

# ARRT Standards of Ethics

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## PREAMBLE

The *Standards of Ethics* of the American Registry of Radiologic Technologists shall apply solely to persons holding certificates from ARRT who either hold current registrations by ARRT or formerly held registrations by ARRT (collectively, "Registered Technologists"), and to persons applying for examination and certification by ARRT in order to become Registered Technologists ("Candidates"). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular-sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography and radiologist assistant. The Standards of Ethics are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

## A. CODE OF ETHICS

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues and other members of the health care team. The Code of Ethics is intended to assist Registered Technologists and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist conducts herself or himself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socioeconomic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

## B. RULES OF ETHICS

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all present Registered Technologists and Candidates. Certification is a method of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Registered Technologists and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to

promote the protection, safety and comfort of patients. The Rules of Ethics are enforceable. Registered Technologists and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain reinstatement of certification or registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by the ARRT or any state or federal agency, or by indicating in writing certification or registration with the ARRT when that is not the case.
2. Subverting or attempting to subvert ARRT's examination process. Conduct that subverts or attempts to subvert ARRT's examination process includes, but is not limited to:
  - (i) conduct that violates the security of ARRT examination materials, such as removing or attempting to remove examination materials from an examination room, or having unauthorized possession of any portion of or information concerning a future, current or previously administered examination of ARRT; or disclosing information concerning any portion of a future, current, or previously administered examination of ARRT; or disclosing what purports to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination of ARRT;
  - (ii) conduct that in any way compromises ordinary standards of test administration, such as communicating with another Candidate during administration of the examination, copying another Candidate's answers, permitting another Candidate to copy one's answers, or possessing unauthorized materials; or
  - (iii) impersonating a Candidate or permitting an impersonator to take the examination on one's own behalf.
3. Convictions, criminal proceedings, or military courtmartials as described below:
  - (i) Conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. Offenses that occurred while a juvenile and that are processed through the juvenile court system are not required to be reported to ARRT.
  - (ii) Criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters a plea of guilty or nolo contendere (no contest), (iii) Military court-martials that involve substance abuse, any sexrelated infractions, or patientrelated infractions.
4. Failure to report to the ARRT that:
  - (i) charges regarding the person's permit, license, or registration certificate to practice radiologic technology or any other medical or allied health profession are pending or have been resolved adversely to the individual in any state, territory, or country, (including, but not limited to, imposed conditions, probation, suspension or revocation); or
  - (ii) that the individual has been refused a permit, license, or registration certificate to practice radiologic technology or any other medical or allied health profession by another state, territory, or country.
5. Failure or inability to perform radiologic technology with reasonable skill and safety.
6. Engaging in unprofessional conduct, including, but not limited to:
  - (i) a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;
  - (ii) any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety; or
  - (iii) any practice that is contrary to the ethical conduct appropriate to the profession that results in the termination from employment. Actual injury to a patient or the public need not be established under this clause.
7. Delegating or accepting the delegation of a radiologic technology function or any other prescribed health care function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.
8. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.
9. Adjudication as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public, by a court of competent jurisdiction.

10. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.
11. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise, that results in the termination of employment. This rule does not apply to pre-existing consensual relationships.
12. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law.
13. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.
14. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing or permitting anyone to make false, deceptive, or misleading entry in any patient record.
15. Knowingly aiding, assisting, advising, or allowing a person without a current and appropriate state permit, license, or registration certificate or a current certificate of registration with ARRT to engage in the practice of radiologic technology, in a jurisdiction which requires a person to have such a current and appropriate state permit, license, or registration certificate or a current and appropriate certification of registration with ARRT in order to practice radiologic technology in such jurisdiction.
16. Violating a rule adopted by any state board with competent jurisdiction, an order of such board, or state or federal law relating to the practice of radiologic technology, or any other medical or allied health professions, or a state or federal narcotics or controlled substance law.
17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.
18. Practicing outside the scope of practice authorized by the individual's current state permit, license, or registration certificate, or the individual's current certificate of registration with ARRT.
19. Making a false statement or knowingly providing false information to ARRT or failing to cooperate with any investigation by ARRT or the Ethics Committee.
20. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding the individual's education, training, credentials, experience, or qualifications, or the status of the individual's state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.
21. Knowing of a violation or a probable violation of any Rule of Ethics by any Registered Technologist or by a Candidate and failing to promptly report in writing the same to the ARRT.
22. Failing to immediately report to his or her supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient's care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

## **C. ADMINISTRATIVE PROCEDURES**

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in handling challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of a registration. All Registered Technologists and Candidates are required to comply with these Administrative Procedures; the failure to cooperate with the Ethics Committee or the Board of Trustees in a proceeding on a challenge may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

### **1. Ethics Committee**

#### **(a) Membership and Responsibilities of the Ethics Committee.**

The President, with the approval of the Board of Trustees, appoints at least three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. The alternate member will participate on the Committee in the event that one of the members of the Ethics Committee is unable to participate. The Ethics Committee is responsible for (1) investigating each alleged breach of the Rules of Ethics and determining whether a Registered

Technologist or Candidate has failed to observe the Rules of Ethics in the Standards, and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics and Administrative Procedures in the Standards and recommending any amendments to the Board of Trustees.

**(b) The Chair of the Ethics Committee.** The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee's Chair to serve for a term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the Standards of Ethics. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the Standards of Ethics.

**(c) Preliminary Screening of Potential Violation of the Rules of Ethics.** The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If in the sole discretion of the Chair (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics, or (2) the allegations against the Registered Technologist or Candidate are patently frivolous or inconsequential, or (3) the allegations if true would not constitute a violation of the Rules of Ethics; the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

**(d) Alternative Dispositions.** At the Chair's direction and upon request, the Executive Director of ARRT shall have the power to investigate allegations and to enter into negotiations with the Registered Technologist or Candidate regarding the possible settlement of an alleged violation of the Rules of Ethics. The Executive Director may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding settlement, but rather may recommend a proposed settlement to the Ethics Committee. The Ethics Committee may accept the proposed settlement, make a counterproposal to the Registered Technologist or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures.

**(e) Summary Suspensions.** If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Registered Technologist, of an event described in paragraph 3 of the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Registered Technologist and without a prior hearing, summarily suspend the registration of the Registered Technologist pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the registration of a Registered Technologist in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the Registered Technologist written notice that describes (1) the summary suspension, (2) the reason or reasons for it, and (3) the right of the Registered Technologist to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the Registered Technologist. If the Registered Technologist requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than three members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the Registered Technologist's request for the hearing. The applicable provisions of paragraph 2 of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected Registered Technologist, nor a determination by the Ethics Committee or a panel following a timely requested hearing is appealable to the Board of Trustees.

## **2. Hearings**

Whenever the ARRT proposes to take action in respect to the denial of an application for certification (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of a registration, or in connection with the revocation or suspension of a certificate or registration, or the censure of a Registered Technologist for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Registered Technologist or a Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in the amount of \$100. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by the ARRT) within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Registered Technologist or a Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of his or her intention to appear at the hearing. A Registered Technologist or a Candidate who requests a hearing may elect to appear by a written submission which shall be verified or acknowledged under oath. Failure to appear at the hearing or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures which the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Executive Director. The Registered Technologist or the Candidate shall be given at least 30 days' notice of the date, time, and place of the hearing. The hearing is conducted by the Ethics Committee with any three or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the Registered Technologist or the Candidate in question. In the event of such disqualification, the President may appoint a Trustee to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against

the Registered Technologist or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Registered Technologist or Candidate in question, by legal counsel or other representative if he or she desires (at the sole expense of the Registered Technologist or Candidate in question), shall have the right to call witnesses, present testimony, and be heard in his or her own defense; to hear the testimony of and cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered which is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. A transcript or an audio recording of the hearing is made. The Registered Technologist or Candidate in question shall have the right to submit a written statement at the close of the hearing. In a case where ARRT proposes to take action in respect to the denial of an application for certification (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of the ARRT) or the denial of renewal or reinstatement of a registration, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification or renewal or reinstatement of a registration, and shall promptly transmit the same to the Board of Trustees and to the Registered Technologist or Candidate in question. In the case of alleged violations of the Rules of Ethics by a Registered Technologist, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Board of Trustees and to the Registered Technologist in question. Potential sanctions include denial of renewal or reinstatement of a registration with ARRT, revocation or suspension of a certification or registration or both with ARRT, or the public or private reprimand of a Registered Technologist. Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with paragraph 3 below, the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Registered Technologist or Candidate in question.

### **3. Appeals**

Except as otherwise noted in these Administrative Procedures, the Registered Technologist or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed.

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The written request for an appeal must be accompanied by a nonrefundable appeal fee in the amount of \$250. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. In the event of an appeal, those Trustees who participated in the hearing at the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Registered Technologist or Candidate in question, and shall determine whether to affirm or to overrule the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to overrule, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant rehearings, hear additional evidence, or request that ARRT or the Registered Technologist or the Candidate in question provide additional information, in such manner, on such issues, and within such time as it may prescribe. All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Registered Technologist or Candidate to make an unauthorized publication or revelation of the same, except to his or her attorney or other representative, immediate superior, or employer.

### **4. Publication of Adverse Decisions**

Final decisions that are adverse to the Registered Technologist or Candidate will be communicated to the appropriate authorities of all states and provided in response to inquiries into a person's registration status. ARRT shall also have the right to publish any adverse decisions and the reasons therefore. For purposes of this paragraph, a "final decision" means and includes: a determination of the Ethics Committee relating to a summary suspension, if the affected Registered Technologist does not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee or a panel relating to a summary suspension that is issued after a hearing on the matter; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, in a case involving an appeal of an appealable decision of the Ethics Committee in a matter, the decision of the Board of Trustees in the matter.

### **5. Procedure to Request Removal of a Sanction**

Unless a sanction imposed by ARRT specifically provides for a shorter or longer term, it shall be presumed that a sanction may only be reconsidered after at least three years have elapsed since the sanction first became effective. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in the amount of \$250. A Request that is not accompanied by the fee or which is submitted before the matter is eligible for reconsideration will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. The Request, the fee, and all documentation in support of the Request must be received by ARRT at least 45 days prior to a meeting of the Ethics Committee in order to be included on the agenda of that meeting. If the Request is received less than 45 days before the meeting, the Request will be held until the following meeting. The Ethics Committee typically meets three times a year. The individual is not entitled to make a personal appearance before the Ethics Committee in

connection with a request to remove a sanction. Although there is no required format, the Request must include compelling reasons justifying the removal of the sanction. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction, (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed, and (3) detailed information demonstrating that his or her behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals who are knowledgeable about the person's current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation. Removal of the sanction is a prerequisite to applying for reinstatement of certification and registration. If the Ethics Committee, in the exercise of its sole discretion, removes the sanction, the individual will be allowed to pursue reinstatement via the policies and procedures in place at that time, which may require the individual to take and pass the current certification examination. There is a three-attempt limit for passing the examination and a three-year limit within which the three attempts must be completed. Individuals requesting reinstatement will not be allowed to report CE credits completed while under sanction in order to meet the CE requirements for Registration. ARRT reserves the right to change its policies and procedures from time to time and without notice to anyone who is under a sanction or is in the process of seeking to remove a sanction. If the Ethics Committee denies removal of the sanction, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction for as long as is directed by the Committee.

## **BILL OF RIGHTS**

- The patient has the right to considerate and respectful care.
- The patient has the right and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information about his or her diagnosis, treatment, and prognosis.
- Except in emergencies when the patient lacks the ability to make decisions and the need for treatment is urgent, the patient is entitled to a chance to discuss and request information related to the specific procedures and/or treatments available, the risks involved, the possible length of recovery, and the medically reasonable alternatives to existing treatments along with their accompanying risks and benefits.
- The patient has the right to know the identity of physicians, nurses, and others involved in his or her care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial significance of treatment choices insofar as they are known.
- The patient has the right to make decisions about the plan of care before and during the course of treatment and to refuse a recommended treatment or plan of care if it is permitted by law and hospital policy. The patient also has the right to be informed of the medical consequences of this action. In case of such refusal, the patient is still entitled to appropriate care and services that the hospital provides or to be transferred to another hospital. The hospital should notify patients of any policy at the other hospital that might affect patient choice.
- The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision-maker and to expect that the hospital will honor that directive as permitted by law and hospital policy.
- Health care institutions must advise the patient of his or her rights under state law and hospital policy to make informed medical choices, must ask if the patient has an advance directive, and must include that information in patient records. The patient has the right to know about any hospital policy that may keep it from carrying out a legally valid advance directive.
- The patient has the right to privacy. Case discussion, consultation, examination, and treatment should be conducted to protect each patient's privacy.
- The patient has the right to expect that all communications and records pertaining to his/her care will be treated confidentially by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize confidentiality of this information when it releases it to any other parties entitled to review information in these records.
- The patient has the right to review his or her medical records and to have the information explained or interpreted as necessary, except when restricted by law.
- The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient also must have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
- The patient has the right to ask and be told of the existence of any business relationship among the hospital, educational institutions, other health care providers, and/or payers that may influence the patient's treatment and care.
- The patient has the right to consent to or decline to participate in proposed research studies or human experimentation or to have those studies fully explained before they consent. A patient who declines to participate in research or experimentation is still entitled to the most effective care that the hospital can otherwise provide.
- The patient has the right to expect reasonable continuity of care and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
- The patient has the right to be informed of hospital policies and practices that relate to patient care treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patient and/or their families and surrogates participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient's fulfilling certain responsibilities:

- Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other health-related matters.
- Patients must take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand the current information or instructions.
- Patients are responsible for making sure that the health care institution has a copy of their written advance directive if they have one.
- Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.
- Patients also should be aware that the hospital has to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation.
- Patients and their families are responsible for being considerate of and making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees.
- Patients are responsible for providing necessary information for insurance claims and for working with the hospital as needed to make payment arrangements.
- A patient's health depends on much more than health care services. Patients are responsible for recognizing the impact of their lifestyles on their personal health.

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Please send comments to

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