

# PATIENT RIGHTS AND RESPONSIBILITIES

We believe staff, patients, families and carers all have a mutual right to expect, and a responsibility to provide, respect and dignity to each other.



The following table outlines your rights and responsibilities as a patient of St Vincent's Private Hospital Melbourne in accordance with the Australian Charter of Healthcare Rights and principles of the Human Rights Act.

Access	Safety	Information	Partnership	Respect	Privacy	Give Feedback
<b>I have a Right to:</b>						
<p><b>Healthcare</b> – I can access services to attend to my healthcare needs including pastoral and spiritual care as required.</p>	<p><b>Receive safe and high quality care</b> – I receive safe and high quality health services, provided with professional care, skill and competence.</p>	<p><b>Be informed about services, treatment, options and costs in a clear and open manner</b> – I receive open, timely and appropriate information about my healthcare and the treatment I am receiving in a manner I can understand.</p>	<p><b>Be included in decisions and choices about my care</b> – I may join in making decisions and choices about my care and health service planning.</p> <p><b>Parental Rights</b> – I can exercise my rights as a parent or guardian of a child.</p>	<p><b>Be shown respect, dignity and consideration</b> – the care provided shows respect to me and my culture, beliefs, values and personal characteristics.</p>	<p><b>Privacy and confidentiality of my personal information</b> – my personal privacy is maintained and proper handling of my personal health and other information is assured.</p>	<p><b>Comment on my care to have my concerns addressed</b> – I can give feedback on or complain about my care and have my concerns investigated and responded to.</p>
<b>I have a Responsibility to:</b>						
<ul style="list-style-type: none"> <li>Advise of any changes to my contact and next of kin details.</li> <li>Be aware that I may need to wait for attention or treatment at times if staff are attending to other patients.</li> <li>Accept that some services I require may not be available at this hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Provide accurate information about my health and anything else that may impact on my care (including alternative or complementary therapies.)</li> <li>Tell staff of any changes I notice in my medical condition, (e.g. pain).</li> <li>Tell staff if I have concerns regarding any aspect of my care.</li> <li>To cooperate with staff providing care in a manner that promotes staff safety (e.g. lifting of patients).</li> <li>To comply with the policies of the hospital (e.g. alcohol consumption, hand washing and no smoking).</li> <li>Report any unsafe practices or situations.</li> <li>Follow the instructions of staff in the event of an emergency.</li> </ul>	<ul style="list-style-type: none"> <li>Be as open and honest as I can, and ask for more information if I do not understand.</li> <li>Tell staff if English is not my first language so I can be provided with an interpreter, either in person or by phone.</li> <li>Understand that if I am not covered by Medicare (e.g. I am an overseas visitor) I will be responsible for payment of all relevant fees and charges.</li> <li>Understand that if I elect to be a private (chargeable) patient, I will be given information about costs and I will be responsible for paying my attending doctors and any other relevant charges.</li> </ul>	<ul style="list-style-type: none"> <li>Ask questions so I can be informed about my medical condition and my care options before giving consent to any treatment.</li> <li>Discuss my concerns and decisions with my healthcare provider, (e.g. if I do not wish to continue treatment, I am unable to comply with treatment, or intend to discharge myself against medical advice). Once I have been made aware of the implications, I must accept responsibility for the consequences of my decisions.</li> <li>Provide a copy of advanced healthcare directives, enduring power of attorney or other legal documents which may be relevant to my care.</li> <li>Participate in my post-discharge care planning.</li> </ul>	<ul style="list-style-type: none"> <li>Tell staff of circumstances concerning my culture and beliefs so they can respond to my needs.</li> <li>Respect the Catholic tradition of St Vincent's Private Hospital Melbourne.</li> <li>Tell staff if I have any special needs (e.g. relating to hearing or sight impairment).</li> <li>Treat staff, patients and visitors with respect and dignity.</li> <li>Respect other patients and staff (e.g. by limiting noise, the number of visitors and ensuring that my visitors adhere to the hospital visiting hours).</li> </ul>	<ul style="list-style-type: none"> <li>Accept that my health information may be shared with appropriate healthcare providers and other agencies as authorised by law.</li> <li>Ask for my recorded health information to be corrected if it is inaccurate.</li> <li>Respect the privacy and confidentiality of others.</li> </ul>	<ul style="list-style-type: none"> <li>Tell staff if I have any problems or concerns so that they can respond.</li> </ul>