

## INFORMED PATIENT

### The patient has the following rights:

- The right to good quality healthcare and fair treatment
- Access to treatment
- The right to access their own medical records
- Patient autonomy
- The right to complaints



### The right to good quality healthcare and fair treatment



- Every person having the health insurance has the right to receive such healthcare that his/her medical condition requires. The treatment will be given according to resources currently available to the healthcare service.
- The patient has the right to expect good quality in healthcare. The patient must be treated in such a way that their beliefs and privacy are respected and their dignity remains unoffended.
- The patient's native language, culture and individual needs must be taken into account when possible in his/her treatment.
- Healthcare services must be provided in such a way that all people, regardless of age, medical condition or abilities, have the same status.

### Access to treatment

- A patient must have fast access to urgentcare if her/his illness or injury requires it.
- Access to non-emergency treatment is regulated by public health law and special health care law. Health centres must be immediately available by telephone on weekdays. The



patient's need for treatment must be evaluated within three days of initial contact.

- The patient must be notified of the date of beginning the treatment. If the date is changed, the patient must be notified of the reason for change and given a new date for beginning the treatment.
- If the hospital is unable to treat the patient in the required time, the hospital must organize the treatment elsewhere, for example, at another hospital or in private healthcare institution.



### **The patient's right to access their own medical records**



- The patient must be given information on different treatment alternatives, effects of the treatments and possible side effects. The patient must be given information on all the aspects related to his/her treatment that are significant when deciding the treatment.
- However, the patient must not be given information if she/he refuses the information.
- Information must not be given if it is evident to the doctor that this information would cause serious danger to the patient's life or health.

### **Patient autonomy**

- The patient must agree to be treated. The patient must not be given such treatment or operations that she/he refuses. If the patient refuses treatment, he/ she must be treated depending on circumstances with another medically acceptable alternative that the patient approves.
- If the patient and doctor cannot reach an agreement on the treatment, the final decision rests with the doctor by virtue of medical reasons. The patient does not have the right to receive any treatment she/he wishes.
- The patient has the right to refuse treatment.



- The doctor must explain in a comprehensible way to the patient what refusing will cause. If the patient still refuses medical examination or treatment, then this refusal must be marked in medical records and marking must be confirmed in a verifiable way.

## Informed consent

- **Consent** is the permission for something to happen or agreement to do something.
- **Consent** is an extension of autonomy and is of many types.
- **Implied consent** is when a doctor assumes that certain actions or body language from a patient imply that the patient has consented to the planned action of the doctor.
- **Expressed oral consent** is when a patient has verbally given the doctor permission to proceed with the intended action.



## Informed consent may be:

- **Expressed written consent** is documented evidence that the patient has, usually with a signature, given consent to a procedure. The written consent should only be obtained after the oral consent.
- **Fully informed consent** is consent given after the patient is fully informed about the procedure. When possible, both written and oral consent should be obtained before any procedure, examination or treatment.

## The patient's right to complaints

- Patients or their closest relatives who are dissatisfied with the care provided are entitled to submit an objection to the Health Care Director of the unit in question and/ or the County Administrative Board or to the National Authority for Medicolegal Affairs.



## Patient's Health Information Rights

The patient has the following rights:

- Right to access their own health information (inspect and copy)
- Right to an accounting of disclosures of their own health information

- Right to correct or amend their own health information
- Right to notice of privacy practices
- Right to file a complaint

### **Does the patient have the right to see and get a copy of their own health records?**

**Yes.** The patient has the right to inspect, review, and receive a copy of their own health records that are held by health care providers.

- In a few special cases, the patient may not be able to get all the information. For example, the doctor may decide that something in the file could physically endanger the patient.
- Copies must be given to the patient within 30 days. If the health information is not maintained or accessible on-site, it can take up to 60 days to respond to the request.
- It is free of charge, but the patient may have to pay for the cost of copying and mailing.



### **Does the patient have the right to file a complaint?**

- **Yes.** If the patient believes that his own information was used or shared in a way that is not allowed under the Privacy Rule, or if the patient was not able to exercise their own health information rights, he/ she can file a complaint with the healthcare provider. .



### **Confidentiality**



Confidentiality is a situation in which the information must be kept secretly and privately.

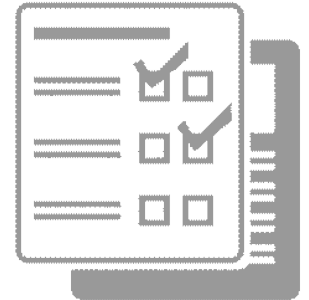
- The duty of confidentiality includes a responsibility to make sure that the written patient's information is kept securely. Confidential records should not be left where other people may have casual access to them and information about patients should be sent under private and confidential cover.
- Confidentiality is not an absolute principle – there are several exceptions.

## **Disclosure without a patient's consent**

- The information can be disclosed without a patient's consent in two cases – if the disclosure is required by law or if the disclosure is in the public interest. This is the case when the patient has explicitly refused consent or is incapable of giving consent.

## **Lawyers**

- Lawyers often ask for medical information, particularly those parts that are relevant to, for example, personal injury claims. They may ask for copies of certain documents, which could include details of the patient's medical history.
- According to court rules in Moldova, records should be disclosed in accordance with the patient's wishes or on the orders of a court.



## **Members of the clinical team**

- Patient care is usually team based and access to patient information is crucial for the patient's safety and continuity of care. Most patients are aware that information about them needs to be shared among the healthcare professionals delivering care.
- They should be informed of this and, if they ask for information about them to be kept confidential, this should be respected. The only exception is if withholding information from staff would place others at risk of death or serious harm.



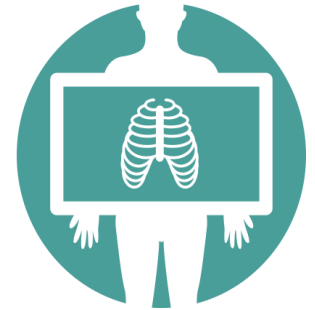
## **Publishing case reports, photographs and recordings**

The patient's consent is also required before individual case histories, photographs or recordings can be published in media that the public has access to, even if they have been anonymised.

Recordings for which permission is not required:

- Images of internal organs or structures
- Images of pathology slides

- Laparoscopic and endoscopic images
- Recordings of organ functions
- Ultrasound images
- X-rays.



## Relatives



Discussing a patient's care with relatives can be problematic. In general, the information should be given to the patient, who can then pass it on to the family as he/ she sees adequate, but it would be extremely callous for a doctor to refuse to say anything to concerned relatives. If the patient is conscious and able to make decisions, the simplest thing is to ask whether he/ she agrees that the doctor should talk to the relatives and, if so, how much the doctor may tell them.

You should also share relevant personal information with anyone who is authorised to make decisions on behalf of the patient, or who is appointed to support and represent, a mentally incapacitated patient.

## The police

In general, the police have no more right of access to confidential information than anybody else, except in the following circumstances:

- Under road traffic legislation where the police may require the name and address of someone suspected of some forms of traffic offences.
- The patient has given consent to the release of information.
- In compliance with a court order.
- The public interest in disclosing information outweighs the public interest in preserving patient confidentiality.



## **Knowledge verification questions:**

### **1. List the patient's rights**

- The right to good quality healthcare and fair treatment;
- Access to treatment;
- The right of access to their own medical records;
- Patients autonomy
- The right to complaints

### **2. What the right to good quality healthcare and fair treatment entails:**

- Every person having the health insurance has the right to receive such healthcare that his/her medical condition requires. The treatment will be given according to resources currently available to the healthcare service.
- The patient has the right to expect good quality in healthcare. The patient must be treated in such a way that their beliefs and privacy are respected and their dignity remains unoffended.
- The patient's native language, culture and individual needs must be taken into account when possible in his/her treatment.
- Healthcare services must be provided in such a way that all people, regardless of age, medical condition or abilities, have the same status.

### **3. What is access to treatment?**

- A patient must have fast access to urgent care if her/his illness or injury requires it.
- Access to non-emergency treatment is regulated by public health law and special health care law. Health centres must be immediately available by telephone on weekdays. The patient's need for treatment must be evaluated within three days of initial contact.
- The patient must be notified of the date of beginning the treatment. If the date is changed, the patient must be notified of the reason for change and given a new date for beginning the treatment.
- If the hospital is unable to treat the patient in the required time, the hospital must organize the treatment elsewhere, for example, at another hospital or in private healthcare institution.

### **4. The right of access to their own medical records represents:**

- The patient must be given information on different treatment alternatives, effects of the treatments and possible side effects. The



patient must be given information on all the aspects related to his/her treatment that are significant when deciding the treatment.

- However, the patient must not be given information if she/he refuses the information.
- Information must not be given if it is evident to the doctor that this information would cause serious danger to the patient's life or health.

**5. Autonomy, as a fundamental right of the patient, represents:**

- The patient must agree to be treated. The patient must not be given such treatment or operations that she/he refuses. If the patient refuses treatment, he/ she must be treated depending on circumstances with another medically acceptable alternative that the patient approves.
- If the patient and doctor cannot reach an agreement on the treatment, the final decision rests with the doctor by virtue of medical reasons. The patient does not have the right to receive any treatment she/he wishes.
- The patient has the right to refuse treatment.
- The doctor must explain in a comprehensible way to the patient what refusing will cause. If the patient still refuses medical examination or treatment, then this refusal must be marked in medical records and marking must be confirmed in a verifiable way.

**6. Informed consent:**

- **Consent** is the permission for something to happen or agreement to do something.
- **Consent** is an extension of autonomy and is of many types.

**7. The informed consent may be:**

- Implied consent is when a doctor assumes that certain actions or body language from a patient imply that the patient has consented to the planned action of the doctor.
- Expressed oral consent is when a patient has verbally given the doctor permission to proceed with the intended action.
- Expressed written consent is documented evidence that the patient has, usually with a signature, given consent to a procedure. The written consent should only be obtained after the oral consent.
- Fully informed consent is consent given after the patient is fully informed about the procedure. When possible, both written and oral



consent should be obtained before any procedure, examination or treatment.

**8. The right to claim implies:**

- Patients or their closest relatives who are dissatisfied with the care provided are entitled to submit an objection to the Health Care Director of the unit in question and/ or the County Administrative Board or to the National Authority for Medicolegal Affairs.

**9. The patient's rights to health information include:**

- Right to access their own health information (inspect and copy)
- Right to an accounting of disclosures of their own health information
- Right to correct or amend their own health information
- Right to notice of privacy practices
- Right to file a complaint

**10. Does the patient have the right to see and get a copy of his or her own health records?**

**Yes.** The patient has the right to inspect, review, and receive a copy of their own health records that are held by health care providers.

In a few special cases, the patient may not be able to get all the information. For example, the doctor may decide that something in the file could physically endanger the patient.

Copies must be given to the patient within 30 days. If the health information is not maintained or accessible on-site, it can take up to 60 days to respond to the request.

It is free of charge, but the patient may have to pay for the cost of copying and mailing.

**11. Does the patient have the right to file a complaint?**

**Yes.** If the patient believes that his own information was used or shared in a way that is not allowed under the Privacy Rule, or if the patient was not able to exercise their own health information rights, he/ she can file a complaint with the healthcare provider.

**12. What does confidentiality include?**

- The duty of confidentiality includes a responsibility to make sure that the written patient's information is kept securely. Confidential records should not be left where other people may have casual access to them and information about patients should be sent under private and confidential cover.

- Confidentiality is not an absolute principle – there are several exceptions.

**13. In which cases can disclosure without patient consent occur?**

- If the disclosure is required by law
- If the disclosure is in the public interest.

**14. Lawyers with regard to medical information are entitled to:**

- Lawyers often ask for medical information, particularly those parts that are relevant to, for example, personal injury claims. They may ask for copies of certain documents, which could include details of the patient's medical history.
- According to court rules in Moldova, records should be disclosed in accordance with the patient's wishes or on the orders of a court.

**15. Members of the clinical team and medical information:**

- Patient care is usually team based and access to patient information is crucial for the patient's safety and continuity of care. Most patients are aware that information about them needs to be shared among the healthcare professionals delivering care.
- They should be informed of this and, if they ask for information about them to be kept confidential, this should be respected. The only exception is if withholding information from staff would place others at risk of death or serious harm.

**16. Publishing case reports, photographs and recordings for which permission is not required:**

- Images of internal organs or structures
- Images of pathology slides
- Laparoscopic and endoscopic images
- Recordings of organ functions
- Ultrasound images
- X-rays.

**17. Relatives and medical information implies:**

- Discussing a patient's care with relatives can be problematic. In general, the information should be given to the patient, who can then pass it on to the family as he/ she sees adequate, but it would be extremely callous for a doctor to refuse to say anything to concerned relatives. If the patient is conscious and able to make decisions, the

simplest thing is to ask whether he/ she agrees that the doctor should talk to the relatives and, if so, how much the doctor may tell them.

- You should also share relevant personal information with anyone who is authorised to make decisions on behalf of the patient, or who is appointed to support and represent, a mentally incapacitated patient.

**18. What access to medical information does the police have?**

- In general, the police have no more right of access to confidential information than anybody else, except in the following circumstances:
- Under road traffic legislation where the police may require the name and address of someone suspected of some forms of traffic offences.
- The patient has given consent to the release of information.
- In compliance with a court order.
- The public interest in disclosing information outweighs the public interest in preserving patient confidentiality.

## **TESTS**

### **1. List the patient's fundamental rights**

- a. \*The right to good quality healthcare and fair treatment;
- b. \*Access to treatment;
- c. \*The right of access to their own medical records;
- d. \*Autonomy
- e. Patients right to its own opinion.

### **2. What is the right to good quality healthcare and fair treatment entails:**

- a. \*Every person having the health insurance has the right to receive such healthcare that his/her medical condition requires. The treatment will be given according to resources currently available to the healthcare service.
- b. \*The patient has the right to expect good quality in healthcare.
- c. \*The patient must be treated in such a way that their beliefs and privacy are respected and their dignity remains unoffended.
- d. \*Healthcare services must be provided in such a way that all people, regardless of age, medical condition or abilities, have the same status.
- e. Healthcare services must be provided in such a way, so that all physicians are involved in the diagnosis and treatment of the patient.

### **3. What is access to treatment?**

- a. \*A patient must have fast access to urgent care if her/his illness or injury requires it.
- b. \*Access to non-emergency treatment is regulated by public health law and special health care law. Health centres must be immediately available by telephone on weekdays. The patient's need for treatment must be evaluated within three days of initial contact.
- c. \*The patient must be notified of the date of beginning the treatment. If the date is changed, the patient must be notified of the reason for change and given a new date for beginning the treatment.
- d. \*If the hospital is unable to treat the patient in the required time, the hospital must organize the treatment elsewhere, for example, at another hospital or in private healthcare institution.
- e. The patient should be informed about the admission and discharge date.

### **4. The right of access to their own medical records represents:**

- a. \*The patient must be given information on different treatment alternatives, effects of the treatments and possible side effects. The patient must be given information on all the aspects related to his/her treatment that are significant when deciding the treatment.
- b. \*However, the patient must not be given information if she/he refuses the information.
- c. \*Information must not be given if it is evident to the doctor that this information would cause serious danger to the patient's life or health.
- d. Information must be given if it is evident to the doctor that this information would cause serious danger to the patient's life or health, but he has to do it.
- e. The patient will also receive information if he refuses to be informed.

**5. Autonomy, as a fundamental right of the patient, represents:**

- a. \*The patient must agree to be treated. The patient must not be given such treatment or operations that she/he refuses. If the patient refuses treatment, he/ she must be treated depending on circumstances with another medically acceptable alternative that the patient approves.
- b. \*If the patient and doctor cannot reach an agreement on the treatment, the final decision rests with the doctor by virtue of medical reasons. The patient does not have the right to receive any treatment she/he wishes.
- c. \*The patient has the right to refuse treatment.
- d. \*The doctor must explain in a comprehensible way to the patient what refusing will cause. If the patient still refuses medical examination or treatment, then this refusal must be marked in medical records and marking must be confirmed in a verifiable way.
- e. It is forbidden the patient to refuse the treatment.

**6. Informed consent:**

- a. \*Consent is the permission for something to happen or agreement to do something.
- b. \*Consent is an extension of autonomy and is of many types.
- c. Consent is permission for some inconvenience to happen after prescription.
- d. Consent is asking for something not to happen after prescription.

**7. The informed consent may be:**

- a. \*Implied consent is when a doctor assumes that certain actions or body language from a patient imply that the patient has consented to the planned action of the doctor.
- b. \*Expressed oral consent is when a patient has verbally given the doctor permission to proceed with the intended action.
- c. \*Expressed written consent is documented evidence that the patient has, usually with a signature, given consent to a procedure. The written consent should only be obtained after the oral consent.
- d. \*Fully informed consent is consent given after the patient is fully informed about the procedure. When possible, both written and oral consent should be obtained before any procedure, examination or treatment.
- e. Legally expressed consent is when a patient has legally given the doctor permission to continue the intended action.

**8. The patient's rights to health information include:**

- a. \*Right to access their own health information (inspect and copy).
- b. \*Right to an accounting of disclosures of their own health information.
- c. \*Right to correct or amend their own health information.
- d. \*Right to notice of privacy practices.
- e. The right to counseling.

**9. Does the patient have the right to see and get a copy of their own health records?**

- a. \*Yes.
- b. No
- c. At the doctor's decision.
- d. At the decision of the medical council.
- e. No correct answer.

**10. Does the patient have the right to file a complaint?**

- a. \*Yes.
- b. No
- c. At the doctor's decision.
- d. At the decision of the medical council.
- e. No correct answer.

**11. What does confidentiality include?**

- a. \*The duty of confidentiality includes a responsibility to make sure that the written patient's information is kept securely.
- b. \*Confidential records should not be left where other people may have casual access to them.
- c. \*Information about patients should be sent under private and confidential cover.
- d. \*Confidentiality is not an absolute principle – there are several exceptions.
- e. Confidentiality is an absolute principle – there are no exceptions.

**12. In which cases can disclosure without patient consent occur?**

- a. \*If the disclosure is required by law.
- b. \*If the disclosure is in the public interest.
- c. If the disclosure is required by situation.
- d. If the disclosure is required by the hospital
- e. If the disclosure is in public.

**13. Lawyers with regard to medical information are entitled to:**

- a. \*Lawyers often ask for medical information, particularly those parts that are relevant to, for example, personal injury claims.
- b. \*They may ask for copies of certain documents, which could include details of the patient's medical history.
- c. \* According to court rules in Moldova, records should be disclosed in accordance with the patient's wishes or on the orders of a court.
- d. Lawyers often ask for medical information, especially that provided.
- e. Lawyers cannot request copies of certain documents, only the original.

**14. Members of the clinical team and medical information:**

- a. \*Patient care is usually team based and access to patient information is crucial for the patient's safety and continuity of care.
- b. \*Most patients are aware that information about them needs to be shared among the healthcare professionals delivering care.
- c. \*They should be informed of this and, if they ask for information about them to be kept confidential, this should be respected.
- d. \*The only exception is if withholding information from staff would place others at risk of death or serious harm.
- e. Confidentiality has no exceptions.

**15. Publishing case reports, photographs and recordings for which permission is not required:**



- a. \*Images of internal organs or structures
- b. \*Images of pathology slides
- c. \*Laparoscopic and endoscopic images
- d. \*Recordings of organ functions
- e. Pictures with the patient.

**16. Publishing case reports, photographs and recordings for which permission is not required:**

- a. \*Ultrasound images
- b. \*X-rays.
- c. \*Images of internal organs or structures
- d. \*Images of pathology slides
- e. Patient's video consultation.

**17. Relatives and medical information implies:**

- a. \*Discussing a patient's care with relatives can be problematic.
- b. \*The information should be given to the patient, who can then pass it on to the family as he/ she sees adequate, but it would be extremely callous for a doctor to refuse to say anything to concerned relatives.
- c. \*If the patient is conscious and able to make decisions, the simplest thing is to ask whether he/ she agrees that the doctor should talk to the relatives and, if so, how much the doctor may tell them.
- d. \*You should share relevant personal information with anyone who is authorised to make decisions on behalf of the patient, or who is appointed to support and represent, a mentally incapacitated patient.
- e. Discussing about the care of a patient with relatives is a mandatory activity after hospitalization.

**18. What access to medical information does the police have?**

- a. \*According to road traffic legislation where the police may require the name and address of someone suspected of some forms of traffic offences.
- b. \*The patient has given consent to the release of information.
- c. \*In compliance with a court order.
- d. \*The public interest in disclosing information outweighs the public interest in preserving patient confidentiality.
- e. The police have full access to any document at any time because it is the legal authority.