

# Your Rights as a CHA Patient

Cambridge Health Alliance (CHA) is committed to protecting your rights as a patient and supports laws and policies that uphold these rights.

## Your Rights as a CHA Patient

### As a patient at Cambridge Health Alliance (CHA), you have the right to:

- Receive medical care that meets the highest standards of CHA, regardless of your race, religion, national origin, any disability or handicap, gender, sexual orientation, military service or the source of payment for your care.
- Be involved in your plan of care, including making informed decisions about your care. You and your representative will receive information prior to treatment about your health status, risks, benefits, potential complications and alternatives, before consenting to care. Unless it's an emergency, CHA will inform you in advance before starting or stopping care.
- Receive care in a safe setting that is considerate of your culture and respectful of your personal beliefs and preferences.
- Receive information tailored to your age, language, disability and ability to understand, taking into account your communication preferences.
- Have appropriate assessment and management of pain.
- Have all reasonable requests responded to promptly and adequately within CHA's capacity.
- Get prompt lifesaving treatment in an emergency without discriminating on account of economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment unless such delay can be imposed without material risk to health.
- Have a family member or representative of your choice and your own physician promptly notified if you are admitted to a CHA hospital.
- Obtain from CHA, upon request, the name and specialty, if any, of the physician or other person responsible for your care or care coordination.
- Obtain an explanation, upon request, as to the relationship, if any, of CHA or your doctor to any other health care facility or educational institution insofar as this relationship relates to your care or treatment.
- Obtain a copy, upon request, of any CHA rules or policies which apply to your conduct as a patient.
- Have privacy during medical treatment or any other care within the ability of CHA.
- Have access to your medical record information. The right to the privacy of your medical record information will be secured in accordance with CHA's Notice of Privacy Practices.
- Receive a copy of the bill, upon request, or other statement of charges submitted to any third-party by CHA for your care.
- Inquire and receive information about the possibility of financial aid and public assistance. For inquiries related to financial aid and public assistance, please contact the Financial Assistance office at 617-665-1100.
- Refuse to be examined, observed or treated by students or any other CHA staff without jeopardizing access to psychiatric, psychological or other medical care and attention.
- Refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
- Participate in ethical questions that arise during care including conflict resolution, withholding resuscitative services, and forgoing or withdrawal of life sustaining treatments.
- If you are a survivor seeking care after a sexual assault, you have the right to timely access to emergency contraception.
- Access information about CHA, including care management programs and services provided, as well as care management staff qualifications and available options.
- Decline participation or dis-enroll from programs and services offered by CHA.
- Receive information about how you can get help with concerns and complaints about the quality of care or service you receive, and to initiate a formal grievance process with CHA or other state or regulatory agencies.

Any person whose rights under this section are violated may bring, in addition to any other action allowed by law or regulation, a civil action under Sections 60B to 60E, inclusive of Chapter 231.

## Your Responsibilities as a CHA Patient

### At Cambridge Health Alliance, you are expected to:

- Provide accurate and complete information to facilitate your care, treatment and services that includes your medical history, hospitalization and current health concerns. Report any unexpected changes in your health to your doctor or other clinical staff.
- Ask questions or acknowledge when you do not understand the treatment course or care decisions.
- Follow treatment plans recommended by physicians and the health professionals working under your provider's direction. Let your provider know immediately if you do not understand your plan of care or health instructions you are given.
- Participate and collaborate in your treatment and in planning for your care, including care after discharge from a CHA hospital.
- Be part of the pain management team. If you are receiving pain medications, ask your medical team about pain management options. Use pain medications as prescribed and provide feedback if certain methods are not working well for you.
- Adhere to the Patient Code of Conduct and be considerate and respectful of other patients and CHA staff. Do what you can to help control noise and ensure that your visitors are considerate as well. Be respectful of CHA property.
- Follow instructions, policies, rules and regulations in place to support quality care for all patients and a safe environment for all individuals at CHA.
- Support mutual consideration and respect by following CHA's rules and regulations, including those that prohibit offensive, threatening and/or abusive language or behavior, or the use of tobacco, alcohol, or illicit drugs or substances. Help ensure that your visitors are aware of and follow these rules.
- Provide CHA staff with a copy of any advance directive or health care proxy that you have prepared.

## Please Adhere to the following Patient Code of Conduct:

As part of our commitment to provide a safe and healthy environment for staff and patients, Cambridge Health Alliance (CHA) expects patients and visitors to refrain from any behaviors that are disruptive or pose a threat to the rights and safety of other patients, visitors and staff.

### Words or actions that are disrespectful, racist, discriminatory, hostile or harassing are not welcome at Cambridge Health Alliance (CHA). Examples of these include:

- Carrying firearms or other weapons on CHA property.
- Physical or verbal threats and assaults.
- Any comments about others' race, accent, religion, gender, sexual orientation, or other personal traits (written or verbal).
- Refusal to see a clinician or other staff member based on their race, accent, religion, sexual orientation, or other personal traits.
- Offensive language including violent/sexual/vulgar words or actions.
- Disrupting another patient's care or experience.
- Taking photos or videos of patients, visitors, and/or staff without permission.

If CHA believes you have violated the Patient Code of Conduct with unwelcome words or actions, you will be given the chance to explain your point of view to a member of your patient care team. We will always carefully consider your response before we make any decisions about your future care at CHA. Violations of this patient code of conduct may lead to you being asked to make other plans for your care and future non-emergency care at CHA may require review.

If you, as a CHA patient, witness or experience any of these behaviors, please report it to a member of your care team. Retaliation for reporting a violation is prohibited.

### Compliments and Concerns

**CHA Patient Relations.** Call 617-665-1398 or complete our online form at <https://www.challiance.org/contact-cha>

**CHA Privacy Officer.** Call 617-591-4820 or write to CHA Privacy Office, 1493 Cambridge Street, Cambridge, MA, 02139.

**For Risk-Bearing Provider Organization appeals.** Contact the MA Office of Patient Protection. Contact the OPP: Call 800-436-7757, <https://masshpc.gov/OPP>, [HPC-OPP@mass.gov](mailto:HPC-OPP@mass.gov)

### CHA as a Risk-Bearing Provider Organization

CHA is part of a provider organization certified as a "risk-bearing provider organization" (RBPO) by the Massachusetts Division of Insurance. As a patient of an RBPO, you have the right to make a complaint and use an appeals process to resolve your complaint.

You can authorize a representative to act on your behalf during the appeals process.

Please contact CHA Patient Relations to ask about this appeals process or to file a complaint.

We will give you a written answer to your pre-service and post-service complaint/appeals in fourteen (14) business days. If your complaint involves urgent medical needs, we will give you a written answer in three (3) days.

### For External Appeals:

#### Contact the Massachusetts Office of Patient Protection:

By phone: 800-436-7757

Online: [www.mass.gov/hpc/opp](http://www.mass.gov/hpc/opp)

Email: [HPC-OPP@mass.gov](mailto:HPC-OPP@mass.gov)

### Civil Rights Complaints

#### Contact the Office for Civil Rights

By mail: 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201

Phone: 1-800-368-1019, 800-537-7697 (TDD)

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

### Filing a Grievance

#### You have a right to file a grievance with:

#### Massachusetts Department of Public Health Bureau of Health Care Safety and Quality

67 Forest Street, Marlborough, MA 01752

Phone: 617-753-8000

#### Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Wakefield, MA 01880

Phone: 781-876-8200

#### The Joint Commission

#### Office of Quality and Patient Safety

By mail: One Renaissance Blvd, Oakbrook Terrace, Illinois 60181

Online: [www.jointcommission.org](http://www.jointcommission.org). (Use the "report a patient safety event" link)

Phone: 800-994-6610 Fax: 630-792-5636