

PATIENT RIGHTS and RESPONSIBILITIES

Skilled/Nursing facility Patients are granted specific rights under both State and Federal law. We have duplicated these laws below for your easy reference. It is Special Tree Neuro Care Center's policy to abide by all Patient rights, to communicate these rights to Patients and/or their designated representatives in such a manner that there is reasonable assurance that Patients understand, and to investigate and resolve all patient complaints. The process for resolving patient complaints is available for your review, in your Patient handbook.

State Patient Rights

The following are the Patient's rights as established under MCL section 333.20201.

333.20201 Policy describing rights and responsibilities of Patients or clients; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing Patient or client of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.

(2) (a) A Patient or client shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual preference, or source of payment.

(b) An individual who is or has been a Patient or client is entitled to inspect, or receive for a reasonable fee, a copy of his or her medical record upon request in accordance with the medical records access act, 2004 PA 47, MCL 333.26261 to 333.26271. Except as otherwise permitted or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that Act, 45 CFR parts 160 and 164, a third party shall not be given a copy of the patient's or Client's medical record without prior authorization of the Patient or client.

(c) A Patient or client is entitled to confidential treatment of personal and medical records, and may refuse their release to a person outside the health facility or agency except as required because of a transfer to another health care facility, as required by law or third party payment contract, or as permitted or required under the health insurance portability and accountability act of 1996, Public Law 104-191, or regulations promulgated under that act, 45 CFR parts 160 and 164.

(d) A Patient or client is entitled to privacy, to the extent feasible, in treatment and in caring for personal needs with consideration, respect, and full recognition of his or her dignity and individuality.

(e) A Patient or client is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the health facility or agency, information about his or her medical condition, proposed course of treatment, and prospects for recovery, in terms that the Patient or client can understand, unless medically contraindicated as

documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services.

(f) A Patient or client is entitled to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal. If a refusal of treatment prevents a health facility or agency or its staff from providing appropriate care according to ethical and professional standards, the relationship with the Patient or client may be terminated upon reasonable notice.

(g) A Patient or client is entitled to exercise his or her rights as a Patient or client and as a citizen, and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself or others to the health facility or agency staff, to governmental officials, or to another person of his or her choice within or outside the health facility or agency, free from restraint, interference, coercion, discrimination, or reprisal. A Patient or client is entitled to information about the health facility's or agency's policies and procedures for initiation, review, and resolution of Patient or client complaints.

(h) A Patient or client is entitled to information concerning an experimental procedure proposed as a part of his or her care and has the right to refuse to participate in the experimental procedure without jeopardizing his or her continuing care.

(i) A Patient or client is entitled to receive and examine an explanation of his or her bill regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the health facility or agency.

(j) A Patient or client is entitled to know who is responsible for and who is providing his or her direct care, is entitled to receive information concerning his or her continuing health needs and alternatives for meeting those needs, and to be involved in his or her discharge planning, if appropriate.

(k) A Patient or client is entitled to associate and have private communications and consultations with his or her physician or a physician's assistant to whom the physician has delegated the performance of medical care services, attorney, or any other person of his or her choice and to send and receive personal mail unopened on the same day it is received at the health facility or agency, unless medically contraindicated as documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services. A patient's or Client's civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed and the health facility or agency shall encourage and assist in the fullest possible exercise of these rights. A Patient or client may meet with, and participate in, the activities of social, religious, and community groups at his or her discretion, unless medically contraindicated as

documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services.

(l) A Patient or client is entitled to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized in writing by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services for a specified and limited time or as are necessitated by an emergency to protect the Patient or client from injury to self or others, in which case the restraint may only be applied by a qualified professional who shall set forth in writing the circumstances requiring the use of restraints and who shall promptly report the action to the attending physician or physician's assistant. In case of a chemical restraint, a physician shall be consulted within 24 hours after the commencement of the chemical restraint.

Patients may request that bed rails be installed on the Patient's bed. If the Patient (or his/her legal representative) requests that bed rails be installed, the risk and alternatives to using bed rails, as they apply to the Patient's condition and circumstances will be clearly explained. In addition, a signed consent form is required as well as a written physician order from the Patient's attending physician, specifying the medical rationale and circumstances for use, must be obtained prior to the installation of this medical treatment device. The Facility's interdisciplinary team will periodically review and re-evaluate the Patient's need for bed rails and the Patient, legally responsible part and attending physician will be consulted in the matter.

(m) A Patient or client is entitled to be free from performing services for the health facility or agency that are not included for therapeutic purposes in the plan of care.

(n) A Patient or client is entitled to information about the health facility or agency rules and regulations affecting Patient or client care and conduct.

(o) A Patient or client is entitled to adequate and appropriate pain and symptom management as a basic and essential element of his or her medical treatment.

(3) (a) This Patient rights policy shall be provided to each nursing home patient or home for the aged Patient upon admission, and the staff of the facility shall be trained and involved in the implementation of the policy.

(b) Each nursing home patient may associate and communicate privately with persons of his or her choice. Reasonable, regular visiting hours, which shall be not less than 8 hours per day, and which shall take into consideration the special circumstances of each visitor, shall be established for patients to receive visitors. A patient may be visited by the patient's attorney or by representatives of the departments named in section 20156, during other than established visiting hours. Reasonable privacy shall be afforded for visitation of a patient who shares a room with another patient. Each patient shall have

reasonable access to a telephone. A married nursing home patient or home for the aged Patient is entitled to meet privately with his or her spouse in a room that assures privacy. If both spouses are Patients in the same facility, they are entitled to share a room unless medically contraindicated and documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services.

(c) A nursing home patient or home for the aged Patient is entitled to retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other Patients or clients, or unless medically contraindicated as documented in the medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services. Each nursing home patient or home for the aged Patient shall be provided with reasonable space. At the request of a patient, a nursing home shall provide for the safekeeping of personal effects, funds, and other property of a patient in accordance with section 21767, except that a nursing home is not required to provide for the safekeeping of a property that would impose an unreasonable burden on the nursing home.

(d) A nursing home patient or home for the aged Patient is entitled to the opportunity to participate in the planning of his or her medical treatment. The attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services shall fully inform the nursing home patient of the patient's medical condition unless medically contraindicated as documented in the medical record by a physician or a physician's assistant to whom the physician has delegated the performance of medical care services. Each nursing home patient shall be afforded the opportunity to discharge himself or herself from the nursing home.

(e) A home for the aged Patient may be transferred or discharged only for medical reasons, for his or her welfare or that of other Patients, or for nonpayment of his or her stay, except as provided by title XVIII or title XIX. A nursing home patient may be transferred or discharged only as provided in sections 21773 to 21777. A nursing home patient or home for the aged Patient is entitled to be given reasonable advance notice to ensure orderly transfer or discharge. Those actions shall be documented in the medical record.

(f) A nursing home patient or home for the aged Patient is entitled to be fully informed before or at the time of admission and during stay of services available in the facility, and of the related charges including any charges for services not covered under title XVIII, or not covered by the facility's basic per diem rate. The statement of services provided by the facility shall be in writing and shall include those required to be offered on an as-needed basis.

(g) A nursing home patient or home for the aged Patient is entitled to manage his or her own financial affairs, or to have at least a quarterly accounting of personal financial

transactions undertaken in his or her behalf by the facility during a period of time the Patient or client has delegated those responsibilities to the facility. In addition, a Patient or client is entitled to receive each month from the facility an itemized statement setting forth the services paid for by or on behalf of the patient and the services rendered by the facility. The admission of a patient to a nursing home does not confer on the nursing home or its owner, administrator, employees, or representatives the authority to manage, use, or dispose of a patient's property.

(h) A nursing home patient or a person authorized by the patient in writing may inspect and copy the patient's personal and medical records. The records shall be made available for inspection and copying by the nursing home within a reasonable time, not exceeding 1 week, after the receipt of a written request.

(i) If a nursing home patient desires treatment by a licensed member of the healing arts, the treatment shall be made available unless it is medically contraindicated, and the medical contraindication is justified in the patient's medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services.

(j) A nursing home patient has the right to have his or her parents, if a minor, or his or her spouse, next of kin, or patient's representative, if an adult, stay at the facility 24 hours a day if the patient is considered terminally ill by the physician responsible for the patient's care or a physician's assistant to whom the physician has delegated the performance of medical care services.

(k) Each nursing home patient shall be provided with meals that meet the recommended dietary allowances for that patient's age and sex and that may be modified according to special dietary needs or ability to chew.

(l) Each nursing home patient has the right to receive representatives of approved organizations as provided in section 21763.

(4) A nursing home, its owner, administrator, employee, or representative shall not discharge, harass, or retaliate or discriminate against a patient because the patient has exercised a right protected under this section.

(5) In the case of a nursing home patient, the rights enumerated in subsection (2)(c), (g), and (k) and subsection (3)(d), (g), and (h) may be exercised by the patient's representative.

(6) A nursing home patient or home for the aged Patient is entitled to be fully informed, as evidenced by the patient's or Client's written acknowledgment, before or at the time of admission and during stay, of the policy required by this section. The policy shall provide that if a Patient or client is adjudicated incompetent and not restored to legal capacity, the rights and responsibilities set forth in this section shall be exercised by a person designated by the Patient

or client. The health facility or agency shall provide proper forms for the Patient or client to provide for the designation of this person at the time of admission.

Federal Patient Rights

The following are the Patient rights established under 42 CFR 483.10.

The Patient has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each Patient, including each of the following rights:

- (a) *Exercise of rights.*
 - (1) The Patient has the right to exercise his or her rights as a Patient of the facility and as a citizen or Patient of the United States.
 - (2) The Patient has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.
 - (3) In the case of a Patient adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the Patient are exercised by the person appointed under State law to act on the Patient's behalf.
 - (4) In the case of a Patient who has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the Patient's rights to the extent provided by State law.
- (b) *Notice of rights and services.*
 - (1) The facility must inform the Patient both orally and in writing in a language that the Patient understands of his or her rights and all rules and regulations governing Patient conduct and responsibilities during the stay in the facility. The facility must also provide the Patient with the notice (if any) of the State developed under section 1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the Patient's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing;
 - (2) The Patient or his or her legal representative has the right—
 - (i) Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and
 - (ii) After receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.
 - (3) The Patient has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition;
 - (4) The Patient has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section; and
 - (5) The facility must—
 - (i) Inform each Patient who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the Patient becomes eligible for Medicaid of—

- (A) The items and services that are included in nursing facility services under the State plan and for which the Patient may not be charged;
 - (B) Those other items and services that the facility offers and for which the Patient may be charged, and the amount of charges for those services; and
- (ii) Inform each Patient when changes are made to the items and services specified in paragraphs (5)(i) (A) and (B) of this section.
- (6) The facility must inform each Patient before, or at the time of admission, and periodically during the Patient's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.
- (7) The facility must furnish a written description of legal rights which includes—
 - (i) A description of the manner of protecting personal funds, under paragraph (c) of this section;
 - (ii) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels;
 - (iii) A posting of names, addresses, and telephone numbers of all pertinent State patient/client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and
 - (iv) A statement that the Patient may file a complaint with the State survey and certification agency concerning Patient abuse, neglect, misappropriation of Patient property in the facility, and non-compliance with the advance directives requirements.
- (8) The facility must comply with the requirements specified in subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult Patients concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. If an adult individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating condition or a mental disorder) or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The facility is not relieved of its obligation to provide this information to the individual once he or she

- is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.
- (9) The facility must inform each Patient of the name, specialty, and way of contacting the physician responsible for his or her care.
 - (10) The facility must prominently display in the facility written information, and provide to Patients and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.
 - (11) *Notification of changes.*
 - (i) A facility must immediately inform the Patient; consult with the Patient's physician; and if known, notify the Patient's legal representative or an interested family member when there is—
 - (A) An accident involving the Patient which results in injury and has the potential for requiring physician intervention;
 - (B) A significant change in the Patient's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);
 - (C) A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or
 - (D) A decision to transfer or discharge the Patient from the facility as specified in §483.12(a).
 - (ii) The facility must also promptly notify the Patient and, if known, the Patient's legal representative or interested family member when there is—
 - (A) A change in room or roommate assignment as specified in §483.15(e)(2); or
 - (B) A change in Patient rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.
 - (iii) The facility must record and periodically update the address and phone number of the Patient's legal representative or interested family member.
 - (12) *Admission to a composite distinct part.* A facility that is a composite distinct part (as defined in §483.5(c) of this subpart) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.12(a)(8).
- (c) *Protection of Patient funds.*
- (1) The Patient has the right to manage his or her financial affairs, and the facility may not require Patients to deposit their personal funds with the facility.
 - (2) *Management of personal funds.* Upon written authorization of a Patient, the facility must hold, safeguard, manage, and account for the personal funds of the Patient deposited with the facility, as specified in paragraphs (c)(3)–(8) of this section.
 - (3) *Deposit of funds.*

- (i) *Funds in excess of \$50.* The facility must deposit any Patients' personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on Patient's funds to that account. (In pooled accounts, there must be a separate accounting for each Patient's share.)
 - (ii) *Funds less than \$50.* The facility must maintain a Patient's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.
- (4) *Accounting and records.* The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each Patient's personal funds entrusted to the facility on the Patient's behalf.
 - (i) The system must preclude any commingling of Patient funds with facility funds or with the funds of any person other than another Patient.
 - (ii) The individual financial record must be available through quarterly statements and on request to the Patient or his or her legal representative.
- (5) *Notice of certain balances.* The facility must notify each Patient that receives Medicaid benefits—
 - (i) When the amount in the Patient's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and
 - (ii) That, if the amount in the account, in addition to the value of the Patient's other nonexempt resources, reaches the SSI resource limit for one person, the Patient may lose eligibility for Medicaid or SSI.
- (6) *Conveyance upon death.* Upon the death of a Patient with a personal fund deposited with the facility, the facility must convey within 30 days the Patient's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the Patient's estate.
- (7) *Assurance of financial security.* The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of Patients deposited with the facility.
- (8) *Limitation on charges to personal funds.* The facility may not impose a charge against the personal funds of a Patient for any item or service for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts). The facility may charge the Patient for requested services that are more expensive than or in excess of covered services in accordance with §489.32 of this chapter. (This does not affect the prohibition on facility charges for items and services for which Medicaid has paid. See §447.15, which limits participation in the Medicaid program to providers who accept, as payment in full, Medicaid payment plus any deductible, coinsurance, or copayment required by the plan to be paid by the individual.)
 - (i) *Services included in Medicare or Medicaid payment.* During the course of a covered Medicare or Medicaid stay, facilities may not charge a Patient for the following categories of items and services:
 - (A) Nursing services as required at §483.30 of this subpart.

- (B) Dietary services as required at §483.35 of this subpart.
 - (C) An activities program as required at §483.15(f) of this subpart.
 - (D) Room/bed maintenance services.
 - (E) Routine personal hygiene items and services as required to meet the needs of Patients, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing, and basic personal laundry.
 - (F) Medically-related social services as required at §483.15(g) of this subpart.
- (ii) *Items and services that may be charged to Patients' funds.* Listed below are general categories and examples of items and services that the facility may charge to Patients' funds if they are requested by a Patient, if the facility informs the Patient that there will be a charge, and if payment is not made by Medicare or Medicaid:
- (A) Telephone.
 - (B) Television/radio for personal use.
 - (C) Personal comfort items, including smoking materials, notions and novelties, and confections.
 - (D) Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare.
 - (E) Personal clothing.
 - (F) Personal reading matter.
 - (G) Gifts purchased on behalf of a Patient.
 - (H) Flowers and plants.
 - (I) Social events and entertainment offered outside the scope of the activities program, provided under §483.15(f) of this subpart.
 - (J) Noncovered special care services such as privately hired nurses or aides.
 - (K) Private room, except when therapeutically required (for example, isolation for infection control).
 - (L) Specially prepared or alternative food requested instead of the food generally prepared by the facility, as required by §483.35 of this subpart.
- (iii) *Requests for items and services.*
- (A) The facility must not charge a Patient (or his or her representative) for any item or service not requested by the Patient.
 - (B) The facility must not require a Patient (or his or her representative) to request any item or service as a condition of admission or continued stay.
 - (C) The facility must inform the Patient (or his or her representative) requesting an item or service for which a charge will be made that there will be a charge for the item or service and what the charge will be.
- (d) *Free choice.* The Patient has the right to—

- (1) Choose a personal attending physician;
 - (2) Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the Patient's well-being; and
 - (3) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.
- (e) *Privacy and confidentiality.* The Patient has the right to personal privacy and confidentiality of his or her personal and clinical records.
- (1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and Patient groups, but this does not require the facility to provide a private room for each Patient;
 - (2) Except as provided in paragraph (e)(3) of this section, the Patient may approve or refuse the release of personal and clinical records to any individual outside the facility;
 - (3) The Patient's right to refuse release of personal and clinical records does not apply when—
 - (i) The Patient is transferred to another health care institution; or
 - (ii) Record release is required by law.
- (f) *Grievances.* A Patient has the right to—
- (1) Voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished; and
 - (2) Prompt efforts by the facility to resolve grievances the Patient may have, including those with respect to the behavior of other Patients.
- (g) *Examination of survey results.* A Patient has the right to—
- (1) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination in a place readily accessible to Patients, and must post a notice of their availability; and
 - (2) Receive information from agencies acting as patient/client advocates, and be afforded the opportunity to contact these agencies.
- (h) *Work.* The Patient has the right to—
- (1) Refuse to perform services for the facility;
 - (2) Perform services for the facility, if he or she chooses, when—
 - (i) The facility has documented the need or desire for work in the plan of care;
 - (ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;
 - (iii) Compensation for paid services is at or above prevailing rates; and
 - (iv) The Patient agrees to the work arrangement described in the plan of care.
- (i) *Mail.* The Patient has the right to privacy in written communications, including the right to—
- (1) Send and promptly receive mail that is unopened; and
 - (2) Have access to stationery, postage, and writing implements at the Patient's own expense.

- (j) *Access and visitation rights.*
- (1) The Patient has the right and the facility must provide immediate access to any Patient by the following:
 - (i) Any representative of the Secretary;
 - (ii) Any representative of the State;
 - (iii) The Patient's individual physician;
 - (iv) The State long term care ombudsman (established under section 307(a)(12) of the Older Americans Act of 1965);
 - (v) The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);
 - (vi) The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);
 - (vii) Subject to the Patient's right to deny or withdraw consent at any time, immediate family or other relatives of the Patient; and
 - (viii) Subject to reasonable restrictions and the Patient's right to deny or withdraw consent at any time, others who are visiting with the consent of the Patient.
 - (2) The facility must provide reasonable access to any Patient by any entity or individual that provides health, social, legal, or other services to the Patient, subject to the Patient's right to deny or withdraw consent at any time.
 - (3) The facility must allow representatives of the State Ombudsman, described in paragraph (j)(1)(iv) of this section, to examine a Patient's clinical records with the permission of the Patient or the Patient's legal representative, and consistent with State law.
- (k) *Telephone.* The Patient has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.
- (l) *Personal property.* The Patient has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other Patients.
- (m) *Married couples.* The Patient has the right to share a room with his or her spouse when married Patients live in the same facility and both spouses consent to the arrangement.
- (n) *Self-Administration of Drugs.* An individual Patient may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.
- (o) *Refusal of certain transfers.*
- (1) An individual has the right to refuse a transfer to another room within the institution, if the purpose of the transfer is to relocate—
 - (i) A Patient of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or
 - (ii) A Patient of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF, or
 - (iii) A Patient of a SNF or NF from a specialty room, e.g., negative pressure room, etc., to a SNF or NF room that is not a designated specialty room.

- (2) A Patient's exercise of the right to refuse transfer under paragraph (o)(1) of this section does not affect the individual's eligibility or entitlement to Medicare or Medicaid benefits.