FCD Health Patient Rights, Responsibilities and Informed Participation Policy

Document Name	Patient Rights, Responsibilities and Informed Participation Policy
Document ID	FCD-PAT-001
Authority	FCD Health Ltd.
Responsible Role	Chief Executive Officer
Clinical Governance	Director of Clinical Governance
Applies To	PGPSC, PMUCC, DMUCC and FCD Health GP Clinic

1. Purpose

FCD Health respects each patient's right to safe, respectful, culturally appropriate and person-centred care. This policy explains the rights patients can expect, the responsibilities that support safe care, and how FCD Health involves patients in decisions about their health.
It is intended to be easy for staff to apply and to support RACGP/ACHS accreditation without duplicating the detailed requirements contained in the Privacy, Consent, Complaints and Clinical Governance policies.

2. Scope

This policy applies across all FCD Health services and to all staff, practitioners, contractors, students and visitors involved in patient care or communication.

3. Our commitment

CARE WITH RESPECT AND PARTNERSHIP
Patients should be treated with dignity, listened to, given understandable information, involved in decisions, and able to raise concerns without fear that this will adversely affect their care.

4. Patient rights

Patients have the right to:

- receive safe, appropriate and respectful healthcare;
- be treated without discrimination and with respect for identity, body diversity, beliefs, religion, culture, language and personal circumstances;
- receive privacy and confidentiality;
- receive information they can understand about their condition, proposed investigations, treatment, referrals, alternatives, benefits, material risks and likely costs;
- participate in decisions and ask questions;
- accept or refuse recommended treatment, investigation, transfer or procedure, subject to applicable law;
- be informed about significant risks associated with refusing recommended care where relevant;
- seek another clinical opinion or transfer their care;
- have an interpreter or communication support where reasonably available and appropriate;
- know who is involved in their care and the role of students, observers or other third parties;
- give or withhold consent to the presence of a third party in a consultation;
- access their health information in accordance with privacy law and FCD Health policy;
- give feedback, make a complaint or raise a concern;

- receive appropriate support when distressed, vulnerable or in need of privacy.

5. Respectful and culturally safe care

- Care must consider the patient's culture, identity, beliefs, family/community context and individual preferences.
- Staff must not make assumptions about a patient based on appearance, background, disability, gender, sexuality, age or social circumstances.
- FCD Health seeks to provide culturally safe care for Aboriginal and Torres Strait Islander peoples and to use Aboriginal Health Practitioner input where appropriate and available.
- Patients may involve a support person where this is safe, appropriate and consistent with privacy and clinical care.

6. Informed participation and decision-making

Patients should receive enough information to make a meaningful decision about their care. The clinician remains responsible for explaining clinical options and answering questions.

- Explain the purpose of proposed tests, referrals and treatments.
- Discuss material risks, expected benefits and reasonable alternatives.
- Explain what may happen if recommended care is declined where clinically relevant.
- Check understanding, particularly where decisions are complex or significant.
- Use plain language and interpreters/communication support where required.
- Document consent or refusal where required by policy or clinical significance.

7. Refusal of care and informed refusal

A patient with decision-making capacity may refuse treatment, investigation, transfer or advice. Staff should respond respectfully and avoid coercion.

- Explain significant foreseeable risks of refusal.
- Offer reasonable alternatives where available.
- Assess capacity where there is genuine concern about the patient's ability to understand and decide.
- Document the discussion, advice and patient's decision where clinically important.
- Escalate emergencies or serious safety concerns in accordance with law and clinical governance requirements.

8. Second opinions and transfer of care

- Patients may seek another clinical opinion.
- Patients may request transfer of care to another practitioner or practice.
- FCD Health will facilitate authorised, secure transfer of relevant health information.
- A practitioner may also initiate transfer of care for appropriate clinical or professional reasons, provided continuity and professional obligations are addressed.

9. Third parties, students and observers

- Obtain patient consent before a student, observer or other third party introduced by FCD Health is present.
- Patients may decline student/observer involvement without losing access to care.
- Where a support person attends at the patient's request, confirm the patient's consent to discuss health information in their presence.
- If a third party's presence compromises privacy, safety or clinical care, the clinician may ask them to leave.

10. Communication, interpreters and accessibility

- Use professional interpreters where reasonably available and appropriate for significant clinical communication.
- Use alternative communication supports for hearing, speech, cognitive or other communication needs where possible.
- Provide information in plain English and culturally appropriate formats where available.
- Make reasonable adjustments to support access for people with disability or impairment.
- Escalate barriers to access so practical alternatives can be considered.

11. Privacy and access to information

Patients have a right to expect that their personal and health information is handled confidentially and securely.

- Privacy is governed by the FCD Health Privacy, Confidentiality and Health Information Management Policy.
- Patients may request access to or correction of their health information.
- Information is shared only where authorised, clinically appropriate, required by law or otherwise permitted.
- Patients should be told when students, external providers, digital tools or other parties are involved where this is relevant to consent or privacy.

12. Fees and costs

- Patients should be informed about applicable out-of-pocket costs before care where practicable.
- Patients should be advised that referred services, imaging, pathology, specialists, allied health or non-MBS services may involve separate fees.
- Staff should not make assumptions or promises about costs charged by external providers.

13. Patient responsibilities

Patient responsibilities are not conditions for deserving care. They describe behaviours that help FCD Health provide safe and effective services.

- Provide accurate information about symptoms, medicines, allergies and relevant health history.
- Tell staff if information in the record is incorrect or has changed.
- Ask questions if information or instructions are unclear.
- Treat staff, other patients and visitors respectfully.
- Attend appointments or cancel when unable to attend where practicable.
- Follow agreed safety advice or let the clinician know if they do not intend to do so.
- Respect the privacy and safety of other people in the clinic.
- Advise FCD Health about communication, accessibility, cultural or support needs where possible.

14. Violence, aggression and unsafe behaviour

FCD Health will provide care respectfully but does not accept threats, violence, harassment, intimidation or conduct that places staff or other patients at risk.

- Immediate safety takes priority.
- Care may be modified, transferred or discontinued where necessary to manage serious safety risk, subject to clinical and professional obligations.
- Urgent clinical needs will be considered when responding to challenging behaviour.
- Incidents are managed under the relevant safety and incident-management policies.

15. Complaints, feedback and open disclosure

- Patients may provide feedback or make a complaint without fear of disadvantage in their care.

- Complaints are managed under the Consumer Complaints and Feedback Policy.
- Where a patient-safety incident has occurred, open disclosure will be considered in accordance with the Open Disclosure Policy.
- Patient feedback and complaints are used to improve services.

16. Consumers as partners in improvement

FCD Health uses patient feedback, complaints, compliments and service data to improve care. Where practical, patients should be informed about improvements made in response to feedback.

- Patient feedback is reviewed for themes and improvement opportunities.
- QI activities may use de-identified or appropriately governed patient information.
- Waiting-room information, website content or patient communications may be used to explain service improvements.
- Patient-facing information should be reviewed for clarity, accessibility and cultural appropriateness.

17. Children, young people and decision-making capacity

- Children and young people should be involved in decisions in a way appropriate to their age, maturity and capacity.
- Where a young person has capacity to make a healthcare decision, their privacy and participation should be respected within legal and professional requirements.
- For adults with impaired decision-making capacity, staff should identify the appropriate substitute decision-maker where required.
- Where safeguarding concerns exist, patient safety and legal obligations take priority.

18. Ethical dilemmas and escalation

Complex ethical issues may arise when rights, safety, capacity, family expectations, cultural considerations or clinician obligations conflict.

- Seek senior clinical advice early.
- Escalate significant ethical or safety issues to the Director of Clinical Governance where appropriate.
- Use MM, SQRCG or executive escalation for recurring or system-level issues.
- Seek external legal or professional advice where necessary.

19. Roles and responsibilities

Role	Responsibilities
All staff	Treat patients respectfully, protect privacy, communicate clearly, support access and escalate concerns.
Clinicians	Provide informed decision-making, assess capacity where relevant, document refusal/consent and respect patient choice within safe practice.
Reception / administration	Provide accurate service information, support accessibility, privacy and complaints pathways, and avoid giving clinical advice.
Nurses / AHPs	Support education, communication, cultural safety and patient participation within scope.
Director of Clinical Governance	Support complex rights/ethical matters, review incidents and ensure clinical governance alignment.
COO / management	Support accessibility, patient information, staff training and service-improvement actions.
CEO	Executive accountability for organisational implementation and material escalation.

20. Accreditation evidence

- Current patient rights/responsibilities information available to patients.
- Privacy and complaints information.
- Interpreter and communication-support arrangements.
- Evidence of consent processes for students/third parties.
- Patient feedback and QI evidence.
- Staff orientation to respectful, culturally safe and patient-centred care.
- Evidence of accessibility review and improvement actions.

21. Related documents

- FCD Health Informed Consent Policy
- FCD Health Privacy, Confidentiality and Health Information Management Policy
- FCD Health Consumer Complaints and Feedback Policy
- FCD Health Open Disclosure Policy
- FCD Health Diversity, Equity and Inclusion Policy
- FCD Health Patient Health Records and Records Management Policy
- FCD Health Clinical Handover and Transfer of Care Policy
- FCD Health Incident and Clinical Incident Management Policy
- FCD Health Branding and Communications Policy

22. Definitions

Term	Definition
Informed participation	The patient's active involvement in decisions after receiving information they can understand about the options, benefits, risks and alternatives.
Informed refusal	A patient's decision to decline recommended care after receiving relevant information about the consequences and alternatives.
Support person	A person chosen by the patient to provide practical, emotional or communication support.
Substitute decision-maker	A person authorised under law to make certain decisions for a patient who lacks capacity for that decision.

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Document control

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2.0	25/09/2026	25/09/2026	25/09/2027	25/09/2028	Whole-of-FCD Health update.

Approval

Approval by	Bernie Cummins, Chief Executive Officer, FCD Health
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