organize, maintain, and participate in resident advisory and family councils. Residents and their families shall have the right to designate a person who is not related who will be identified as such by the patient or by the patient’s family. Upon admission to a facility, the patient or the legal guardian or conservator of the patient, must be given the opportunity to designate a person who is not related who will be identified as such by the patient or by the patient’s family.

23. Right to Associate.


Residents may purchase or rent goods or services from suppliers of their choice, unless to do so would infringe upon rights of other patients, and unless medically or behaviorally contraindicated and documented by their physicians in the medical record.

Patients shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

19. Personal Property.

Patients may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically or behaviorally contraindicated and documented by their physicians in the medical record. Patients shall have access, at their expense, to writing and reading materials and to medications prescribed for their use. Patients shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical records. Residents, if married, shall be assured privacy for visits by their spouses and, if both spouses are residents of the facility, they shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical records.

26. Transfers and discharges.

Residents shall not be arbitrarily transferred or discharged or transfer and its justification no later than 30 days before discharge from the facility and seven days before expected discharge. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments.

25. Married Residents.

A minor patient who has been admitted to a residential program as defined in Minnesota Statutes §253C.01 has the right to a written treatment plan that describes in behavioral terms the basis for admission and the need for the hospitalization, goals of treatment, and how progress is measured. A minor patient who has been admitted to a residential program as defined in Minnesota Statutes §253C.01 has the right to be free from physical restraint and isolation except in emergency situations involving likelihood that the patient may harm self or others. Restraint and isolation shall only be used as a last resort when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

28. Isolation and Restraints.

Additional rights in residential programs that provide treatment to chemically dependent or mentally ill minors or in facilities providing services for emotionally disturbed minors on a 24-hour basis:

Patients may communicate in writing or electronic form at reasonable times to any available rights protection services and advocacy services so that the patient and his or her parents or guardian shall be involved in the development of the treatment and discharge plan.

27. Protection and Advocacy Services.

The family relations liaisons at Children’s Minneapolis and Children’s St. Paul: 651-220-6888

The family relations liaisons at Children’s St. Paul: 651-220-6888

The family relations liaisons at Children’s Minnetonka: 612-813-7393

Patron rights and responsibilities can be found at: www.cbs.vamc.med.va.gov

Children’s Minnesota, 767 Summit Avenue, St. Paul, MN 55105-1196

Submitted by: Office of the Resident Ombudsman

Children’s Minnesota is a Joint Commission-accredited facility and is evaluated against the Joint Commission on Accreditation of Healthcare Organizations' National Patient Safety Goals and standards.
1. Information About Rights.
   Patients shall have the right to appropriate accommodations in order to communicate in a language comprehensible to the patient.

2. Courteous Treatment.
   Patients shall have the right to be treated with courtesy and respectfulness without discrimination due to race, religion, national origin, language, gender, or handicap.

   Patients shall be assured confidentiality of their personal and medical records, and may approve or refuse their release to any individual outside the facility.

   Patients shall have the right to appropriate information about their physicians, including the health care facility's relationship or affiliation with those physicians.

5. Relationship With Other Health Services.
   Patients who receive services shall be informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of ... or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

   Patients shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or which are to be ordered at the patient's request.

   Patients shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or which are to be ordered at the patient's request.

8. Continuity of Care.
   Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

   Patients shall have the right to access and review their personal and medical records.

10. Experimental Research.
    Written, informed consent must be obtained prior to the patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

    Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility.

12. Treatment Privacy.
    Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and limited examination shall be carried out in private. However, there may be unavoidable exceptions to the principle of patient privacy during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.

    Maltreatment means an act or omission within the customary boundaries of the health care facility. This includes, but is not limited to, all acts or omissions that cause, or have a substantial risk of causing, physical or emotional harm to the patient or that otherwise seriously infringe upon the patient's well-being. Maltreatment shall not be held to include reasonable and necessary medical or dental treatment or the administration of prescribed medication.

    Patients shall have the right to a prompt and reasonable response to their questions and requests.

15. Responsive Service.
    Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and personal life style.

    Competent patients shall have the right to refuse treatment based on the information required in Right No. 6. In cases where a patient is incapable of understanding the information required in Right No. 6, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.

17. Relationship With Other Health Services.
    The facility shall encourage and assist in the fullest possible exercise of these rights.

Definitions:
- "Facility" means a hospital, a long-term care facility, a nursing home, and any other health care facility.
- "Medicare or medical assistance program" means the Medicare or medical assistance program operated by the United States Department of Health and Human Services.
- "Maltreatment" means conduct described in Section 626.5572, subdivision 2, which includes, but is not limited to, physical harm or the creation of a threat of physical harm, emotional harm, emotional distress, exposure to an infectious disease, or severe or repeated neglect.
- "Reasonable response" means a timely response to the patient's questions and requests, including, but not limited to, a response within 24 hours, unless the patient's condition requires a different response.

Legislative Intent:
It is declared to be the public policy of this state that the interests of each patient be protected by a declaration of a patient's bill of rights which shall include but not be limited to the rights specified in this statement.

For the purposes of this statement, "patient" means a person 16 years old or older, or a person under 16 years old who is admitted to a facility and is capable of understanding the nature of the patient's illness, injury, or the potential for injury, who is capable of understanding the alternative treatment options, and who is capable of understanding the risks and benefits of each alternative treatment option, and who is capable of entering into a binding and informed decision based upon the patient's understanding.

In cases where a patient is incapable of understanding the information required in Right No. 6, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.

For purposes of this paragraph, "reasonable efforts" include:1. examining the personal effects of the patient; 2. examining the medical records of the patient in the possession of the facility; 3. inquiring of any emergency contact or family member contacted whether the patient has executed an advance directive and whether the patient has a physician to whom the patient normally goes for care; and 4. examining the facility's policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and Minnesota Statute §626.557, subdivision 1, in order to provide the patient with information about the facility's policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights.