

# RECOMMENDED PATIENT RIGHTS AND RESPONSIBILITIES

As a person with kidney failure, you have certain rights and responsibilities. When you go to a treatment center, ask for a copy of your rights and responsibilities. This will help you know what to expect from your health-care team and what they can expect from you. Your center may have lists like the following:

## Your Rights

- I have the right to be told about my rights and responsibilities in a way that I understand.
- I have the right to be treated with respect and dignity, and as a unique individual.
- I have the right to privacy and confidentiality in aspects of my treatment and medical records.
- I have the right to review my medical records and obtain copies if desired.
- I have the right to be told about the services offered at the center and any charges for services not covered by insurance or Medicare.
- I have the right to be told about any financial help available to me.
- I have the right to be told about my health in a way that I understand.
- I have the right to meet with my whole health care team to participate as part of the team in the planning of my care.
- I have the right to be told about and to choose my treatment options, including those not offered by my dialysis unit.
- I have the right to accept or refuse any treatment or medicine my doctor orders for me.
- I have the right to have and execute advance directives.
- I have the right to be told about the rules at the treatment center (for example, rules for visitors, eating, personal conduct, etc.)
- I have the right to know about grievance process options.
- I have the right to know about the facility's discharge and transfer policies.

## Your Responsibilities

- I need to participate as part of the health care team in the planning of my care.
- I need to treat other patients and staff as I would like to be treated, with respect.
- I need to pay my bills on time. If this is hard for me, I can ask about a payment plan.
- I need to tell my health care team if I refuse any treatment or medicine that my doctor has ordered for me.
- I need to tell my health-care team if I don't understand my medical condition or treatment plan.
- I need to tell my health care team if I have trouble following my diet, taking my medications, or following any other part of my plan of care.
- I need to be on time for my treatments or other health care appointments.
- I need to tell the staff at the center if I know that I'm going to be late or miss a treatment or other health care appointments.
- I need to tell my health-care team if I have medical problems, am going to the dentist, am being treated by another doctor, or have recently been to the hospital.
- I need to follow the rules of the center.
- I need to get to and from the center for my treatments. I can talk with my social worker if I need help doing this.
- I need to inform staff of other changes such as insurance, address, and telephone number.

Adapted from: [www.medicare.gov/dialysis/home.asp](http://www.medicare.gov/dialysis/home.asp)



Quality  
Insights

Renal Network 5

# Patient Grievance Policy



**Patient toll-free phone:**  
**1.866.651.6272**

**PO Box 29274**  
**Henrico, VA 23242**  
**Phone: 804.320.0004**  
**Fax: 804.320.5918**

**Web: [www.qirn5.org](http://www.qirn5.org)**  
**Email: [Network5@qualityinsights.org](mailto:Network5@qualityinsights.org)**

To file a grievance please contact Quality Insights Renal Network 5 at 1-866-651-6272, [Network5@qualityinsights.org](mailto:Network5@qualityinsights.org), PO Box 29274, Henrico, VA 23242, and [www.qirn5org](http://www.qirn5org).

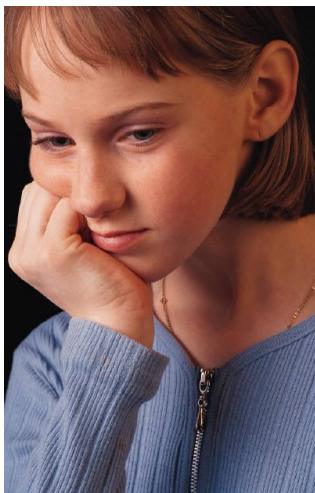
## Network Responsibilities

Federal Regulations {42 CFR ' 494.70} require dialysis facilities to ensure that patients are aware of their rights and responsibilities. This education must include the patient's right to file a grievance.

The Network (Quality Insights Renal Network 5) believes that every patient should receive quality care. The Network can help dialysis patients with concerns about their care. If you have a concern, the Network's role is to serve as an investigator, facilitator, referral agent, coordinator, and/or educator. The purpose of the Network in a grievance is to

- Keep communications open between patients and ESRD facility staff on issues, problems or grievances;
- Ensure problems are solved as quickly as possible;
- Help patients feel comfortable taking their concerns to an appropriate authority without fear of mistreatment or retaliation; and,
- Help patients through the grievance process.

Sometimes grievances cannot be resolved with the Network's help. If the Network cannot resolve your grievance, you may be referred to an agency that can help you.



Patients have the right to file a grievance

## Grievance Procedures

### What do I do if I have a concern?

First try to speak with the facility social worker, director of nursing, or administrator about your concern. Your facility should have the steps for its grievance procedure clearly posted. You are encouraged to allow the facility to address the issue first. However, this is not a requirement. The Network will become involved if

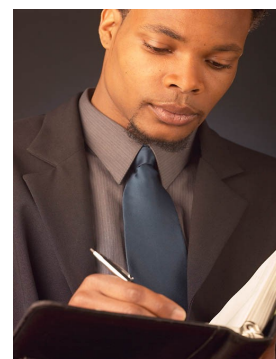
- You are not comfortable first handling the issue at the facility level;
- You believe your concerns were not resolved at the facility level.

### Will the dialysis or transplant facility know that I have filed a grievance?

Anonymous grievances can be processed. However, it is more difficult to gather information if the grievance is anonymous. You will be informed if that is the case. We will not proceed without your consent.

### How do I contact the Network?

The Network will investigate grievances received by phone, by fax, or in writing. A Patient Grievance Form has been developed and is available from the Network office or on our website, [www.qirn5.org](http://www.qirn5.org). It would be helpful to use this form. The form ensures that all the information the Network needs to process the grievance is provided. Having all the needed information will speed up the process.



**Patient toll-free number:**  
**1-866-651-6272**

**Email:**  
**[Network5@qualityinsights.org](mailto:Network5@qualityinsights.org)**

**Fax:**  
**1-804-320-5918**

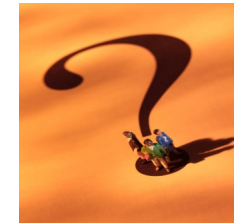
### Can someone else represent me?

You may appoint a representative or someone to help explain the problem. In this case, you may choose anyone you wish. If you have a representative, Quality Insights Renal Network 5 must have your authorization for this person to process the grievance on your behalf.

### What if the issue is life-threatening?

When appropriate, the Network's Medical Review Board (MRB) appoints a committee to address the issues raised in a grievance. These reviews are known as Quality Case Reviews or Peer Reviews. Reviewers may include MRB members, and Network staff. The Network assures that conflict-of-interest procedures are followed at all times.

In some circumstances, the grievance may be reported to the State Survey Agency. This agency inspects dialysis facilities. In issues of "immediate jeopardy", life-threatening situations, the state agency has the authority to shut down a facility until it is safe.



**You can call the Network if you have any questions.**

## Grievance Time Frames

- Network staff will determine the appropriate method for processing a grievance. Most grievances can be resolved in less than 5 days.
- Network staff will notify the grievant by mail on the next business day if a case is referred to another agency.
- More serious cases may be required to go through a quality care review. In these situations, medical records are requested, staff and patients may be interviewed, and other provider records may be reviewed. The patient's written consent may be required.
- Every effort is made to complete all investigations within 60 days. If the case is not closed within 60 days, all parties will be advised of the delay and when it is expected to conclude.
- The patient or his/her representative will be advised of whom to contact if not satisfied with the Network's processing of the grievance.
- A follow up contact may be made to you at the conclusion of the investigation. This contact is to determine your level of satisfaction with the grievance process. Your participation is voluntary.



Quality Insights' Mission is bringing people and information together to improve health.

**We're on the web at:**  
**[www.qirn5.org](http://www.qirn5.org)**