



Condition Management

Patient Rights and Responsibilities

As a patient of Care Coordination Services, you have many rights that we are committed to protecting and promoting.

Patient Rights:

- The right to know about how Care Coordination Services can help you.
- The right to receive accurate information from Care Coordination Services staff.
- The right to decline participation, revoke consent or opt out of Care Coordination Services at any time.
- The right to designate or authorize another party to act on your behalf.
- The right to have access to care within the capacity and capability of the network, regardless of gender; sexual orientation; gender identity; gender expression; social, cultural, educational or religious background; language; age; ancestry; citizenship; color; national origin; race; medical condition; presence of mental or physical disability; marital status; or the source of payment for care.
- The right to considerate and respectful care, and to give program staff feedback about your care.
- The right to make informed decisions about your care. This includes being informed of your health status, being involved in care planning and being able to request or refuse plan of care. This right, however, is not to be mistaken for a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- The right to know the identity and professional status of those involved in your care. This includes the right to know if the caregiver is a student or trainee, or is professionally associated with other individuals or healthcare institutions involved in your care, and the right to speak with the supervisor of a staff member if requested.

Patient Rights (continued):

- The right to formulate advance directives (such as a living will or durable power of attorney for health care) with the expectation that hospital staff and practitioners honor the directive to the extent permitted by law and policy.
- The right to express concerns and complaints about care and services you receive and to file a complaint without fear of reprisal.
- The right to contact Department of Health and Environmental Control (DHEC) at 1-803-545-4370 to report a grievance, regardless of whether you have first utilized the hospital's grievance procedure. A "patient grievance" is a formal or informal written or verbal complaint regarding the patient's care (when the complaint is not resolved at the time of the complaint by staff present), abuse or neglect, issues related to the hospital's compliance with the Centers for Medicare and Medicaid Services (CMS) Hospital Conditions of Participation (CoPs), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489.
- The right to receive care in a safe setting and to be free from all forms of abuse or harassment.
- The right to access an interpreter if you do not speak or understand English.
- The right to know if this network has relationships with other healthcare facilities, educational institutions or other outside parties that may influence your care.
- The right to have personally identifiable health information shared by Care Coordination Services only in accordance with state and federal law.
- The right to know and understand the reasoning for selecting cases for Care Coordination Services and for ending or closing those services.
- The right to receive notification when Care Coordination Services are changed or terminated and the reason(s) why.
- The right to receive a copy of your care plan.



Patient Responsibilities/Expectations:

- You are responsible for providing accurate information about your health, including past illnesses, hospital stays and the use of medicine.
- You are responsible for asking questions when you do not understand information or instructions.
- If you believe you cannot follow through with your care plan, you are responsible for telling Care Coordination Services staff.
- You are responsible for letting your healthcare team know if you have an advance directive, such as a living will or durable power of attorney for healthcare decisions.
- You are responsible for following network rules and regulations about patient care and conduct.
- You are responsible for the consequences of failing to follow the instructions of your healthcare team.
- You are responsible for notifying the Care Coordination Services and your provider if you decide to dis-enroll from the program.

To learn more, call 803-434-6644 or email AmbulatoryCareManagement@palmettohealth.org.