

# Minnesota Hospital Bill of Rights

## Legislative Intent

The legislative intent is to promote the interests and wellbeing of patients in health care facilities and a patient's rights shall not be waived as a condition of admission. Any patient guardian or conservator, or an interested person in the absence of a guardian or conservator, may seek enforcement of these rights on behalf of a patient. An interested person may also seek enforcement of these rights on behalf of a patient who has a guardian or conservator through administrative agencies or in district court having appropriate jurisdiction. The facility, pending the outcome of such enforcement proceedings may, in good faith, comply with the instructions of a guardian or conservator. Every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and the facility shall encourage and assist in the fullest possible exercise of these rights.

## Definition

"Patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours for the purpose of diagnosis or treatment bearing on the physical or mental health of that person; a person who receives health care services at an outpatient surgical center or at a non-hospital licensed birth center; a person who is admitted to a hospital-based primary treatment (residential) program that provides treatment to minors with emotional disturbance(s); a person admitted to a residential substance use disorder treatment program, licensed according to [Minnesota Rules Chapter 2960](#) (<https://www.revisor.mn.gov/rules/2960/>), parts 2960.0430 to 2960.0490; and a person who receives mental health treatment or substance use disorder treatment on an outpatient basis or in a community support program or other community-based program.

## Public Policy Declaration

It is declared to be the public policy of this state that the interests of each patient be protected by a declaration of a patients' bill of rights which shall include but not be limited to the rights specified in this section.

## Rights Information

At admission, patients have the right to be informed there are legal rights for their protection during their stay, or throughout their course of treatment and maintenance in the community, and that these rights are to be provided in writing. For residential program patients, a person 16 years old or older has the right to request release, as provided in [Minnesota Statutes, section 253B.04 subdivision 2](#) (<https://www.revisor.mn.gov/statutes/cite/253B.04>) and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for people who have communication disabilities and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other

designated staff person, consistent with [Minnesota Statutes, Chapter 13](#) (<https://www.revisor.mn.gov/statutes/cite/13>), the Data Practices Act, and [Minnesota Statute, section 626.557](#) (<https://www.revisor.mn.gov/statutes/cite/626.5572>), relating to vulnerable adults.

## **Courteous Treatment**

Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing services in the facility.

## **Appropriate Health Care**

Patients have the right to appropriate medical and personal care based on their individual needs. This right is limited where the service is not reimbursable by public or private sources.

## **Physician's, Advanced Practice Registered Nurse's, or Physician Assistant's Identity**

Patients have the right to be provided, in writing, the name, business address, telephone number, and specialty, if any, of the physician, advanced practice registered nurse, or physician assistant responsible for coordinating their care. In cases where it is medically inadvisable, as documented by the attending physician, advanced practice registered nurse, or physician assistant in the patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as a representative.

## **Relationship with Other Health Services**

Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician, advanced practice registered nurse, or physician assistant in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as a representative.

## **Treatment Information**

Patients have the right to be provided, by their physicians, advanced practice registered nurses, or physician assistants, complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's, advanced practice registered nurse's, or physician assistant's legal duty to disclose. This information shall be in terms and language the patient can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician, advanced practice registered nurse, or physician assistant in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient as a representative. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer has the right to be fully informed, prior to or at the time of admission and during their stay, of all alternative effective methods of treatment of which the attending physician, advanced practice registered nurse, or physician assistant is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

## **Participation in Treatment Planning/Family Member Notification**

Patients have the right to participate in their health care planning. This includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include family member(s), other chosen representative(s), or both. When the patient cannot be present, such individuals may be included in such conferences. A chosen representative may include a doula of the patient's choice.

If a patient who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient has an effective advance directive to the contrary or knows the patient has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient has executed an advance directive relative to the patient or resident's health care decisions.

Reasonable efforts include:

- 1) examining the personal effects of the patient;
- 2) examining the medical records of the patient in the possession of the facility;
- 3) inquiring of any emergency contact or family member contacted under this section whether the patient has executed an advance directive and whether the patient has a physician, advanced practice registered nurse, or physician assistant to whom the patient normally goes for care; and
- 4) inquiring of the physician, advanced practice registered nurse, or physician assistant to whom the patient normally goes for care, if known, whether the patient has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient and the medical records of the patient in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient has been admitted, and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in

identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility in implementing this subdivision is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

## **Designated Support Person**

Patients have the right, at a minimum, to have one designated support person chosen by the patient, including but not limited to a pregnant patient, to be physically present, while the patient is receiving health care services, including during a hospital stay.

A "designated support person" means any person chosen by the patient to provide comfort to the patient, including but not limited to the patient's spouse, partner, family member, or another person related by affinity. Certified doulas and traditional midwives may not be counted toward the limit of one designated support person.

A facility may restrict or prohibit the presence of a designated support person in treatment rooms, procedure rooms, and operating rooms when such a restriction or prohibition is strictly necessary to meet the appropriate standard of care. A facility may also restrict or prohibit the presence of a designated support person if the designated support person is acting in a violent or threatening manner toward others. Any restriction or prohibition of a designated support person by the facility is subject to the facility's written internal grievance procedure.

## **Continuity of Care**

Patients have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

## **Right to Refuse Care**

Competent patients have the right to refuse treatment based on the information identified in the above "Treatment Information" section. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician, advanced practice registered nurse, or physician assistant in the patient's medical record.

## **Experimental Research**

Patients have the right to be provided written, informed consent prior to a patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

## **Freedom From Maltreatment**

Patients have the right to be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in [Minnesota Statute, section 626.5572, subdivision 15](#)

(<https://www.revisor.mn.gov/statutes/cite/626.5572>) or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's physician, advanced practice registered nurse, or physician assistant for a specified and limited period of time, and only when necessary to protect the patient from self-injury or injury to others.

## **Treatment Privacy**

Patients have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.

## **Confidentiality of Records**

Patients have the right to be assured confidential treatment of their personal and medical records and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and [Minnesota Statutes Chapter 144](https://www.revisor.mn.gov/statutes/cite/144) (<https://www.revisor.mn.gov/statutes/cite/144>), the Minnesota Health Records Act 144.291 to 144.298. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third-party payment contracts, or where otherwise provided by law.

## **Disclosure of Available Services**

Patients have the right to be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist patients in obtaining information regarding whether the Medicare or medical assistance program will pay for any or all of the aforementioned services.

## **Responsive Service**

Patients have the right to a prompt and adequate response to their questions and requests.

## **Personal Privacy**

Patients have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being.

## **Grievances**

Patients have the right to be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens. Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Patients have the right to

view, in a clearly visible location, the facility grievance procedures, as well as the addresses and telephone numbers for the Office of Health Facility Complaints (OHFC) and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place.

Every acute care inpatient facility, every residential program, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved.

Compliance by hospitals, residential programs which are hospital-based primary treatment programs, and outpatient surgery centers with [Minnesota Statutes, section 144.691](https://www.revisor.mn.gov/statutes/cite/144.691) (<https://www.revisor.mn.gov/statutes/cite/144.691>) Grievance Procedures and compliance by health maintenance organizations with [Minnesota Statutes, section 62D.11](https://www.revisor.mn.gov/statutes/cite/62D.11) (<https://www.revisor.mn.gov/statutes/cite/62D.11>) Complaint System is deemed to be compliance with the requirement for a written internal grievance procedure.

## Communication Privacy

Patients have the right to associate and communicate privately with persons of their choice and shall enter and leave the facility as they choose, except in situations as provided by the Minnesota Commitment Act. Patients shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician or advanced practice registered nurse in the medical record. There shall be access to a telephone where patients can make and receive calls as well as speak privately, or have reasonable arrangements made to accommodate call privacy if the facility is unable to provide a private call area. Upon admission to a facility where federal law prohibits unauthorized disclosure of patient identifying information to callers and visitors, the patient, or the legal guardian or conservator of the patient, has the right to be given the opportunity to authorize disclosure of the patient's presence in the facility to callers and visitors. To the extent possible, the legal guardian or conservator of a patient shall consider the opinions of the patient regarding the disclosure of the patient's presence in the facility. This right is limited where medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a patient's care record. This right shall be programmatically limited accordingly by a facility's abuse prevention plan pursuant to [Minnesota Statute, section 626.557, subdivision 14 \(b\)](https://www.revisor.mn.gov/statutes/cite/626.557) (<https://www.revisor.mn.gov/statutes/cite/626.557>), this right shall also be limited accordingly.

## Personal Property

Patients have the right to retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. The patient has the right for such items to be maintained in a centrally locked depository or stored in an individual locked storage area for safekeeping. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

## Services for the Facility

Patients have the right to not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

## Right to Associate

Upon admission to a facility where federal law prohibits unauthorized disclosure of patient identifying information to callers and visitors, the patient, or the legal guardian or conservator of the patient, has the right to be given the opportunity to authorize disclosure of the patient's presence in the facility to callers and visitors. To the extent possible, the legal guardian or conservator of a patient shall consider the opinions of the patient regarding the disclosure of the patient's presence in the facility.

Upon admission to a facility, the patient, or the legal guardian or conservator of the patient, must be given the opportunity to designate a person who is not related who will have the status of the patient's next of kin with respect to visitation and making a health care decision. A designation must be included in the patient's health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under [Minnesota Statutes Chapter 145C](https://www.revisor.mn.gov/statutes/cite/145C) (<https://www.revisor.mn.gov/statutes/cite/145C>) prevails over a designation made under this paragraph. The unrelated person may also be identified as such by the patient or by the patient's family.

## Protection and Advocacy Services

Patients have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

## Isolation and Restraint

A minor patient who has been admitted to a residential program has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, advanced practice registered nurse, physician assistant, psychiatrist, or licensed psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

## Treatment Plan

A minor patient, admitted to a residential program, has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor patient and the minor patient's parents or guardian shall be involved in the development of the treatment and discharge plan.

## Resources

Questions or complaints regarding health care or the Minnesota Hospital Bill of Rights may be directed to:

**MINNESOTA BOARD OF MEDICAL PRACTICE**  
335 Randolph Ave., Suite 140  
St. Paul, MN 55102  
[Medical.Board@state.mn.us](mailto:Medical.Board@state.mn.us)  
612-617-2130

**OFFICE OF HEALTH FACILITY COMPLAINTS**  
(651) 201-4200/1-800-369-7994  
[health.ohfc-complaints@state.mn.us](mailto:health.ohfc-complaints@state.mn.us)  
Mailing Address:  
Minnesota Department of Health  
Office of Health Facility Complaints  
P.O. Box 64970  
St. Paul, MN 55164-0970

Questions about access to care or possible early discharge can be directed to:

**OFFICE OF OMBUDSMAN FOR LONG-TERM CARE**  
PO Box 64971  
St. Paul, MN 55164-0971  
1-800-657-3591 or 651-431-2555 (metro)  
[Office of Ombudsman for Long-Term Care \(https://mn.gov/ooltc/\)](https://mn.gov/ooltc/)  
[MBA.OOLTC@state.mn.us](mailto:MBA.OOLTC@state.mn.us)

Minnesota Department of Health  
Health Regulation Division  
PO Box 64900  
St. Paul, MN 55164-0900  
651-201-4200  
[health.fpc-licensing@state.mn.us](mailto:health.fpc-licensing@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

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*To obtain this information in a different format, call: 651-201-4200.*