



# Rights and Responsibilities of Patients



# Patient Rights and Responsibilities

At Mayo Clinic, we are concerned that each patient entrusted to our care is treated with dignity, respect and compassion. We recognize that all patients have basic rights, and we are committed to honoring these rights. Likewise, Mayo Clinic has a right to expect reasonable and responsible behavior from patients, their relatives and friends.

The following is a summary of rights and responsibilities that we believe serve as a foundation for a good relationship between patients and staff.

## **PATIENT RIGHTS**

### **Emergency treatment**

You have the right to emergency treatment to stabilize your condition if presenting to the hospital emergency department.

### **Access to care**

Individuals shall be given impartial access to treatment or accommodations that are available or medically indicated regardless of race, color, creed, ethnicity, national origin, sex, gender, gender identity and/or expression, sexual orientation, age, disability, cultural or spiritual values, marital status, veteran status, status with regard to public assistance or source of payment.

## **Providers of care**

You have the right to know the identity and professional status of individuals providing service and to know which physician or other practitioner is primarily responsible for your care. Your health-care team may include other physicians, resident physicians, physician assistants, nurses, nurse practitioners, students and other health-care providers. You may request the hospital's treating Physician to contact your Primary Care Physician or Specialist when developing your plan of care.

## **Respect and dignity**

You have the right to receive considerate, respectful care at all times and under all circumstances, with recognition of personal dignity, diversity, and religious or other spiritual preferences.



## **Chaperones and advocates**

You have the right:

- To request a chaperone during your examination or treatment. You, your support person or your legal representative may request the chaperone. A care provider may request to have a chaperone present during your examination or treatment.
- To have one support person of your choice with you anytime during your hospital stay as long as it does not interfere with patient care or safety, regardless of race, color, creed, ethnicity, national origin, sex, gender, gender identity and/or expression, sexual orientation, age, disability, cultural or spiritual values, marital status, veteran status, status with regard to public assistance or source of payment.  
In an emergency situation or due to clinical necessity, visitation may be restricted.

## **Privacy and confidentiality**

You have the right, within the law, to personal and informational privacy, as demonstrated by the following rights:

- If an inpatient, to refuse to talk with or see anyone not officially connected with the hospital, including visitors or persons officially connected with the hospital but not directly involved in patient care. (An inpatient is a patient who has been admitted to the hospital on an inpatient basis.)
- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatments.

- To be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes the right to request to have another person present during certain parts of a physical examination, treatment or procedure performed by a health professional of the opposite sex.
- To expect that any discussion or consultation involving your care will be conducted discreetly and that individuals not directly involved in your care will not be present without permission.
- To have the medical record accessed only by individuals for legitimate business purposes and as permitted under law.
- To expect all communications and other records pertaining to care, including the source of payment, be treated as confidential.

## **Safety**

Patient safety is our priority. As a patient, you have the right to have care provided in a safe setting. Everyone has a role in making health care safe, including physicians, health-care executives, nurses and technicians. You play a vital role in making your care safe by becoming an active, involved and informed member of your health-care team. Your perception of risks to safety and suggestions for improvement will be heard and responded to appropriately. Please make your health care providers aware of any concerns you have.

Your suggestions for improvement are always welcome. You may submit suggestions by calling the Office of Patient Experience at (844) 544-0036, email [OPX@mayo.edu](mailto:OPX@mayo.edu) or mail to:

**Mayo Clinic Florida**  
Office of Patient Experience  
4500 San Pablo Road  
Jacksonville, FL 32224

[mccoreprodcrmextncast.blob.core.windows.net/\\$web/ShareAConcern.html](http://mccoreprodcrmextncast.blob.core.windows.net/$web/ShareAConcern.html)

You have the right to be free from seclusion and the use of any restraint that is not medically necessary. These measures are determined by your physician and used only to prevent injury to yourself or others and only when alternative, less restrictive measures have been considered.

### **Rules and regulations**

You have the right to know what rules and regulations apply to patients. These rules include those described in the *Patient's Guide*, outlined in the responsibilities section of this booklet and those posted on campus. Additional copies of the *Patient's Guide* and *Patient Rights and Responsibilities* are available at the registration desks on the first floor.



## **Pain management**

Prior to ordering or administering an opioid medication, your health care provider may discuss non-opioid alternatives and provide to you the Florida Department of Health pamphlet

### **[Alternatives to Opioids:](#)**

[www.floridahealth.gov/  
programs-and-services/  
non-opioid-pain-management/  
\\_documents/alternatives-facts-8.5x11-eng.pdf](http://www.floridahealth.gov/programs-and-services/non-opioid-pain-management/_documents/alternatives-facts-8.5x11-eng.pdf)

You have the right to know what patient support services are offered, including whether an interpreter is available if you don't speak English or are hearing impaired. Accommodations can be made for patients with hearing, speech, visual and cognitive impairments by requesting these services at the time the appointment is made.

You have a right to a prompt and reasonable response to questions and requests.

If an inpatient, you have the right to have visitors and to receive phone calls and written communication. You have the right to have a family member, your physician or a representative of your choice notified of your admission to the hospital. In an emergency situation or due to clinical necessity, visitation may be restricted.



## **Information and education**

You have the right to obtain, from the practitioners responsible for coordinating and providing your care, complete and current information about diagnosis (to the degree known), treatment, alternatives, risks and any known prognosis. This information should be communicated in terms you can understand. When it is not medically advisable to give you such information, it should be made available to your legal representative.

If hospitalized, you can expect to be provided with information:

- That is necessary for you to safely continue your care when you leave the hospital
- To help promote recovery and maintain or improve function
- To help with disease management or symptom progression
- To help improve outcomes

## **Charges**

You have the right to receive a copy of a reasonably clear and understandable itemized bill and have the charges explained upon request.

You have the right to be given, upon request, full information and necessary financial counseling on the availability of known financial resources for your care.

You have the right to receive, upon request and prior to treatment, a reasonable estimate of charges for your care.



## **Consent**

You have the right to reasonable, informed participation in decisions involving your health care. To the degree possible, this should be based on a clear and concise explanation of your condition and planned procedures, including potential benefits, the possibilities of any risk of death or serious side effects, problems related to recuperation and probability of success. Before undergoing any procedure or physical exam, you or your legal representative will voluntarily provide informed consent. You will be informed if medically significant alternatives for care or treatment exist.

You have the right to know who is responsible for authorizing and performing the procedures or treatment.

Your participation in clinical trials or in the gathering of data for research purposes is voluntary. You have the right to refuse participation at any time in the process.

When you are incapacitated or unable to speak for yourself, in the absence of advance directives, Florida state law provides that a proxy may speak for you. The following may serve as a proxy in order of authority: a court-approved surrogate, a spouse, an adult child or majority of adult children, a parent, an adult sibling or majority of adult siblings, an adult relative who has exhibited special care and concern or a close friend.

## **Advance directives**

Advance Directives refers to two types of legal documents that enable patients to plan for and communicate their medical care wishes in the event they are unable to communicate. These documents are the Designation of Health Care Surrogate and the Living Will.

You have a right to receive information about Advance Directives. Advance Directives ensure that your wishes, in written or oral form, are carried out. When your advance directives are presented in a valid format, Mayo will honor your wishes and retain them in your medical record when appropriate. Advance directives include a health care surrogate, living will, anatomical gift and durable power of attorney for health care.

For more information contact Care Management for the following patients:

- Hospital: (904) 956-3186
- Clinic: (904) 953-0553

You may also contact your attorney or learn more on our website: [www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/living-wills/art-20046303](http://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/living-wills/art-20046303).

## **Refusing treatment**

You or your legal representative may refuse treatment to the extent permitted by law. When refusal of treatment by you or your legal representative prevents the provision of appropriate care in accordance with professional standards, our relationship with you may be terminated upon reasonable notice.



### **Transfer and continuity of care**

If transfer to another facility or organization is needed you will receive a complete explanation of the need for the transfer, be provided with options and be provided with the alternatives to such a transfer. The transfer must be accepted by the other facility or organization. You have the right to be informed by the practitioner responsible for your care, or a delegate, of any continuing health-care requirements following transfer or discharge.

## **PATIENT RESPONSIBILITIES**

### **Respect and consideration**

You are responsible for being considerate of the rights of other patients and clinic staff. This includes not smoking and controlling noise and visitors. You are responsible for being respectful of the property of others and of the clinic. You understand that any abusive or disrespectful behavior could result in your dismissal from Mayo care.

## **Safety**

You play a vital role in making your care safe by becoming an active, involved and informed member of your health-care team. You are responsible to:

- Work with your doctor, nurse and other health-care providers to make decisions about your care.
- Notify your non-Mayo primary care physician of changes to your plan of care.
- Ask a family member or friend to be part of the health-care team if you are very sick.
- Ask questions until you understand the answers (about treatments, procedures, medications, etc.).
- Learn about the possible risks of refusing a test or procedure.
- Ask why a test or treatment is needed, how it can help you and if you would be better off without it. Know that more is not always better.
- Make sure that you, your doctor and your surgeon all agree and are clear on exactly what will be done if you are having surgery.
- Ask your doctor or health-care providers to explain the recommended or prescribed treatment plan.
- Ask for information about your medicines, if any, in terms you can understand. You need to know:
  - What it is for
  - How to take it
  - How long to take it

- What to do if there are side effects
- If it is safe to take with other medicines, foods and supplements
- What food, drink, activities to avoid
- Where to store it

## **Rules and regulations**

You are responsible for following rules and regulations that apply to patients at Mayo Clinic, including those described in the *Patient's Guide*, outlined in this section and those posted on campus.

## **Pain management**

You are responsible for:

- Working with the physician and nurse to develop a pain-management plan
- Asking the physician or nurse what to expect of pain and pain management
- Helping the physician and nurse assess your pain
- Discussing pain relief options with physicians and nurses
- Telling the physician or nurse about any concerns you have about taking pain medication
- Exploring pain relief options at the onset of pain symptoms
- Asking for pain relief when pain first begins
- Complying with physician orders regarding medication
- Telling the physician or nurse if and when pain is not relieved

## **Providing information**

As a patient, you are an integral part of the health-care team. Therefore, you are responsible for:

- Participating in your care and health-care decisions
- Providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, allergies and other matters relating to your health
- Reporting unexpected changes in your condition to the responsible practitioner
- Communicating whether you clearly understand your plan of care and what is expected of you

## **Education**

You are expected to participate in the teaching/learning process so that you will acquire and understand the skills and behaviors that promote recovery, maintain or improve function, or manage disease or symptom progression.

## **Advance directives**

Advance Directives refers to two types of legal documents that enable patients to plan for and communicate their medical care wishes in the event they are unable to communicate. These documents are the Designation of Health Care Surrogate and the Living Will.

If you have an Advance Directive in a valid format and present it either at registration or to your health-care provider, it will be retained in your medical record when appropriate. You are responsible for informing Mayo Clinic and your

health-care providers if you create, modify or revoke an advance directive. An advance directive is not required to receive treatment, and you may waive your right to make one.

For more information contact Care Management for the following patients:

- Hospital: (904) 956-3186
- Clinic: (904) 953-0553

You may also contact your attorney or learn more on our website: [www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/living-wills/art-20046303](http://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/living-wills/art-20046303).

### **Charges**

You are responsible for assuring that your financial obligations for health care received are fulfilled as promptly as possible.

### **Compliance**

You are responsible for following the treatment plan recommended by the practitioner primarily responsible for your care. This may include following the instructions of nurses and allied-health staff as they carry out your plan of care, implements the responsible practitioner's orders and enforce applicable clinic rules and regulations.

You are responsible for keeping appointments and for notifying Mayo when you are unable to do so.

**Mayo Primary Care Scheduling Center**  
(904) 953-6722

**Mayo Specialist Scheduling Center**  
(904) 953-0320

## **Refusing treatment**

You are responsible for your actions if you refuse treatment or do not follow the practitioner's instructions.

## **Personal property**

Mayo Clinic is not responsible for cash, valuables and personal items you bring to the clinic. This includes eyeglasses, hearing aids, dentures, canes, prostheses, wheelchairs and other easily misplaced items.

If you are hospitalized, please leave all jewelry and valuables at home or send them home with family members or a person whom you trust to properly secure them. If necessary and upon request, hospital staff will contact Security for you to store smaller valuables in the hospital safe.

## **Ethics Committee**

If a conflict of an ethical nature arises during your care, you, your support person or your legal representative may request a consultation with the Ethics Committee. You may ask any of your health-care providers to help you request a consultation. The committee functions in an advisory capacity and does not dictate patient-care decisions.



## **Your concerns**

If you, your support person or your legal representative has a concern about any aspect of your care at Mayo Clinic, you are urged to let us know so we can resolve it promptly. This reporting will in no way negatively impact future care. We consider your comments opportunities for us to improve care and service. To address concerns, you may:

- Speak to your physician or nurse (the most direct option)
- Speak to the supervisor of the department where the concern arose
- If hospitalized, you also may talk with the team leader, nurse manager, patient care director, administrator or house supervisor on call. The operator can connect you with any of these individuals.

If you, your support person or your legal representative's concern cannot be resolved as described above, you have the option to submit a verbal or written concern to The Office of Patient Experience in the Davis Building lobby, call (844) 544-0036, email [OPX@mayo.edu](mailto:OPX@mayo.edu) or mail to:

**Mayo Clinic Florida**  
Office of Patient Experience  
4500 San Pablo Road  
Jacksonville, FL 32224

[mccoreprodcrmextncast.blob.core.windows.net/\\$web/ShareAConcern.html](http://mccoreprodcrmextncast.blob.core.windows.net/$web/ShareAConcern.html)

If you, your support person or your legal representative's concern cannot be resolved as described above, you have the option to submit a verbal or written concern to the Office of Patient Experience by calling (904) 953-2019 or visiting the Office of Patient Experience in the Davis Building lobby. You or your representative will be provided a timely response.

If you would like to make a complaint to the State of Florida or an outside agency, you may contact the following:

- **The Joint Commission:**

At [www.jointcommission.org](http://www.jointcommission.org), using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website.

- By fax to (630) 792-5636.
- By mail to **The Office of Quality and Patient Safety (OQPS), The Joint Commission**,  
One Renaissance Boulevard,  
Oakbrook Terrace, Illinois 60181.

For complaints involving inpatient health-care practitioners or facilities:

**Agency for Health Care Administration  
Consumer Services Unit**

4052 Bald Cypress Way, Bin C-75  
Tallahassee, FL 32399-3275  
(888) 419-3456

For complaints involving insurance companies:

**Florida Department of Insurance**  
9000 Regency Square Blvd., Suite 201  
Jacksonville, FL 32211-8100  
(800) 342-2762



Learn more online at [mayoclinic.org](https://www.mayoclinic.org)  
or by calling us at 904.953.2272.

[mayoclinic.org](https://www.mayoclinic.org)

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