester, Inc. does not discriminate on the basis of disability, race, gender, gender identification, creed, ethnic origin, sexual orientation, religion, age or ability to speak English in admission or access to treatment or employment in its programs or activities. For complaints regarding allegations of a discriminatory practice you may also contact: US DHHS Office for Civil Rights, 200 Independence Ave. SW, Room 509F HHH Bldg., Washington, DC 20201, <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

**Rhode Island Office**  
**STATEMENT OF PATIENTS' RIGHTS**

**AS A PATIENT YOU HAVE THE RIGHT:**

- To receive a clinical screening.
- To be informed of your rights during admission or orientation to the organization, whenever the organization makes a change in the rights of persons served and upon your verbal or written request.
- To be encouraged and assisted throughout treatment to exercise his or her rights without fear of discrimination, restraint, interference, or recrimination.
- To be informed of your rights and to receive services in a language and manner you understand.
- To not have services denied for any discriminatory reason, including race, religion, gender, sexual orientation, ethnicity, age, disability or source of financial support.
- To receive the following information about the organization upon admission or during orientation and upon verbal or written request throughout the course of treatment: Accreditation status; Discharge policies; Areas of treatment specialization; Hours of operation; Emergency contact procedures; Concern and Complaint Resolution Procedure; General services provided by the organization; The rights of persons served. Please note you are given a copy of the statement of rights at the time of admission.
- To receive a copy of the organization's statement regarding the responsibilities of person served.
- To be provided information about the cost of services proposed and those rendered to the person served and to his or her family.
- To be provided, upon request, information regarding charges billed to, and payments made by, an insurance company on your behalf.
- To receive, upon request, information about the credentials, training, professional experience, treatment orientation and specialization of providers and their supervisors.
- To treatment and services that are considerate and respectful of your values and beliefs.
- To privacy, security, and confidentiality of information.
- To be provided treatment and services in an environment free of abuse, neglect, mistreatment, financial exploitation and any other human rights violation.
- To be protected from all coercion.
- To be informed about what to expect during the treatment process. Before being asked to leave a program or service for not fulfilling the responsibilities of such program or service, you shall receive the following:
  - a) Assistance in resolving issues;
  - b) Assistance in accessing alternative services;
  - c) Written notification of the pending discharge and your rights of appeal.
- To be informed about, and to participate in, decisions regarding treatment and services and to receive, at least, the following information to facilitate informed decision-making:
  - a) Current diagnoses;
  - b) Proposed interventions, treatment, services and medications;
  - c) Potential benefits, risks, and side effects of proposed interventions, treatment, services and medications;
  - d) Potential risks if treatment is not provided;
  - e) Limitations on confidentiality;
  - f) Ongoing progress/status regarding treatment goals and objectives;
  - g) Significant alternative medications, treatments, services or interventions, when appropriate;
  - h) The right, to the extent permitted by law, to refuse interventions, treatment, services, or medications;
  - i) Projected discharge date and plan.
- To individualized treatment and services, including:
  - a) Provision or services within the most integrated setting appropriate for the individual.
  - b) An individualized treatment or service plan that promotes recovery.
  - c) Ongoing review and mutually agreed upon adjustments of the treatment or service plan.
  - d) Competent, qualified and experienced staff to supervise and to carry out your treatment or service plan.
- To be present and actively participate in the design of your own treatment plan and in all periodic reviews and to choose people to assist in the development and monitoring of the plan.
- To be offered a copy of the treatment plan.
- To request a review of the treatment plan at any time during treatment.

**Rhode Island Office**  
**STATEMENT OF PATIENTS' RIGHTS – (Continued)**

- To seek an independent opinion from a mental health or substance abuse professional, of your choice, regarding treatment and services.
- To request a change of provider, clinician, or service. If the request is denied, the individual shall receive a written explanation.
- To be given reasonable notice of, and the reasons for, any proposed change in the staff responsible for the individual's treatment or service.
- To object to any changes in treatment, services, or personnel, and the right to a clear written explanation if such objection cannot be accommodated.
- To refuse any treatment, procedure or medication, to the extent permitted by law and to be advised of the potential risks and impact on your treatment process.
- To be referred to an alternate service, program or treatment setting if you are better serviced with a different service.
- To be present and participate in planning aftercare activities and referrals to other services you may need.
- To provide authorization, or refuse to provide authorization for the release of confidential information to family members and/or others.
- To provide authorization, or refuse to provide authorization, for family members and others to participate in your treatment.
- To access your record in compliance with applicable state and federal laws.
- To be given information regarding your pertinent legal rights relative to the Representative Payee process, when applicable.
- To enroll in the Health Information Exchange (HIE).
- If asked to participate in a research project, you shall receive full explanations of the following in a language and manner that promotes the opportunity for informed choice and authorization:
  - a) The reason you are being asked to participate in this particular research;
  - b) The treatment being proposed;
  - c) Elements of the proposed treatment that are considered experimental research or a clinical trial;
  - d) The benefits to be expected;
  - e) The potential discomforts and risks;
  - f) Alternative services that might benefit you;
  - g) The procedures to be followed, especially those that are experimental in nature;
  - h) Methods of addressing privacy, confidentiality and safety;
  - i) The right to refuse to participate in any research project without compromising your access to the organization's services. Refusal to participate may occur at any time during the research process.

**YOU HAVE THE RIGHT:**

- To express a concern or complaint about services, staff, or the operation of the organization by writing or calling:

Human Right's Officer  
David W. Hillis, Jr.  
AdCare Outpatient Warwick  
400 Bald Hill Road, Suite 517  
Warwick, RI 02885  
Telephone (401) 732-1500

OR

Jeffrey Hillis, President  
AdCare Hospital of Worcester, Inc.  
107 Lincoln Street  
Worcester, MA 01605  
Telephone (508) 799-9000

OR

Dept. of Behavioral Healthcare  
Departmental Disabilities and Hospitals  
Div. Of Substance Abuse  
600 New London Avenue  
Barry Hall Bldg., 052 3<sup>rd</sup> Floor  
Cranston, RI 02920  
Telephone (401) 462-4680

The Joint Commission: [Complaint@jointcommission.org](mailto:Complaint@jointcommission.org)

AdCare Hospital of Worcester, Inc. does not discriminate on the basis of race, religion, sex, sexual orientation, color, national origin, handicap, age, citizenship, alienage, creed, gender identity or disability in admission or access to treatment or employment in its programs or activities. For complaints regarding allegations of a discriminatory practice you may also contact: US DHHS Office for Civil Rights, 200 Independence Ave. SW, Room 509F HHH Bldg., Washington, DC 20201, <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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Patient Signature

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Parent/Guardian