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Health Services

**PATIENT RIGHTS AND
RESPONSIBILITIES**

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Certified by: 59 MDW/SGA
(Colonel Wade B. Adair)

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This instruction implements Air Force Policy Directive, 41-2, *Medical Support*. 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 41-107 to improve patient outcomes by respecting each patient's rights. This instruction applies to all personnel assigned, attached, or under contract to the 59th Medical Wing. This instruction does not apply to the 959th Medical Group (MDG), the Air National Guard, and the Air Force Reserve. For 959 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 generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed of in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System.

SUMMARY OF CHANGES

This publication has been revised. This rewrite of 59 MDWI 41-206 includes updated patient rights.

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 Responsibilities and the 59 MDW. The 59 MDW respects patient rights.

2.1. The 59 MDW will provide quality 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.

2.2.1. Staff may not alter the quality of care for a patient due to the patient's race, religion, socioeconomic status, gender or sexual orientation

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 and responsibilities. Patients receive instruction on their rights and responsibilities, through 59 MDWVA 41-107, *Patient's Bill of Rights and Responsibilities*. 59 MDWVA 41-107 was developed using Department of Defense Instruction 6000.14, *DoD Patient Bill of Rights and Responsibilities in the Military Health System* and Defense Health Agency-Procedural Instruction 6025.10, *Standard Processes, Guidelines, and Responsibilities of the DoD Patient*. These visual aids are displayed throughout the 59 MDW, as a minimum they are at main entrances, laboratories, pharmacies, and primary care waiting areas. Trifold brochures outlining Patients' Bill of Rights along with Patient Satisfaction and Patient Advocacy information will be available throughout the facility and displayed in patient care areas. 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, electronic tablets or whiteboards could be used to communicate with patients that cannot hear.

4.3. Translation Services for Foreign Languages. The Member Services Section of TRICARE Operations and Patient Administration can assist in coordinating on-site or phone-based

multilingual interpretation as needed. The 59 MDW utilizes World Wide Interpreters, who have medically trained personnel that are available 24 hours a day. Clinic staff can call World Wide Interpreters directly at (800) 945-7889. The 59 MDW also utilizes Vital Signs Inc. in San Antonio for on-site Spanish Interpreting or phone-based multilingual interpreting. Clinic staff can call (866) 590-7487 or page (210) 713-4320 for after hour or holiday emergency services. When services are rendered, the invoice is submitted to contract services.

4.3.1. Interpreter Services for the Deaf and Hearing Impaired. A telecommunication device is maintained at the Information Desk (1st floor, lobby, near A wing) that can be utilized for hard-of-hearing patients. A qualified American Sign Language Interpreter is also available through the company, Vital Signs Inc. Clinic staff can call Vital Signs Inc. at (866)590-7487 or page (210) 713-4320 for after hour or holiday emergency services.

4.4. The 59 MDW may also communicate to the patient's designated representative, for those patients who lack ability due to condition or below age of majority.

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 regarding care options, 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 59 MDWI 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 AFMAN 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 situations arise involving care decisions, an ad hoc committee is convened 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, per the Release of Health Information provided.

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

5.3. Transfers. Patient transfers 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 59 MDWI 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 patient needs 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*, 59 MDWI 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 Defense Health Agency Office of General Counsel (DHA/OGC) must be consulted in all cases where the patient who is refusing treatment is active duty military, guard, 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 Joint Commission.

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 DHA/OGC services are available for providers as needed when dealing with sentinel events. The Healthcare Resolutions Coordinator is also available for consultation. For additional information regarding sentinel events refer to DHA-PM 6025.13, Volume 2, *Patient Safety*; AFI 44-119, *Medical Quality Operations*; and 59 MDWI 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 59 MDWI 51-302 (Informed Consent and Refusal of Care).

6.2. Research. MTF participation in patient research projects is regulated by DODI 3216.02_AFI 40-402, *Protection of Human Subjects and Adherence to Ethical Standards in Air Force Supported 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 59 MDWI 44-104, *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 of their care or other than their care. The risks/benefits/alternatives to recording should be discussed with the patient in order to afford the patient the opportunity to be fully informed in consent or withholding of consent.

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 Member Services.

8.1.1. For outpatient services, the patient can choose a provider or a provider will be assigned to the patient. 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 59 MDWI 44-150 (Advance Directives and End of Live).

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 coordinate with the Chaplain's office.

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

9.4. Advance Directives. Prior to surgery or admission, patients are asked if they have an Advance Directive and it is annotated in their pre-op notes. If a patient does not have an Advance 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, *Confidentiality of Medical Quality Assurance Records: Qualified Immunity for Participants* and will be managed accordingly. IAW 59 MDWI 46-101, *Patient Experience and Patient Advocate Program* 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 59 MDWI 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 59 MDWI 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 59 MDWI 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 or left on the patient, with physician approval. In Same Day Surgery valuables will be collected and accounted for, documented and placed in lockers. Location of storage is documented on the sign-in sheet for Same Day Surgery. Patients presenting to the Family Emergency Center who have valuables that cannot be sent home with the patient's representative and concurrence will have their valuables collected, accounted for, documented and stored in a locked storage container within the Family Emergency Center.

11.7. The 59 MDW offers patients telephone services and provides access to telephones for patients desiring private telephone conversations.

12. The patient and their family have the right to have complaints reviewed by the 59 MDW IAW 59 MDWI 46-101, *Patient Experience and 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 Program or the Office of the Inspector General.

12.2. The 59 MDW has a complaint resolution process detailed in 59 MDWI 46-101. 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 all clinics for patients to speak with. Comment cards are additional tools available for patients to express their opinions. Collection boxes are located in every clinic and at the information desks. Cards are collected 2 days and addressed by staff with a target time being 3 to 5 days.

12.5. Patients may elevate their concern up through Medical Group Commander, with Wing Patient Advocate available to assist when necessary.

12.6. Clinic Patient Advocates can provide patients with the phone number and address to file a complaint with The Joint Commission.

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, resolution of all conflicts fairly and objectively is the goal of the 59 MDW. Efforts will be made to find a mutually satisfying outcome within the rules, regulations, policies and procedures governing the 59 MDW.

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. 59 MDW staff are to identify patients in need of protective services and report the issue to the Family Advocacy Office.

14.2. The 59 MDW Patient Advocate Office maintains the names and telephone numbers of patient advocates within the 59 MDW and can provide appropriate information 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 creating the need for protective services will be referred to the appropriate authorities when needed, IAW 59 MDWI 44-121, DAFI 40-301, *Family Advocacy*.

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 DoDI 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, Air Force, and TRICARE billing procedures. Patients should first contact the Resource Management Office to begin the process of disputing a bill.

17. Disruptive Patients and Visitors. The safety and security of all 59 MDW patients and staff are of prime concern. To that point, every effort will be made to ensure courtesy and professionalism in all operations. While all 59 MDW staff members are expected to maintain professional bearing at all times, patients, family members, and visitors to the 59 MDW also have responsibilities, as well as rights, within the healthcare setting. MTF staff, patients, and members of the public have rights to protection from threats or serious disruptions from abusive patients. Patients have rights to be cared for in a safe environment but also have responsibilities for respect and consideration. These responsibilities enable healthcare team members to refer patients, who are current military members, to command authority to address disruptive behavior in the healthcare setting. Additionally, retirees and dependents of retirees "may" receive treatment subject to staff capability and the availability of space and facilities. However, before any decision is made to involuntarily disengage such beneficiaries to the network for being disruptive, consultation with DHA/OGC is required. This action is taken in only the most extreme cases (refer to 59 MDWI 44-133 for additional details). Disruptive or abusive behaviors may be described as threats or overt behavior defined as seriously abusive or disruptive to the care environment. This type of behavior may affect beneficiaries' access to care within MTFs. Disruptive patients are not those who: miss appointments, are non-adherent to provider recommendations, and /or who display behavior which may simply irritate or annoy providers and/or staff.

17.1. All patients are expected to abide by the rules and regulations outlined in this instruction and all other guidance that governs the operations of the 59 MDW.

17.2. If issues should arise, patient advocates and the clinic/section leadership should be engaged at the earliest opportunity in order to address concerns and behaviors of any staff, patients, or visitors that may be presenting a challenge to the good order and discipline expected. If staff members encounter an abusive patient or disruptive patient the following should occur.

17.2.1. If there is an immediate danger, contact Security Forces at 911 and activate appropriate Code response (white, grey, green, pink or black) as necessary.

17.2.2. In addressing the concern of any individual felt to be disruptive; a copy of the patient rights and responsibilities will be offered to the individual with an explanation of possible outcomes if disruptive behavior continues. Possible outcomes may consist of being seen only in the presence of chaperones. If active duty, patients may be required to have their squadron leadership escort them. In extremely rare cases and when all other

options have been considered and exhausted other beneficiary's face possibly barment from the MTF or installation.

17.3. The individual or representative will be asked to sign an MFR (Attachment 2) outlining their disruptive behavior, signifying receipt of a copy of the patients' rights and responsibilities, acceptance of their responsibilities, and understanding of the possible consequences of not abiding with these responsibilities. If the beneficiary or representative refuses to sign, a third party may sign as witness of refusal. Under no circumstances will care be denied based solely on the individual's refusal to sign the documents.

17.4. Documentation addressing the disruptive individual will be accomplished, using 59 MDW Form 37, *Patient Concern History*, to include the inputs of each level of leadership contacted. Additional input may be included using the Memorandum of Record Template, Disruptive Individual ([Attachment 3](#)).

17.5. Documentation will be forwarded, using encrypted email, to the Wing Patient Advocate. The Wing Patient Advocate will contact DHA/OGC, Privacy Officer, and Executive Leadership for coordination. Upon closure the documentation will be filed in the Wing Patient Advocate Office.

17.6. Upon conclusion of events, flight leadership will communicate with staff members the outcome of any meetings or actions taken regarding the disruptive individual.

JEANNINE M. RYDER
Brigadier General, USAF, NC
Director, Wilford Hall Ambulatory Surgical Center

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

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

Department of Defense Instruction 6025.18-R, *Privacy of Individually Identifiable Health Information in DoD Health Care Programs*, 2 December 2009

Department of Defense Instruction 6000.14, *DoD Patient Bill of Rights and Responsibilities in the Military Health System*, 26 September 2011

DODI 3216.02_AFI 40-402, *Protection of Human Subjects and Adherence to Ethical Standards in Air Force Supported Research*, 10 September 2014

Defense Health Agency-Procedural Instruction (DHA-PI) 6025.10, *Standard Processes, Guidelines, and Responsibilities of the DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS)*, 9 October 2018

AFPD 41-2, *Medical Support*, 17 May 2018

DAFI 40-301, *Family Advocacy*, 13 November 2020

AFMAN 41-210, *TRICARE Operations and Patient Administrative Functions*, 10 September 2019

AFI 44-102, *Medical Care Management*, 17 March 2015

AFI 44-119, *Medical Quality Operations*, 16 August 2011

59 MDWI 31-101, *Medical Facility Physical Security Program*, 12 May 2020

59 MDWI 40-302, *Management of Suspected Abused Patients*, 18 October 2013

59 MDWI 44-104, *Human Research Participant and Animal Subject Protection, Quality Assurance/Quality Improvement Program*, 15 July 2022

59 MDWI 46-101, *Patient Experience and Patient Advocate Program*, 5 May 2022

59 MDWI 41-122, *Patient Transfers*, 13 November 2020

59 MDWI 44-121, *Treatment of Minors*, 4 October 2019

59 MDWI 44-130, *Patient Safety*, 3 November 2020

59 MDWI 44-133, *Plan for the Provision of Patient Care*, 5 February 2021

59 MDWI 44-150, *Advanced Directives and End of Life*, 17 July 2019

59 MDWI 44-175, *Chaperones*, 23 July 2019

59 MDWI 51-302, *Informed Consent and Refusal of Care*, 6 November 2020

59 MDWVA 41-107, *Patient's Bill of Rights and Responsibilities*, 8 August 2018

Prescribed Form

59 MDW Form 37, *Patient Concern History*

Adopted Form

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AFI—Air Force Instruction

CAMO—Consult Appointment Management Office

DHA/OGC—Defense Health Agency Office of General Counsel

DoD—Department of Defense

IAW—In Accordance With

MDG—Medical Group

MDW—Medical Wing

MDWI—Medical Wing Instruction

MTF—Military Treatment Facility

SAMMC—San Antonio Military Medical Center

Attachment 2

NOTICE OF DISRUPTIVE BEHAVIOR

MEMORADUM FOR RECORD

MEMORANDUM FOR PATIENT’S NAME

DATE

FROM: CLINIC/SECTION/OFFICE SYMBOL

SUBJECT: DISRUPTIVE BEHAVIOR

(Patient Name) on (Date of Incident) you were (Disruptive, Abusive, Threatening) (To, In The, With) (Name of Clinic, Staff Member). This behavior is not tolerated and this memorandum for record serves as notification to you that your care within the 59th Medical Wing is contingent on you abiding by the Patients’ Rights and Responsibilities.

Attached to this memorandum of record is a copy of 59 MDW Patients’ Rights and Responsibilities. You are requested to sign receipt of this memorandum signifying you have been informed of your disruptive behavior and possible consequences of this behavior.

Refusal to sign and accept these documents will be witnessed; however, continuance or denial of your care will not be based solely on your refusal or acceptance.

The 59th Medical Wing (MDW) is proud to be able to provide medical care based on mutual respect and courtesy to all of our beneficiaries. It is our wish that we can obtain and maintain this relationship with you.

I.M.A. STAFF MEMBER, SSgt,Capt,USAF,
Title
Flt,Squ,Gp

PATIENT SIGNATURE

WITNESS (IF NECESSARY)
Title
Flt,Squ,Gp

Attachment 3**DISRUPTIVE PATIENT****MEMORADUM FOR RECORD**

MEMORANDUM FOR 59 MDW/SGN/PATIENT ADVOCATE

DATE

FROM: CLINIC/SECTION/OFFICE SYMBOL

SUBJECT: DISRUPTIVE INDIVIDUAL

On (Date of Incident) (Patient Name) while (telephoning, presenting to) (Clinic/Section) became disruptive. This involved (summarize language, actions, demeanor, precipitating actions or events) causing (describe effects on other patients, family, visitors, or operations). Attempts by (Name/s) to immediately address the situation and patient concerns by (summarize efforts) resulted in (summarize). These events were witnessed or involved (Rank, Name as appropriate)

I.M.A. STAFF MEMBER, SSgt,Capt,USAF,
Title
Flt,Squ,Gp