Minnesota Nursing Home Bill of Rights
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# Minnesota Nursing Home Bill of Rights

## Contents

1. Information About Rights ................................................................. 2  
2. Courteous Treatment .......................................................................... 2  
3. Appropriate Health Care ..................................................................... 2  
4. Physician’s Identity ............................................................................. 2  
5. Relationship With Other Health Care Services ..................................... 3  
6. Information About Treatment ............................................................... 3  
7. Participation in Planning Treatment; Notification of Family Members .... 3  
8. Continuity of Care ............................................................................... 4  
9. Right to Refuse Care ........................................................................... 4  
10. Experimental Research ....................................................................... 4  
11. Freedom from Maltreatment ............................................................... 5  
12. Treatment Privacy ............................................................................... 5  
13. Confidentiality of Records ................................................................. 5  
15. Responsive Service ............................................................................ 6  
16. Personal Privacy .................................................................................. 6  
17. Grievances .......................................................................................... 6  
18. Communication Privacy ...................................................................... 6  
19. Personal Property ............................................................................... 7  
20. Services for the Facility ...................................................................... 7  
21. Choice of Supplier ............................................................................. 7  
22. Financial Affairs ................................................................................ 7  
23. Right to Associate .............................................................................. 7  
24. Advisory Councils ............................................................................ 8  
25. Married Residents ............................................................................ 8  
26. Transfers and Discharges ................................................................... 8  
27. Protection and Advocacy Services ..................................................... 9  
28. Restraints ......................................................................................... 9  

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Minnesota Nursing Home Residents’ Bill of Rights

As a nursing or boarding care home resident in Minnesota, you have the explicit legal rights that protect you during your stay in the health care facility. The following is a summary of your rights under Minnesota law. A complete copy of both your state and federal rights must be posted in a public area of your nursing or boarding care home.
1. Information About Rights

You must be informed at the time of admission about the legal rights protecting you throughout your stay in the facility. You must also be given a written copy of these rights and your responsibilities. Accommodations must be made for those who speak a language other than English or who need the information provided in a format other than print (such as Braille or audiotape).

The day of admission to a facility is a difficult time to read and remember the Residents’ Bill of Rights. However, keep the information you are given and take time later to review it. Ask a family member, friend, or the facility social worker to review it with you. A member of the facility’s Resident Council can be an excellent resource in helping you understand your rights.

2. Courteous Treatment

You have the right to be treated with courtesy and respect for your individuality by facility staff, volunteers, and anyone providing service in your health care facility.

Nursing and boarding care homes are busy places where staff are often in a hurry. This is no excuse, however, for failing to treat you with courtesy and respect. Showing impatience towards you, calling you by “nicknames” you do not like, or being rude to you are violations of this important right to courteous treatment.

3. Appropriate Health Care

You have the right to appropriate medical and personal care based on your individual needs. This means care that is designed to help you achieve your highest level of physical and mental potential.

4. Physician’s Identity

You must be given a written copy of the name, business address, telephone number, and specialty of the physician responsible for your care.

If there is a well-documented medical reason that this information should not be given to you, it may be given to your guardian or to someone you designate as your representative.
5. Relationship With Other Health Care Services

You have the right to know who is providing services to you. In particular, if you receive health care services from a provider other than the facility, you must be given written information about that provider, including the name, address, and a description of the service in question.

If there is a well-documented medical reason that this information should not be given to you, it can be given to your guardian or to someone you designate as your representative.

6. Information About Treatment

You have the right to complete up-to-date information from your physician about your medical condition including: diagnosis, treatment plan, alternatives, risks, and prognosis (the expected outcome of your illness). This information must be provided to you in terms you can understand. You can choose to have a family member or other chosen representative, or both, with you when you talk to your physician.

If there is a well-documented medical reason that this information should not be given to you, it can be given to your guardian or to someone you designate as your representative.

**Important note:** You have the right to refuse your treatment information. In other words, you have the right to know as much or as little as you want about your health condition. This right contains a specific provision for persons with breast cancer.

Every resident suffering from any form of breast cancer must be given complete information, before or at the time of admission and at any time during her stay, about all the effective methods of treatment of which a physician is knowledgeable. This includes treatment methods such as surgery, radiation, chemotherapy, or combinations of treatments, and the risks associated with each of those methods.

7. Participation in Planning Treatment; Notification of Family Members

You have the right to participate in the planning of your health care. This includes the opportunity to discuss health treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen
representative, or both. If you cannot attend this conference, a family member or someone you designate as your representative, or both, may attend on your behalf.

If an individual is admitted to a facility while unconscious, comatose, or unable to communicate, the facility shall make reasonable efforts to notify a family member or other emergency contact person.

8. Continuity of Care

You have the right to continuity of care — this means you should be cared for, as much as possible, by regular and familiar staff people who you know and who know you.

Some factors can disrupt continuity of care, such as frequent turnover in staff, use of temporary pool staff, short staffing, and facility practices that do not promote continuity. It is important to voice your concerns about this to facility staff and your Resident Council.

9. Right to Refuse Care

You have the right to refuse treatment, medication, dietary restrictions, and any other care. When you refuse, you must be informed about the likely medical or psychological results of refusing this care.

This right to refuse care might be limited if you have been found legally incompetent by a court of law (for example, if you have a guardian making decisions about your health care and where you live). The law allows, in certain individual cases, for this right to be limited even without a court order that you are legally incompetent. Restricting an individual’s rights is a serious matter, so you will have every opportunity to contest this proposed action.

10. Experimental Research

You have the right to refuse to participate in experimental research (such as research into the effects of new medications). If you choose to participate, your written informed consent must be obtained first. The purpose of this right is to make sure that you fully understand what you are agreeing to, such as the purpose of the research, what is expected of you, and how it may affect you.
11. Freedom from Maltreatment

You have the right to be free from harm, including abuse, neglect, and financial exploitation. This includes being free from intentional and non-therapeutic infliction of physical pain or injury, or any persistent conduct that is intended to produce mental or emotional distress.

You also have the right to be free from physical and chemical restraints, except in fully documented emergencies or as authorized by your physician in very specific circumstances.

12. Treatment Privacy

You have the right to respect and privacy related to your medical and personal care. For example, medical discussions and consultations, examinations, and treatments must be conducted discreetly and confidentially. In addition, your privacy must be respected during toileting, bathing, and any other personal hygiene activities.

13. Confidentiality of Records

Your personal and medical records are confidential and, in general, only you can decide whether anyone outside the facility may have access to these records and the information in them. (This right does not apply to cases of complaint investigations or inspections by the Health Department or when required by your medical insurance company.) Copies of your records must be given to you, at a reasonable charge, if you request them.

14. Disclosure of Services Available

You are entitled to complete information about what services are included in the daily rate you pay at your facility. You are also entitled to information about services that are available for an additional charge. You have this right whether you pay for your care privately, through Medicare, Medical Assistance, or any other method of payment.

You must be given information about services included in the daily rate, before or at the time of admission, and at any time you request it during your stay. Facilities must make every effort to determine whether Medicare or Medical Assistance will pay for any or all of these services.
15. Responsive Service

You have the right to a prompt and reasonable response to your questions and requests. What constitutes “prompt and reasonable” will vary somewhat depending on your request, but most questions and requests can be handled in a day or two. Requests for help with care must receive an immediate response.

16. Personal Privacy

You have the right to every consideration of your privacy, individuality, cultural identity, and social, religious, and psychological well-being. For example, facility staff must respect your privacy by knocking on the door and waiting for permission to enter, except in an emergency.

17. Grievances

This right assures that you must be encouraged and assisted — throughout your stay in the facility — to understand and exercise your rights as a resident and a citizen. For example, you may voice grievances and recommend changes in policies and services, and you may voice them to facility staff and anyone else of your choice.

You must be allowed to exercise this right, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge from the nursing or boarding care facility.

A notice about the facility’s grievance policy must be posted in a conspicuous place in your facility. The notice must include the addresses and telephone numbers for the Minnesota Department of Health’s Office of Health Facility Complaints and the Office of Ombudsman for Long-Term Care.

18. Communication Privacy

You may associate and communicate privately with anyone you choose. You may come and go from the facility freely (unless limited by the Minnesota Commitment Act). You must have access to, at your expense, writing instruments, stationery, and postage. No one is allowed to interfere with your personal mail. You must have access to a telephone where you
can speak privately. This right to communication privacy may be limited in certain situations according to the Vulnerable Adults Act, which protects you from abuse, neglect, and financial exploitation (for instance, if you have a visitor who is being abusive to you or taking advantage of you financially).

19. Personal Property

You may retain and use your personal clothing and possessions as much as facility space permits, unless to do so would infringe on the rights of others, or unless there is a well documented safety or medical reason. The facility must also provide either an individual lock-box or a central locked area in which you may store your valuables for safekeeping.

20. Services for the Facility

You cannot be required to perform any labor or services for the facility. You may voluntarily participate in activities, such as working in the facility’s gift shop or at fundraisers sponsored by Resident or Family Councils.

21. Choice of Supplier

You have the right to purchase or rent goods and services that are not included in the facility’s daily rate from any supplier you choose (as long as the supplier complies with all laws and regulations). There may be some limitations of this right if you participate in the Medical Assistance program.

22. Financial Affairs

You have the right to manage your own personal financial affairs, unless a court has decided otherwise. You may delegate this responsibility to the facility for a period of time. The facility must provide you with at least a quarterly accounting of your financial transactions.

23. Right to Associate

You may freely meet with and receive visitors and participate in business, religious, political, or community activities, as long as the activities do not infringe on the right to privacy of other residents. This includes the right to
join with other individuals, both within and outside the facility to work for improvement in long-term care.

Upon admission, you or your legal representative must be given the opportunity to designate a person who will have the right to make health care and visitation decisions for you. If the person is not related to you, the person is considered to have next of kin status. The name of this designated person must be in your health records. (Exception: Any person you have as a health care agent or appointed in a health care directive will overrule a designated person appointed at admission.)

24. Advisory Councils

Residents and families have the right to organize, maintain, and participate in resident and family councils. Every facility must provide assistance and space for meetings. Meetings must be given privacy; staff and visitors may attend only if invited by the council. The facility must designate a staff person to assist the councils and respond to the written requests which result from council meetings. Councils are encouraged to make recommendations about facility policies.

25. Married Residents

Married residents, if they choose, must be given privacy for visits with their spouses. If both spouses are residents of the facility, they shall be permitted, if they choose, to share a room, unless there is a medical reason for not doing so documented by the physician.

26. Transfers and Discharges

You must not be arbitrarily transferred (moved to another room) or discharged (moved out of the facility). You must be given written notice in advance of the proposed move: 7 days advance notice for a room transfer and 30 days advance notice for a discharge. This written notice must include information about how to dispute the proposed move. The notice period may be shortened in situations beyond the facility’s control, such as a sudden change in your medical condition.
27. Protection and Advocacy Services

You have the right to use services (such as rights protection and advocacy services) that can help you understand, exercise, and protect your rights, as described in this Residents’ Bill of Rights law. This right includes the opportunity to communicate privately with a representative of a rights protection or advocacy service, such as the State Office of Ombudsman for Long-Term Care.

28. Restraints

Under state and federal laws, use of restraints in nursing homes is tightly regulated. Even bedrails can be considered restraints if they are intended to restrict the mobility of the resident.

This right establishes that competent nursing home residents, family members of residents who are not competent, and court appointed representatives of residents may request and consent to the use of a physical restraint (such as a bedrail) in order to treat the medical symptoms of the resident. Medical symptoms can include a concern for the physical safety of the resident and a resident’s fear of falling.

When a physical restraint is requested under this right, facility staff must inform the resident, family member, or legal representative of the alternatives and the risks involved with physical restraint use. Written consent for the physical restraint must be obtained from the person who was informed about alternatives and risks. A written order from the attending physician is also required. The use of the restraint must be periodically reviewed with the resident, family, and the physician.
Transfers and Discharges, 2, 11
Treatment plan, 6
Treatment Privacy, 2, 8

Visitation decisions, 11

Visitors, 10, 11
Vulnerable Adults Act, 10

Your rights, 4, 5, 9, 12
About Tubman

Vision
Safe and healthy families, individuals and communities.

Mission
Promoting safe and healthy families, individuals and communities through evidence-based intervention, prevention and education.

About Tubman Elder Care & Rights Center
The Tubman Elder Care & Rights Center was established in 2011 after the merger of Tubman and ElderCare Rights Alliance. The Center provides advocacy services for Minnesota’s seniors and vulnerable adults. Its focus includes educational programming for professionals, family and friend caregivers, and care recipients on a variety of long-term care issues.

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