

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

59TH MEDICAL WING INSTRUCTION 41-123



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Health Services**

PATIENT RIGHTS AND RESPONSIBILITIES

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This instruction implements Air Force Policy Directive, 41-1, *Health Program and Resources*. This medical wing instruction (MDWI) provides the framework and establishes policy for maintaining the rights of our patients at the 59th Medical Wing (MDW). This instruction addresses the 59 MDW goal is to improve patient outcomes by respecting each patient's rights. This instruction is affected by the Privacy Act of 1974. Each form that is subject to the provisions of Air Force Instruction (AFI) 33-332, *Air Force Privacy Act Program*, and required by this instruction, contains a Privacy Act statement either incorporated in the body of the document or in a separate statement accompanying each document. This instruction applies to all personnel assigned, attached, or under contract to the 59th Medical Wing. This instruction does not apply to the 359th Medical Group (MDG) and 959 MDG, the Air National Guard, and the Air Force Reserve. For 959th MDG personnel who work at both San Antonio Military Medical Center (SAMMC) and the 59 MDW, 959 MDG personnel are excluded only while on duty at SAMMC. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include: deleted inpatient services and references to hospital; grouped information for better flow; and updated references.

1. General. The 59 MDW strives to improve patient outcomes by respecting each patient's rights, including but not limited to fair treatment, access to care, informed decision-making, participation in health care decisions, the right to security, personal privacy and confidentiality, access to protective services, the right to designate a decision-maker when the patient is unable to understand and/or communicate their wishes, and the right to refuse participation in health care that is against the patient's moral or ethical beliefs. Resolution of conflicts arising out of the above issues will be handled in accordance with the goals of providing beneficence, non-maleficence, justice and autonomy. The 59 MDW provides a uniform standard for admission, transfer, and discharge of patients that takes into consideration, at least, differing ethical, moral, religious and socioeconomic beliefs and disregards issues representing a conflict of interest such as financial gain.

2. Patient Rights and the 59 MDW. The 59 MDW respects patient rights.

2.1. The 59 MDW will provide care to patients with respect for human dignity and the uniqueness of individuals. Care provided will be equal to all others without consideration of social or economic status, race, religion, personal attributes, values or personal and cultural beliefs, nature of health problems, and preferences.

2.2. Staff may not refuse care to a patient due to the patient's race, religion, socioeconomic status, gender, or sexual orientation, as this constitutes discrimination.

2.3. The 59 MDW accommodates the patient's right to religious and other spiritual services.

3. The 59 MDW has written policies on patient rights.

3.1. Patients receive instruction on their rights and responsibilities through 59 MDWVA 41-107, *Patient's Bill of Rights and Responsibilities*, which is hung in all clinic waiting areas and throughout 59 MDW. Additionally, brochures are available in patient care areas but are not mandatory. Patients also receive a written copy of the Patient Bill of Rights as well as information on advanced directives upon pre-admission with same-day surgery. The Patient Bill of Rights and Responsibilities and information on advanced directives is also available to patients on the 59 MDW public website (www.whasc.af.mil).

4. The 59 MDW respects the patient's right to receive information in a manner he or she understands.

4.1. Each patient has the right to be informed of and to participate in every aspect of their health care. Information will be provided in a manner tailored to the patient's age, language, and ability to understand.

4.2. Efforts will be made to accommodate patients who cannot see, hear, or understand written or spoken English. Assistance and writing materials will be utilized and provided when needed. For instance, whiteboards could be used to communicate with patients that cannot hear.

4.3. Translation Services for Various Languages. The Wilford Hall telephone operators, information desk (210) 292-7412, 59 MDW Patient Advocate Office, and clinics have the number for a translation service to assist with any patient who does not speak English. 59 MDW uses World Wide Interpreters, who are available 24 hours a day. The company offers interpretation for more than 200 languages. All interpreters are medically trained. There is no waiting time for language interpretation since it is on the phone. Clinics can call World Wide Interpreters at (800) 945-7889 directly. For sign language, Member Services in TRICARE uses a designated company. When services are rendered, the invoice is submitted to contract services.

4.3.1. Telecommunications Devices for the Deaf are maintained at the Clinic Entrance's Information Desk and in the Urgent Care Clinic.

4.4. The 59 MDW may also communicate to the patient's designated representative, for those patients who lack capacity due to medical conditions or due to age (below the age of capacity).

5. The 59 MDW respects the patient's right to participate in decisions about their care, treatment and services.

5.1. The 59 MDW promotes patient involvement in all aspects of patient care.

5.1.1. The 59 MDW provides the patient or their designated representative with information about the outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions.

5.1.2. When a patient is unable to make decisions about their care, treatment, and services, the 59 MDW involves a designated representative in making these decisions. The 59MDWI 44-150, *Advanced Directives and End of Life*, discusses capacity and the means to obtain a designated representative to make decisions on behalf of the patient. The 59 MDW follows Texas law regarding determining designated representatives (i.e. surrogate decision-makers) for patients.

5.1.3. Patients or their designated representatives have the right to communicate with healthcare providers in confidence, have the confidentiality of their individually identifiable healthcare information protected, and to review their records, subject to limited exceptions for which there is a clear legal basis. The patient may request an amendment and obtain information on disclosures of his or her health information, in accordance with law and regulation. Uses and disclosures of protected health information shall be governed by the Department of Defense (DoD) 6025.18-R, *Privacy of Individually Identifiable Health Information in DoD Health Care Programs*, and the Health Insurance Portability and Accountability Act. IAW AFI 41-210, *TRICARE Operations and Patient Administrative Functions*, only those with a proper and legitimate need to know will have access to patient information.

5.1.4. When dilemmas arise involving care decisions, an adhoc committee is created by Executive Committee of the Medical Staff as needed to oversee ethical issues.

5.1.5. Patients and family members are directed to clergy members and other support departments, when appropriate, to help resolve these conflicts.

5.2. Patient families are included in care decisions and resolving dilemmas about care decisions when necessary.

5.2.1. In the case of an incapacitated or minor patient, care decisions are made IAW 59MDWI 44-150, 59MDWI 44-121, *Treatment of Minors*; and 59MDWI 51-302, *Informed Consent/Refusal of Treatment, Diagnostics and Blood or Blood Products*. Ethical dilemmas are resolved IAW 59MDWI 41-115, *Patient Advocate Program*, and 59MDWI 44-133, *Plan for the Provision of Patient Care*. All other applicable laws and regulations apply to these processes.

5.3. Transfers. Patient transfer to and from the Military Treatment Facility (MTF) is based on the patient's need for services and the MTF's ability to fill those needs. The patient will be informed of alternatives and risks to transfer IAW 59MDWI 41-119, *Outpatient Referrals and Consultations*; and 59MDWI 41-122, *Patient Transfers*.

5.3.1. If the MTF is unable to meet the needs of the patient due to a conflict with its mission or philosophy, and the patient desires to be transferred to another facility or discharged, the MTF will make every effort to coordinate the same IAW Air Force and Department of Defense (DoD) Directives.

5.3.2. Provider-to-Provider Transfer of a Patient. If, for moral, ethical or religious reasons, the healthcare provider is unable to treat the patient as the patient or family wishes, and it is not medically or legally contraindicated, the patient will be transferred to another provider or service. The initial healthcare provider will continue care of the patient until the transfer to another provider has been completed.

5.4. Refusal of Treatment. IAW Department of Defense Instruction 6000.14, *DoD Patient Bill of Rights and Responsibilities*, 59MDWI 41-107, *Verification of Eligibility*, a patient has the right to refuse medical treatment.

5.4.1. When a designated representative is responsible for making care, treatment, and services decisions, the 59 MDW respects the designated representative's right to refuse care, treatment and services on the patient's behalf, IAW law and regulation.

5.4.2. The Staff Judge Advocate or Medical Law Consultant (MLC) must be consulted in all cases where the patient who is refusing treatment is active duty military or reserves.

5.4.2.1. If the medical condition or lack of treatment prevents an active duty person from remaining worldwide qualified or prevents them from doing their primary duty, he or she may meet a medical board and may be medically discharged from the service.

5.5. Sentinel Events. The 59 MDW has a mechanism in place that informs the patient or their designated representative about unanticipated outcomes of care, treatment, and services that relate to sentinel events considered reviewable by The Accreditation Association for Ambulatory Health Care (AAAHC).

5.5.1. The provider, or staff member responsible for managing the patient's care, treatment and services, or their designated representative, informs the patient about unanticipated outcomes of care, treatment, and services related to sentinel events when the patient or their designated representative is not already aware of the occurrence or when further discussion is needed.

5.5.2. Risk Management and MLC services are available for providers as needed when dealing with sentinel events. For additional information regarding sentinel events refer to AFI 44-119, *Medical Quality Operations* and 59MDWI 44-130, *Patient Safety Program*.

6. The 59 MDW honors the patient's right to give or withhold informed consent.

6.1. This is done IAW 59MDWI 51-302.

6.2. Research. MTF participation in patient research projects is regulated by AFI 40-402, *Protection of Human Subjects in Biomedical and Behavioral Research*, AFPD 40-4, *Clinical Investigation and Human Use in Medical Research*, Title 32: CFR Part 219–*Protection of Human Subjects* (Chapter 1), and regulation found in the Department of Health and Human Services. The 59MDWI 40-403, *Human Research Participant and Animal Subject Protection, Quality Assurance/Quality Improvement Program* is followed as well.

6.2.1. Patients have the right to know if the MTF proposes to engage in or perform research associated with their care or treatment. The patient has the right to refuse to participate in any research projects.

6.2.2. Patients are given a description of the expected benefits, risks and discomforts, alternatives and a full description of all procedures to aid in decision making.

6.2.3. All patients who are asked to participate in a research project are told they may refuse to participate and that refusal will not compromise their access to service as also mentioned on the Bill of Rights posters.

7. The 59 MDW honors the patient's right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for the purposes other than their care IAW 59MDWI 44-169, *Consent for Medical Audio Visual Documentation*.

8. The 59 MDW respects the patient's right to receive information about the individual(s) responsible for, as well as those providing, their care, treatment and services.

8.1. The 59 MDW informs the patient of the name of the physician or other practitioner who has primary responsibility for their care, treatment, or services and/or the physician(s) or other practitioner(s) who will provide their care, treatment or services (i.e. at the time of appointment, etc.). Additionally, a directory containing provider information/credentials can be readily obtained upon request at the local TRICARE Service Center (TSC).

8.1.1. For outpatient services, the patient can choose a provider or a provider will be assigned to the patient through the local TSC upon arrival on station. The patient is notified of provider changes (as requested by the patient or due to provider permanent change of station, retirements, etc.) via mail seven to ten business days from the date that the system changes showing the new provider take effect.

8.1.2. When scheduling an appointment, the appointing clerk will tell the patient what provider they are scheduled with for their appointment.

8.1.3. In cases of deployments the Unit/Clinic/Consult Appointment Management Office (CAMO) will notify the patient when the next appointment is scheduled. For appointments already scheduled with this provider, the Unit/Clinic/CAMO will notify the patient to reschedule with another provider.

8.1.3.1. In cases of unscheduled absences, the Unit/Clinic will notify the patient as soon as they know of any impending changes.

9. The 59 MDW addresses patient decisions about care, treatment, and services received at the end of life.

9.1. Dying patients have needs that are unique. The 59 MDW strives to accommodate these unique needs in order to provide comfort and dignity to our patients IAW 59MDWI 44-150.

9.2. The 59 MDW respects and provides each patient the right to pastoral counseling.

9.2.1. When a need for pastoral services has been identified, staff will call the Chaplain's office.

9.3. Pain Management. Pain management is accomplished according to each patient's needs and IAW 59MDWI 44-124, *Pain Management*. The Agency for Health Care Policy and Research is one reference utilized to effectively manage patients' pain. The Pain Management Clinic will be consulted for each patient, as necessary.

9.4. Advanced Directives. Prior to surgery or admission, patients are asked if they have an Advanced Directive and it is annotated in their pre-op notes. If a patient does not have an Advanced Directive and requests one, staff directs them to the base legal office to accomplish this. Clinics have written guidance available to the patient.

9.5. Withholding of Resuscitative Services. It is the policy of the 59 MDW to accommodate the patient's wishes in regard to withholding resuscitative services or forgoing or withdrawing life-sustaining treatment.

10. The patient has the right to be free from neglect, exploitation, and verbal, mental, physical and sexual abuse.

10.1. All allegations or investigations into patients' complaints arising from allegations of inappropriate care are considered quality assurance activities. Documents arising from such an investigation are therefore protected under Title 10 United States Code, Section 1102, and will be managed accordingly. IAW 59MDWI 41-115, and 59MDWI 40-302, *Management of Suspected Abused Patients*, the Unit/Clinic/Section Patient Advocate will immediately notify Risk Management and the 59 MDW Patient Advocate of any such allegations and will proceed with further investigation under the guidance of the Director of Risk Management.

10.2. Security issues are addressed IAW 59MDWI 31-101, *Medical Facility Physical Security Program*.

10.3. When the 59 MDW restricts a patient's visitors, telephone calls or other forms of communication, it is done so to protect patients, staff or the environment. Restrictions are determined with the patient's participation and knowledge and, when appropriate, their family's participation and knowledge. When any of these restrictions occur, they are documented in the medical record. The restrictions are evaluated for therapeutic effectiveness.

11. The patient has the right to an environment that preserves dignity and contributes to a positive self-image.

11.1. The 59 MDW's environment of care supports the patient's positive self-image.

11.2. Privacy will be maintained during examinations, and procedures, IAW 59MDWI 44-175, *Chaperones*.

11.3. The 59 MDW respects the patient's rights to privacy. All attempts will be made to protect the patient's privacy by interviewing and examining patients in an area that provides auditory and visual privacy.

11.4. A chaperone is provided when requested by a patient, IAW 59MDWI 44-175. Signs are placed in all exam rooms notifying patients that a chaperone is available upon request.

11.5. The 59 MDW allows the patient to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service.

11.6. If patients have valuables when arriving to the 59 MDW and cannot send them home, the valuables will be taped to the individual, left on with physician approval, placed in the lockers in Same Day Surgery or in the cashier's cage on the first floor in TRICARE service center. Location of storage is documented on the sign-in sheet for Same Day Surgery.

11.7. The 59 MDW offers patients telephone services, and provides access to telephones for patients desiring private telephone conversations. For patients remaining overnight, phones are available in the room.

12. The patient and their family have the right to have complaints reviewed by the 59 MDW IAW 59MDWI 41-115, *Patient Advocate Program*.

12.1. Patients have the right to voice their concerns or complaints about all aspects of health care through, but not limited to, the 59 MDW Patient Advocate Office or the Office of the Inspector General.

12.2. The 59 MDW has a complaint resolution process detailed in 59MDWI 41-115. It will investigate all complaints that it receives and inform the patient or their designated representative of the resolution.

12.3. The 59 MDW allows the patient to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.

12.4. Patient Advocates are available in the clinic for patients to request to speak with. Comment cards are additional tools for the patient to express kudos/complaints. Comment cards are checked several times a week and then transcribed into the Interactive Customer Evaluation system, which is overseen by Wing Patient Advocate Office. All comments, whether positive and negative receive a response within five duty days.

12.5. The patient may elevate the complaint to the wing level if desired.

12.6. As necessary, the Wing Patient Advocate can provide the patient with the phone number and address needed to file a complaint with AAAHC.

13. Conflict Resolution. The 59 MDW recognizes that conflicts may arise among those who participate in patient care decisions.

13.1. Regardless of the source or participants, we will seek to resolve all conflicts fairly and objectively.

13.2. In cases where mutual satisfaction cannot be achieved, appropriate administrative personnel will be involved regarding organizational matters.

13.3. Staff member input may be used as needed to pursue mutually satisfactory resolutions.

13.4. The 59 MDW Patient Advocates or other departments may be contacted to help address the issue, as necessary.

14. The patient has the right to access protective and advocacy services IAW AFI 40-301, Family Advocacy and contact the Family Advocacy Office for assistance.

14.1. For patients in need of protective services, staff members are to identify these patients IAW 59MDWI 40-302 and report the issue to the Family Advocacy Office.

14.2. The 59 MDW Patient Advocate Office maintains a list of names, addresses, and telephone numbers of patient advocates within the 59 MDW and can be provided upon request. They also maintain the telephone number of the Family Advocacy Office who can provide phone numbers of relevant state authorities, as necessary.

14.3. The MTF will ensure care provided is in the best interest of the minor, despite custody battles, family disputes, etc.

14.4. The family situation will be referred to the appropriate authorities when needed, IAW 59MDWI 44-121, AFI 40-301, and 59MDWI 40-302.

14.4.1. All efforts will be made to provide parental access to the minor at all times.

14.4.2. Parents or guardians or designated representatives will have the responsibility for continuing their parenting role to the greatest extent possible.

14.4.3. Parents or guardians or designated representatives will remain available to participate in decision-making and provide knowledge of their whereabouts to staff at all times.

15. The 59 MDW informs the patient about their responsibilities related to their care, treatment, and services.

15.1. The 59 MDW follows DoD 6000.14, which is available in all clinics. It defines the patient's responsibilities, including but not limited to: adherence to treatment plans, accepting consequences if they refuse treatment; following rules and regulations of the MTF; and acknowledging when they do not understand the treatment course or care decision.

15.2. The patient's participation in decision-making includes their responsibility to provide, to the best of their ability and knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advanced directives and other matters relating to their health.

15.3. Patients are responsible for being considerate of the rights of other patients and MTF healthcare personnel. They are also responsible for being respectful of the property of other persons and of the MTF. This includes keeping appointments and notifying the MTF when appointments cannot be kept.

15.4. Patients are responsible for returning medical records promptly to the MTF for appropriate filing and maintenance if transported by the patient. All medical records documenting care provided by any MTF are the property of the U.S. Government.

15.5. Patients are responsible for meeting financial obligations incurred for their healthcare as promptly as possible.

16. Billing Procedures. The 59 MDW operates under a code of ethical behavior evidenced by AFI 44-102, *Medical Care Management*. Clinical decisions are made based on patient need only.

16.1. Patients have the right to dispute medical bills IAW DoD, TRICARE and Foundation billing procedures. Patients should first contact the Third Party Collections Office to begin the process of disputing a bill.

GLENN A. YAP, Colonel, USAF, MSC
Administrator

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

- AFPD 40-4, *Clinical Investigation and Human Use in Medical Research*, 11 May 1994
- AFPD 41-1, *Health Program and Resources*, 15 April 1994
- AFI 40-301, *Family Advocacy*, 30 November 2009
- AFI 40-402, *Protection of Human Subjects in Biomedical and Behavioral Research*, 5 May 2005
- AFI 41-210, *TRICARE Operations and Patient Administrative Functions*, 6 June 2012
- AFI 44-102, *Medical Care Management*, 20 January 2012
- AFI 44-119, *Medical Quality Operations*, 16 August 2011
- Department of Defense Instruction 6025.18-R, *Privacy of Individually Identifiable Health Information in DoD Health Care Programs*, 2 December 2002
- Department of Defense Instruction 6000.14, *DoD Patient Bill of Rights and Responsibilities in the Military Health System*, 26 September 2011
- 59 MDWVA 41-107, *Patient's Bill of Rights and Responsibilities*, 12 June 2012
- 59 MDWI 31-101, *Medical Facility Physical Security Program*, 19 November 2008
- 59MDWI 40-302, *Management of Suspected Abused Patients*, 31 July 2009
- 59MDWI 40-403, *Human Research Participant and Animal Subject Protection, Quality Assurance/Quality Improvement Program*, 2 June 2009
- 59 MDWI 41-107, *Verification of Eligibility*, 5 January 2009
- 59MDWI 41-115, *Patient Advocate Program*, 26 July 2013
- 59MDWI 41-119, *Outpatient Referrals and Consultations*, 3 March 2009
- 59MDWI 41-122, *Patient Transfers*, 23 June 2009
- 59MDWI 44-121, *Treatment of Minors*, 2 December 2010
- 59MDWI 44-124, *Pain Management*, 21 June 2013
- 59MDWI 44-130, *Patient Safety*, 16 July 2013
- 59MDWI 44-133, *Plan for the Provision of Patient Care*, 17 May 2011
- 59MDWI 44-150, *Advanced Directives and End of Life*, 17 May 2011
- 59MDWI 44-157, *Infection Prevention and Control Program*, 23 May 2013
- 59MDWI 44-169, *Consent for Medical Audiovisual Documentation*, 7 February 2011
- 59MDWI 44-175, *Chaperones*, 8 September 2011
- 59MDWI 51-302, *Informed Consent/Refusal of Treatment, Diagnostics and Blood or Blood Products*, 12 March 2010

Title 10, United States Code, Section 1093, *Performance of Abortions: Restrictions*, 22 January 1993

Title 10, United States Code, Section 1102, *Confidentiality of Medical Quality Assurance Records: Qualified Immunity for Participants*, 20 January 2004

Title 32, National Defense, Chapter 1, Office of the Secretary of Defense, Code of Federal Regulations (CFR) Part 219, *Protection of Human Subjects*, December 2005

Adopted Form

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AAAHC—Accreditation Association for Ambulatory Health Care

AFI—Air Force Instruction

CAMO—Consult Appointment Management Office

CFR—Code of Federal Regulations

DoD—Department of Defense

IAW—In Accordance With

MDG—Medical Group

MDW—Medical Wing

MDWI—Medical Wing Instruction

MLC—Medical Law Consultant

MTF—Military Treatment Facility

SAMMC—San Antonio Military Medical Center

TSC—TRICARE Service Center