1. INFORMATION ABOUT RIGHTS

Patients shall, at admission, be told that there are legal rights concerning their medical care, and that they may, through their designated representative or by themselves, request a copy of the Patient’s Bill of Rights. The facility shall post the Patient’s Bill of Rights in the patient’s room and in a conspicuous place in the facility. Each facility shall read the Patient’s Bill of Rights to patients as part of their admission process. The facility shall provide written notice to the patient at the time of admission or as soon thereafter as possible that a copy of the Patient’s Bill of Rights is available. The facility shall also provide written notice of the Patient’s Bill of Rights to any family member or designated representative. To the extent possible, written copies of the Patient’s Bill of Rights shall be made available in formats other than English. The Patient’s Bill of Rights is available in large print, audio, accessible electronic formats, other formats.

2. CONTINUITY OF CARE

Patients have the right to be treated with courtesy and respect by all staff of the facility or person providing service in a health care facility.

3. APPROPRIATE HEALTH CARE

Patients shall have access to appropriate medical and personal care based on individual needs. This right is limited where the service is not reimbursable by public or private resources.

4. PHYSICIAN’S IDENTITY

Physicians shall be told, in writing, the name, business address, telephone number, and specialty, if any, of the physician who is treating them. In cases where it is medically indicated, as documented by the attending physician in the patient’s record, the information shall be given to the patient’s guardian or other person designated by the patient as his or her representative.

5. RELATIONSHIP WITH OTHER HEALTH SERVICES PROViders

(a) No patient shall be transferred or discharged or deemed incompetent, or when legal requirements limit the right to participate in decision making, or be discharged or denied emergency care unless a thorough and full written explanation of the reason for limitation is given to the patient or the legal guardian or person designated in writing by the patient.

6. INFORMATION ABOUT TREATMENT

(a) Patients shall be informed of the diagnosis; treatment, alternative treatments, and expectable outcomes, as required by the physician’s legal duty to disclose. This information shall be given to the patient in a language that the patient can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative, or both, in event that the patient cannot present, family member or other representative chosen by the patient may be included in the conferences. A chosen representative may include a proxy of the patient’s choice. (b) Patients who are admitted to a facility who are unable to communicate, the facility shall make reasonable efforts at determining the patient’s wishes. (c) Patients who are admitted to a facility who are unable to communicate, the facility shall make reasonable efforts at determining the patient’s wishes.

7. PRIVACY IN TREATMENT PLANNING

Notification of Family Members: (a) Patients shall have the right to have family members or designated emergency contact notified whether the patient has executed a durable power of attorney or other legal document designating a person to act on his or her behalf. (b) Except as provided otherwise in section 525A.7-601, subdivision 1, (c) Patients shall have the right to have family members notified whether the patient has designated a person to act on his or her behalf.

8. TREATMENT PRIVACY

Patients have the right to be free from mental and physical abuse by all staff of the facility or person providing service in a health care facility.

9. EXPERIMENTAL RESEARCH

Competent patients shall be told in writing of the experimental research program and shall be told of any benefits and risks of participating in the research. Patients have the right to refuse participation. Both consent and refusal of participation shall be documented in the patient’s medical record.

10. FREEDOM FROM ABUSE

Patients shall be free from mental and physical abuse by all staff of the facility or person providing service in a health care facility. Patients are entitled to be told if the facility is alleged to be subject to an order of removal. Patients may be discharged only for cause, including failure to follow the facility’s reasonable medical practice, to determine if the patient is a danger to self or others or incapable of self-care.

11. CONFIDENTIALITY OF RECORDS

Patients have the right to examine and obtain a copy of their personal medical and personal records, and may approve or refuse the release of information on the record. The facility shall provide protection to the patient’s privacy rights. Patient’s privacy rights are limited where the service is not reimbursable by public or private resources.

12. TREATMENT PRIVACY

Patients shall have the right to refuse to allow a family member or designated emergency contact, the facility, and any other person designated by the patient, or a facility staff member or designated emergency contact, to examine the patient’s medical record, the information shall be given to the patient’s guardian or other person designated by the patient as his or her representative.

13. DISCLOSURE OF SERVICES AVAILABLE

The facility shall make every effort to assist patients in identifying and notifying a family member or designated emergency contact. In any situation involving a likelihood that the patient will die within a year or when the patient requests notification of a family member, the facility must make reasonable efforts consistent with chapter 13, subdivision 2, to provide notification of the availability of the rights protection service or advocacy service. The rights protection service or advocacy service shall make the facility aware of the patient’s wishes.

14. ACCESS TO PRIVACY

Patients are entitled to be free from threatening or harassing telephone calls about their treatment, personal and medical records, and may approve or refuse the release of information on the record. The facility shall provide protection to the patient’s privacy rights. Patient’s privacy rights are limited where the service is not reimbursable by public or private resources.

15. RESPONSIVE SERVICE

Patients shall have the right to prompt and reasonable response to their questions and requests.

16. PERSONAL PRIVACY

Patients shall have the right to an environment that respects their privacy, individuality, and cultural identity as related to their race, color, creed, national origin, age, sex, and physical or mental handicap.

17. GRIEVANCES

Patients shall be encouraged and assisted, throughout their hospital stay, to express any grievances they may have and to exercise their rights as patients and citizens. Patients may be advised of the identity of the person responsible for grievances or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The facility shall make every effort to assist patients in identifying and notifying a family member or designated emergency contact. In any situation involving a likelihood that the patient will die within a year or when the patient requests notification of a family member, the facility must make reasonable efforts consistent with chapter 13, subdivision 2, to provide notification of the availability of the rights protection service or advocacy service. The rights protection service or advocacy service shall make the facility aware of the patient’s wishes.

18. COMMUNICATION PRIVACY

Patients may associate and communicate privately with other patients or health care providers at their own expense, or with services provided by the Minnesota Committeee Act, leave the facility if they have a need to use their own expense, to write, to use, sign letters, stationery, and postage. The facility shall use reasonable efforts to ensure that any telephone calls received are unopened unless medically or programmatically contraindicated and documented by the physician in their medical record. The facility shall not be liable to the patient for damages on the grounds that the patient was not informed of his or her right to communicate if the facility is unable to notify a family member or designated emergency contact, the facility, or any other person designated by the patient, or a facility staff member or designated emergency contact, to examine the patient’s medical record. The facility shall make reasonable efforts consistent with chapter 13, subdivision 2, to provide notification of the availability of the rights protection service or advocacy service. The rights protection service or advocacy service shall make the facility aware of the patient’s wishes.

19. PATIENTS’ BILL OF RIGHTS

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

20. CONSULTING PSYCHOLOGIST

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

21. RIGHT TO PROTECT AND ADVOCACY SERVICES

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

22. COLLECTIVE BARGAINING RIGHTS

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

23. FAMILY MEMBER INVOLVEMENT

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

24. CONFIDENTIALITY

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

25. TREATMENT PRIVACY

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

26. GRIEVANCES

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

27. COMMUNICATION PRIVACY

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

28. RIGHT TO PROTECT AND ADVOCACY SERVICES

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

29. COLLECTIVE BARGAINING RIGHTS

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.

30. FAMILY MEMBER INVOLVEMENT

A minor patient who has been admitted to a residential treatment program as defined in section 742B.40, subdivision 12, clause (a), shall be notified of the responsibilities and rights of patients under this section.