

# RESIDENT'S BILL OF RIGHTS

South Carolina Code of Laws, Section 44-81-20 et. seq.

**As a resident of this facility, YOU have or your legal guardian has, the right to:**

## MEDICAL TREATMENT

- X Choose your own personal physician;
- X Receive from your physician a complete and current description of your medical condition in terms you understand;
- X Participate in planning the care and treatment you receive;
- X Participate in any changes to your care and treatment;
- X Be fully informed in advance of any changes in your care and treatment that may affect your well-being;
- X Refuse to participate in any type of experimental tests or research;
- X Have privacy during treatment;
- X Have your medical records treated with confidentiality;
- X Approve or refuse release of your medical records to anyone outside this facility, unless you are transferred to another health care facility, or it is required by law or by other third party contracts;

## PERSONAL POSSESSIONS

- X Have security in storing your personal possessions;
- X Approve or refuse release of your personal records to anyone outside the facility, except as provided by law;
- X Keep and use personal clothing and possessions as long as they do not affect other residents' rights;
- X Manage your personal finances. If the facility has been delegated in writing to manage your finances for you, it must provide you with a quarterly report of your finances;

## PERSONAL TREATMENT

- X Be treated with respect and dignity;
- X Be free from mental or physical abuse;
- X Be free from being restrained either physically or with drugs, unless your doctor has ordered them;
- X Be free from working or performing services for the facility unless they are part of your plan of care;
- X Be discharged or transferred to another facility against your wishes only for: your welfare; the welfare of the other residents; medical reasons; or for nonpayment. You must be given written notice at least 30 days prior to discharge or transfer, unless your discharge or transfer is for your welfare or the welfare of other residents; in that case the facility must provide you with written notice within a reasonable time under the circumstances.

## COMMUNICATION

- X Have your legal guardian, family members, and other relatives see you when they visit;
- X Refuse to see your legal guardian, family members, and other relatives;
- X Send and receive mail with freedom and privacy;
- X Associate and communicate privately with persons of your choice;
- X Meet with your legal guardian, family members, or other resident's family members to discuss this facility;
- X Meet with and participate in social, religious, and community group activities, unless a written medical order prohibits such activity;

## PERSONAL PRIVACY

- X Have privacy when receiving personal care;
- X Have privacy when visiting with your husband or wife;
- X Share a room with your husband or wife, unless your doctor forbids this in your medical record;
- X Have your personal records treated confidentially;
- X Employ a sitter from outside this facility to come and provide you with sitter services, unless you have already agreed in writing with this facility not to hire a private sitter. You must choose a sitter from an approved agency or list and that sitter must be approved by the facility. The sitter must also abide by the policies and procedures of this facility. You must agree not to hold the facility liable for any matters involving your private sitter.

**By the time you were admitted to this facility, a representative of this facility must have explained to you:**

**Your Rights:** You must have been told and given a written explanation of your rights as explained in this poster, what to do if you believe your rights have been violated, and how to enforce your rights under state law. You must have acknowledged that you received these explanations in writing, and they must be part of your file.

**Services:** You must have been given a written list of the services that are available to you and their cost. If the services or their costs change, you must be notified of those changes in writing.

**Refund Policy:** This facility must have a policy on giving refunds to residents. The policy must be based on the actual number of days you were in the facility or a bed was held there for you. You must have been given a copy of this policy in writing and you must be notified in writing again of any changes that are made to this policy.

If you contact a member of the facility staff, but no action is taken on your behalf, contact: **South Carolina Department of Health & Environmental Control, Health Licensing, 2600 Bull Street, Columbia, SC 29201. Or call: (803) 545-4370.**