

VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

Title 18: Health

Chapter 42: Bill Of Rights For Hospital Patients

§ 1851. Definitions

As used in this chapter:

(1) "Hospital" means a general hospital required to be licensed under 18 V.S.A. chapter 43.

(2) "Patient" means a person admitted to a hospital on an inpatient basis. (Added 1985, No. 163 (Adj. Sess.), § 1.)

§ 1852. Patients' bill of rights; adoption

(a) The General Assembly hereby adopts the "Bill of Rights for Hospital Patients" as follows:

(1) The patient has the right to considerate and respectful care at all times and under all circumstances with recognition of his or her personal dignity.

(2) The patient shall have an attending physician who is responsible for coordinating a patient's care.

(3) The patient has the right to obtain, from the physician coordinating his or her care, complete and current information concerning diagnosis, treatment, and any known prognosis in terms the patient can reasonably be expected to understand. If the patient consents or if the patient is incompetent or unable to understand, immediate family members, a reciprocal beneficiary, or a guardian may also obtain this information. The patient has the right to know by name the attending physician primarily responsible for coordinating his or her care.

(4) Except in emergencies, the patient has the right to receive from the patient's physician information necessary to give informed consent prior to the start of any procedure or treatment, or both. Such information for informed consent should include but not necessarily be limited to the specific procedure or treatment, or both, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical

alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures or treatment, or both.

(5) The patient has the right to refuse treatment to the extent permitted by law. In the event the patient refuses treatment, the patient shall be informed of the medical consequences of that action and the hospital shall be relieved of any further responsibility for that refusal.

(6) The patient has the right to every consideration of privacy concerning the patient's own medical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Those not directly involved in the patient's care must have the permission of the patient to be present. This right includes the right, upon request, to have a person of one's own sex present during certain parts of a physical examination, treatment, or procedure performed by a health care professional of the opposite sex; and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe. The patient has the right to wear appropriate personal clothing and religious or other symbolic items so long as they do not interfere with diagnostic procedures or treatment.

(7) The patient has the right to expect that all communications and records pertaining to his or her care shall be treated as confidential. Only medical personnel, or individuals under the supervision of medical personnel, directly treating the patient, or those persons monitoring the quality of that treatment, or researching the effectiveness of that treatment, shall have access to the patient's medical records. Others may have access to those records only with the patient's written authorization.

(8) The patient has the right to expect that within its capacity a hospital shall respond reasonably to the request of a patient for services. The right shall include if physically possible a transfer to another room or place if another person in that room or place is disturbing the patient by smoking or other unreasonable actions. When medically permissible a patient may be transferred to another facility only after receiving complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

(9) The patient has the right to know the identity and professional status of individuals providing service to him or her, and to know which physician or other practitioner is primarily responsible for his or her care. This includes the patient's

right to know of the existence of any professional relationship among individuals who are treating him or her, as well as the relationship to any other health care or educational institutions involved in his or her care.

(10) The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting the patient's care or treatment. Participation by patients in clinical training programs or in the gathering of data for research purposes shall be voluntary. The patient has the right to refuse to participate in such research projects.

(11) The patient has the right to expect reasonable continuity of care. The patient has the right to be informed by the attending physician of any continuing health care requirements following discharge.

(12) The patient has the right to receive an itemized, detailed, and understandable explanation of charges regardless of the source of payment.

(13) The patient has the right to know what hospital rules and regulations apply to his or her conduct as a patient.

(14) Whenever possible, guardians or parents have the right to stay with their children 24 hours per day. Whenever possible, agents, guardians, reciprocal beneficiaries, or immediate family members have the right to stay with terminally ill patients 24 hours a day.

(15) A patient who does not speak or understand the predominant language of the community has a right to an interpreter if the language barrier presents a continuing problem to patient understanding of the care and treatment being provided. A patient who is hard of hearing has a right to an interpreter if the impairment presents a continuing problem to patient understanding of the care and treatments being provided.

(16) The patient has the right to receive professional assessment of pain and professional pain management.

(17) The patient has the right to be informed in writing of the availability of hospice services and the eligibility criteria for those services.

(18) The patient has the right to know the maximum patient census and the full-time equivalent numbers of registered nurses, licensed practical nurses, and licensed nursing assistants who provide direct care for each shift on the unit where the patient is receiving care.

(b) Failure to comply with any provision of this section may constitute a basis for disciplinary action against a physician under 26 V.S.A. chapter 23. A complaint may be filed with the board of medical practice.

(c) A summary of the hospital's obligations under this section, written in clear language and in easily readable print, shall be distributed to patients upon admission and posted conspicuously at each nurse's station. Such notice shall also indicate that as an alternative or in addition to the hospital's complaint procedures, the patient may directly contact the licensing agency or the Board of Medical Practice. The address and phone number of the licensing agency and Board of Medical Practice shall be included in the notice. (Added 1985, No. 163 (Adj. Sess.), § 1; amended 1989, No. 219 (Adj. Sess.), § 4; 1999, No. 91 (Adj. Sess.), § 35; 2005, No. 55, § 5, eff. Sept. 1, 2005; 2005, No. 153 (Adj. Sess.), § 2; 2009, No. 25, § 6; 2013, No. 96 (Adj. Sess.), § 94.)

§ 1853. Repealed. 2015, No. 23, § 152(2).

§ 1854. Public access to information

(a) A hospital shall make public the maximum patient census and the number of registered nurses, licensed practical nurses, and licensed nursing assistants providing direct patient care in each unit during each shift. Each unit's information shall be reported in full-time equivalents, with either every eight hours or 12 hours worked by a registered nurse, licensed practical nurse, or licensed nursing assistant during the shift as one full-time equivalent. The reporting of this information shall be in a manner consistent with the requirements for public reporting for measures of nurse staffing selected by the Commissioner of Health under subdivision 9405b(a)(4) of this title, but shall not in any way change what is required to be posted as set forth in this subsection. Each unit's information shall be posted in a prominent place that is readily accessible to patients and visitors in that unit at least once each day. The posting shall include the information for the preceding seven days.

(b) The hospital shall provide a telephone number to the public for requesting public information, including information required under this section and sections 1852 and 9405b of this title. The information shall be provided within 24 hours of the request. (Added 2005, No. 153 (Adj. Sess.), § 3; amended 2007, No. 27, § 1, eff. May 16, 2007; 2011, No. 78 (Adj. Sess.), § 2, eff. April 2, 2012; 2015, No. 152 (Adj. Sess.), § 9.)