

Patient Rights and Responsibilities

In this document, we inform our Patients of their rights and responsibilities, and of the possibilities of exercising such rights in line with the Act CLIV of 1997 on Health (hereinafter referred to as Health Act). If any differences arise between the Patient Rights and Responsibilities and the Act, the Act shall be considered.

1. Patient Rights

1.1. Right to Access Healthcare

- a) Each patient shall have the right to receive life-saving medical care in an emergency, care to prevent severe or permanent impairment of health, as well as to have his or her pain alleviated and his or her suffering relieved.
- b) Each patient shall have the right, within the frameworks provided for by law, to reasonable, appropriate and continuously accessible medical care, justified by his or her health condition, without any discrimination. Healthcare shall be considered appropriate if delivered in compliance with the professional and ethical rules, and practice guidelines relating to the specific healthcare service.
- c) The patient shall have a right to choose his or her attending physician, with the agreement of the healthcare provider of the level justified by his or her condition and, unless a regulation sets forth an exception, the physician so chosen, provided it is not precluded by the professional contents of the health service justified by the patient's condition, by the urgency of care or the legal relationship serving as the basis for the use of the service. The right to choose a physician may be exercised in accordance with Section 3 of the General Contract Terms and Conditions.
- d) The patient may initiate to be examined by a second physician in connection with any diagnosis made or therapy recommended by the patient's attending physician, or regarding his or her planned discharge from an inpatient institution or referral to another healthcare provider.
- e) If a patient cannot be given the necessary care warranted by his or her health condition within the shortest possible period of time, the healthcare provider shall be obliged to inform him or her of the healthcare provider where the specific healthcare service is available.
- f) If placed on a waiting list, the patient shall be informed of the reason for, and expected duration of waiting, as well as of its possible consequences.

1.2. Right to Human Dignity

- a) The patient's human dignity shall be respected in the course of healthcare.
- b) Unless otherwise provided by the Act, only the interventions necessary for the care of the patient may be performed.

c) In the course of healthcare, a patient may be restricted in exercising his or her rights only for the period of time justified by his or her state of health, and to the extent and in the way, as specified by law.

d) In the course of healthcare, the patient's personal freedom may be restricted by physical, chemical, biological or psychological methods or procedures exclusively in case of emergency, or in order to protect life, physical safety and health of the patient or others. Restriction of the patient by tormenting, punitive, degrading, inhumane or cruel methods shall be prohibited. The restriction shall only last as long as the cause for which it was ordered exists.

e) The application of restrictive methods or procedures shall be ordered by the patient's attending physician, unless otherwise stated by the Act. Prior to applying such restrictive measures, or if it is not possible, within the shortest possible time after the initiation of their application, the attending physician shall enter the restrictive methods or procedures in the medical record, indicating the reasons for and the duration of application. In the absence of continuous medical supervision, in exceptionally justified cases, a registered specialist nurse may also give temporary order for the restriction. The attending physician shall be informed of the restriction without delay, and shall be required to approve it in writing within sixteen hours. In the absence of such approval, the restriction must be discontinued. If restrictive methods and measures are applied, the patient's condition and physical needs shall be observed regularly, in compliance with professional rules. The observation and the findings shall be entered into the patient's medical records.

f) A patient may only be made to wait on fair grounds and duration.

g) In the course of healthcare, for protection of his or her modesty, the patient's clothing may only be removed for the necessary time and to the professionally justified extent.

1.3. Right to Maintain Contact

a) The rights to maintain contact may be exercised by the patient depending on the conditions existing in the inpatient institution, while respecting his or her fellow-patients' rights, and ensuring undisturbed and smooth provision of patient care. The detailed rules of this are defined in the policy of the inpatient institution, without restricting the content of these rights. The regulations of the inpatient institution may grant further rights.

b) In the course of his or her stay in an inpatient institution, the patient shall have the right to maintain contact with other persons either in writing or orally, also to receive visitors and to exclude any person therefrom. The patient may forbid the fact of his or her treatment or any other information related to his or her treatment be disclosed to other persons. This may only be disregarded in the interest of the patient's care, at the request of his or her next of kin or a person obliged to provide care for him or her.

c) A patient in a severe condition shall have the right to have the person designated by the patient stay with him or her. For a legally incapable patient, the above person might be designated by a person defined in Section 16 Subsections (1) to (2) of the Health Act. (In accordance with this Section, a patient in a severe condition is one who, due to his or her condition, is physically unable to look after himself or herself, or whose pain cannot be alleviated even with the use of medication, or who is in a state of psychological crisis.)

d) A minor patient shall have the right to have his or her parent, legal representative, or a person designated by the patient, or by the patient's legal representative stay with him or her.

e) A woman in childbirth shall have a right to designate a person of age to stay with her continuously during labour and delivery, and after delivery, to have her newborn placed in the same room with her, provided it is not excluded by the mother's or the newborn's health condition.

f) The patient shall have the right to maintain contact with a representative of the church or with a member of a religious organization engaged in religious activities corresponding to his or her religious beliefs and to freely exercise his or her religion.

g) The patient shall have a right to use his or her own clothes and personal belongings, unless otherwise specified by law.

1.4. Right to Leave the Healthcare Facility

a) The patient shall have the right to leave the healthcare facility, unless the health or physical safety of others are compromised by doing so. This right may be restricted only in accordance with the law.

b) The patient shall inform his or her attending physician of the intention to leave, and the physician shall indicate it in the patient's medical record.

c) If the patient has left the healthcare facility without notification, the attending physician shall enter this fact in the patient's medical record, furthermore, in the case of a legally incapable patient, excluding a patient with limited disposing capacity, his or her legal representative shall be notified of the fact that the patient has left the healthcare facility. In the case of a minor patient with reduced disposing capacity or a patient with limited disposing capacity in assertion of the rights related to medical care may be exercised by the entitled person defined in Section 16 Subsection (1) Point a) of the Health Act, in the absence thereof, the legal representative. If the patient has a supporter in accordance with the law on supported decision-making and the patient asked to indicate it in the medical record, the supporter shall be notified of the fact that the patient has left the healthcare facility.

d) The patient or his or her next of kin shall be informed of the fact of discharge, if possible, at least 24 hours in advance.

e) If the patient is legally incapable, the right to leave the healthcare facility, may be exercised with the agreement of the legal representative.

1.5. The Right of Information

a) The patient is entitled to full and complete information provided in an individualized form. The patient shall have the right to be informed even in cases where his or her consent is not otherwise a condition for initiating medical care.

b) The patient shall have the right to receive detailed information on:

1.5.b.1. his or her state of health, including its medical judgement,

1.5.b.2. the recommended examinations and interventions,

1.5.b.3. the possible benefits and risks of performing or not performing the recommended examinations and interventions,

1.5.b.4. the planned dates for performing the examinations and interventions,

1.5.b.5. his or her right to decide in respect of the recommended examination or intervention,

1.5.b.6. the possible alternative procedures and methods,

1.5.b.7. the course of care and the expected outcome,

1.5.b.8. additional services and

1.5.b.9. the recommended lifestyle.

c) The patient shall have the right to ask additional questions during information and subsequently.

d) The patient shall have the right to be informed of the results or eventual failure, or unexpected outcomes and their reasons, after an examination or intervention has been performed in the course of his or her care.

e) A patient with no disposing capacity, a minor patient with limited disposing capacity or a patient with limited disposing capacity of any reasons shall also have to right to be informed in correspondence with his or her age and mental state.

f) The patient shall have the right to know the name, qualifications and professional status of those directly providing services.

g) The patient shall have the right to be informed in a way which is comprehensible for him or her, with regard to his or her age, education, knowledge, state of mind and his or her wish expressed on the matter, furthermore, if necessary and if possible, the services of an interpreter or a sign language interpreter shall be provided for thereof.

h) If the patient has a supporter in accordance with the law on supported decision-making in health-related issues, when being informed, the patient shall have the right upon his or her own request to have the supporter present.

i) A patient with full disposing capacity or a minor patient over the age of 16 may waive the right of being informed, except in cases when he or she must be aware of the nature of his or her illness in order not to endanger the health of others. If an intervention takes place at the patient's initiative and not for therapeutic purposes, such waiver of the right of information shall only be valid in writing.

1.6. The Right to Self-Determination

a) The patient, including minor patients under the age of 16, shall have the right to self-determination, which may only be restricted in the cases and in the ways defined by law.

Within the framework of exercising the right of self-determination, the patient is free to decide whether

1.6.a.1. he or she wishes to use healthcare services, and

1.6.a.2. which procedures to give consent to in the course of using such services, and

1.6.a.3. which procedures to refuse taking into account the limitations in accordance with the law.

b) The patient shall have the right to be involved in the decisions concerning his or her examination and treatment. Apart from the exceptions defined by law, the performance of any healthcare procedure shall be dependent on the patient's consent thereto granted on the basis of appropriate information, free from deceit, threats and pressure (hereinafter referred to as 'consent').

c) A patient may give his or her consent orally, in writing or through implied behaviour, unless otherwise specified by law. Invasive procedures and voluntary participation in a treatment as defined in Section 197 of the Health Act shall require the patient's written consent, or if the patient is not capable of this, to his or her declaration made orally, or in other way, in the joint presence of two witnesses.

d) If the patient has a supporter in accordance with the law on supported decision-making in health-related issues, the patient shall have the right upon his or her own request to have his or her supporter present during the course of making a consent and discuss it with the supporter.

e) A patient may, at any time, withdraw his or her consent given to the performance of a procedure. If, however, the patient withdraws his or her consent without sound reasons, he or she may be obliged to reimburse any justified costs that will have incurred as a result of such withdrawal.

f) Unless otherwise specified law, a person with full disposing capacity may, in a statement incorporated into a notarised deed or a private document providing full evidence, or, in the case of inability to write, a declaration made in the joint presence of two witnesses,

1.6.f.1. name the person with full disposing capacity who shall be entitled to exercise the right to consent and refuse in his or her behalf, and who is to be informed,

1.6.f.2. exclude any of the persons defined in Point a) from exercising the right of consent and refusal in his or her behalf, or from obtaining information or without naming a person.

g) If a patient has no disposing capacity, and there is no person entitled to make a statement, the following persons indicated below, shall be entitled to exercise the right of consent and refusal, unless excluded by the patient or otherwise specified by law:

1.6.g.1. the patient's legal representative, in the absence thereof

1.6.g.2. the following individuals with full disposing capacity and sharing household with the patient:

- ba) the patient's spouse or common-law spouse, in the absence thereof,
- bb) the patient's child, in the absence thereof,
- bc) the patient's parent, in the absence thereof,
- bd) the patient's sibling, in the absence thereof,
- be) the patient's grandparent, in the absence thereof,
- bf) the patient's grandchild;

1.6.g.3. in the absence of a relative indicated in Point b), the following individuals with full disposing capacity and not sharing household with the patient:

- ca) the patient's child, in the absence thereof,
- cb) the patient's parent, in the absence thereof,
- cc) the patient's sibling, in the absence thereof,
- cd) the patient's grandparent, in the absence thereof,
- ce) the patient's grandchild.

h) In the event of contrary statements made by the individuals qualified in the same line to make statement, the decision that is likely to impact the patient's state of health the most favourably shall be taken into account.

i) The statement of the persons defined in Point g) shall be made exclusively following the provision of information in accordance with Section 13, and it may refer to giving consent to invasive procedures recommended by the attending physician. However, such a declaration – with the exception of the potential risks– apart from the intervention may not unfavourably affect the patient's state of health, and in particular may not lead to serious or lasting impairment to the health. The patient shall be informed of such statements immediately after he or she regains his or her full disposing capacity.

j) In making decisions on the healthcare to be provided, the opinion of a minor patient with no or limited disposing capacity or a patient with limited disposing capacity in assertion of the rights related to medical care shall be taken into account to the extent professionally possible also in cases where the right of consent and refusal is exercised by the person defined in Point g).

k) The patient's consent shall be assumed to be given in case of interventions if the patient is unable to make a statement of consent as a result of his or her health condition and

1.6.k.1. obtaining a statement from the person defined by the patient would result in delay;

1.6.k.2. in the case of invasive interventions, if obtaining a declaration from the person defined by the patient or in Point g) would result in delay and the delayed performance of the intervention would lead to a serious or lasting impairment of the patient's state of health.

l) The patient's consent shall not be required, if failure to carry out the given intervention or action

1.6.l.1. would seriously endanger the health or physical safety of others, including the foetus beyond the 24th week of pregnancy, furthermore

1.6.l.2. if with the refusal of the care, the patient's life is in immediate danger.

m) If, in the course of an invasive intervention, an extension thereof becomes necessary which was not foreseeable, in the absence of a consent to such extension it may only be carried out if

1.6.m.1. justified by a state of emergency, or

1.6.m.2. failure to do so would impose a disproportionately serious burden on the patient.

n) If the extension of the intervention would lead to the loss of an organ or a part of the body or to the complete loss of the function thereof, in the absence of a consent to such extension, the intervention may only be extended if the patient's life is in immediate danger or it would impose a disproportionately serious burden on the patient.

o) The patient's written consent shall be required to the use of any of his or her cells, cell components, tissues, organs and body parts removed while alive in connection with an intervention for any purpose not related to the patient's healthcare provision. The patient's consent shall not be required for the disposal of these materials in the usual manner.

p) The patient is entitled, within legal frameworks, to decide on any interventions regarding his or her body in the event of his or her death. In accordance with the provisions of the law, the patient may prohibit the removal of any organ and tissue from his or her body for the purposes of healing, research or education.

1.7. Right to Refuse Healthcare

a) The patient with full disposing capacity shall have the right to refuse healthcare provision, excluding the cases defined in the Health Act, and unless the absence thereof would endanger the lives or physical safety of others.

b) The patient's refusal of provision of any care, the absence of which would be likely to result in serious or permanent impairment of his or her health, requires a notarised deed or a private document providing full evidence, or in the case of inability to write, the joint presence of two witnesses. In the latter case, the refusal must be recorded in the patient's medical record and certified with the signatures of the witnesses.

c) Life-supporting or life-saving interventions may only be refused, thereby allowing the illness to follow its natural course, if the patient suffers from a serious illness which, according to the current state of medical science, will lead to death within a short period of

time even with adequate healthcare, and is incurable. The refusal of life-supporting or lifesaving interventions may be made in observance with the formal requirements set out in Point b). A refusal shall only be valid if a committee consisting of three physicians has examined the patient and made a unanimous, written statement to the effect that the patient took his or her decision in full cognizance of its consequences, and the conditions have been satisfied, furthermore, if on the third day following such statement by the medical committee the patient repeatedly declared the intention of refusal in the presence of two witnesses. If the patient does not give consent to the examination of the medical committee, his or her statement regarding refusal of medical treatment may not be taken into consideration. Members of the committee shall be the patient's attending physician, one physician specialised in the field corresponding to the nature of the illness who is not involved in the treatment of the patient, and one psychiatry specialist.

d) Female patients may not refuse a life-supporting or life-saving intervention if they are pregnant and are considered to be able to carry the child to term.

e) In the event of refusal as defined in Points b) to c), an attempt shall be made to identify the reasons underlying the patient's decision through personal interviews and to alter the decision. During this, the patient shall be informed once again of the consequences of failure to carry out the intervention.

f) A patient may withdraw his or her statement of refusal at any time and without any restriction upon the form thereof.

g) The care according to Point b) cannot be refused in case of a patient with no disposing capacity, a minor patient with limited disposing capacity or a patient with limited disposing capacity in assertion of the rights related to medical care.

h) The healthcare service of the general practitioner, the pediatrician and the district nurse cannot be refused in case of patients with limited disposing capacity and minor patients no disposing capacity. Exercising the right defined in the act on primary healthcare to choose a general practitioner or a pediatrician by the legal representative of a patient with limited disposing capacity or a minor patient with no disposing capacity is not qualified as refusal of healthcare services.

i) An intervention as defined in Point c) may only be terminated or dispensed with if the will of the patient in that respect can be established clearly and convincingly. In case of doubt, the patient's subsequently and personally made statement must be taken into account; in the absence of such declaration, the patient's consent to the life-supporting or life-saving intervention must be assumed.

j) In the course of refusing healthcare, a patient must not be forced by any means to alter his or her decision. Even in the case of refusal of an intervention the patient shall have the right to receive healthcare intended to ease his or her sufferings and alleviate pain.

1.8. Right of Information of Medical Records

a) The patient is entitled to become acquainted with the data contained in his or her medical record, and shall have the right to request information on data concerning his or her health.

b) The healthcare provider shall dispose of the medical record, while the patient shall dispose of the data contained therein.

c) The patient is entitled to

1.8.c.1. be informed of the data processing related to the medical treatment,

1.8.c.2. be informed of the data concerning his or her health,

1.8.c.3. gain access to the medical records and to make an excerpt or copy or to receive copies thereof at his or her own expense,

1.8.c.4. receive a discharge summary upon discharge from the inpatient institution,

1.8.c.5. receive an outpatient sheet after the end of the outpatient treatment,

1.8.c.6. receive a written summary or excerpted opinion of data concerning his or her health, at his or her own expense.

d) The patient entitled to initiate completion or correction of the medical record relating to him or her, that he or she deems to be inaccurate or incomplete, which shall be entered in the medical record by the attending physician, or by another data controller, together with his or her professional opinion. The erroneous data concerning health may not be deleted following the entry thereof, and shall be corrected in such way that the originally entered data can be recognised.

e) If the medical record of a patient also contains information concerning another person's right to confidentiality, the right of inspection and other rights may only be exercised in respect of the part thereof relating to the patient.

f) In the course of healthcare provision for his or her current condition, the patient is entitled to give written authorization to a person designated by him or her to inspect the medical record relating to him or her and to have copies made thereof.

g) Following the completion of the patient's medical treatment, only the person being authorised by the patient in a private document providing full evidence shall have the right to inspect the medical record and to have a copy made thereof.

h) In the case of a patient's death, his or her legal representative, close relative, or heir is entitled, upon written request, to become acquainted with the data concerning health that is, or may be, associated with the cause of death, and the data that is related to the medical treatment preceding death, furthermore to inspect the medical record and to be provided with copies thereof, at his or her own expense.

1.9. Right to Medical Confidentiality

a) The patient is entitled to have persons involved in his or her healthcare disclose his or her and personal data and data concerning health which they might learn in the course of delivering such care (hereinafter: 'medical secret') only to those entitled thereto and to have them process such data confidentially.

b) The patient is entitled to make a statement as to who are to receive information on his or her illness and the expected outcome thereof and who are to be excluded from becoming partially or fully acquainted with the data concerning his or her health.

c) The data concerning health of the patient concerned shall be disclosed even in the absence of his or her consent thereto when

1.9.c.1. ordered by law,

1.9.c.2. required in order to protect the lives, physical safety and health of others.

d) the data concerning health, the absence of which may lead to the deterioration of the patient's state of health may be disclosed to a person in charge of the patient's further nursing and continuing care, without the consent of the patient concerned.

2. 2. Patient Responsibilities

2.1. Compliance with legal regulations and the healthcare service provider's policy.

a) When using a healthcare service, the patient is obliged to respect and observe the legal regulations applicable thereto and the healthcare service provider's policy.

2.2. Responsibility to Cooperate

a) The patient has the responsibility to cooperate, as long as his or her state of health permits, with the healthcare workers involved in his or her care according to the patient's abilities and knowledge, as follows:

2.2.a.1. inform them of all details necessary for a diagnosis, the preparation of an adequate treatment plan and for carrying out the necessary interventions, in particular, of his or her history of illnesses, medical treatment, use of medicinal products or pharmaceutical products, and his or her health-damaging risk factors,

2.2.a.2. inform them of every detail in connection with the patient's illness which may endanger the lives or physical safety of others, in particular, of any infectious diseases, and of illnesses and conditions keeps him or her from working,

2.2.a.3. in case of infectious diseases, name the persons from whom the patient may have contracted the infectious disease and who he or she may have infected,

2.2.a.4. inform them of all former legal statements that he or she might have made in connection with healthcare,

2.2.a.5. observe the instructions received from them in connection with the medical treatment,

2.2.a.6. observe the healthcare service provider's policy,

2.2.a.7. pay the recompense fee,

2.2.a.8. show credible evidence of his or her personal data required to process.

2.3. Responsibilities of Exercising Patient Rights

a) In the course of exercising his or her rights, the patient and his or her relatives have the responsibility to respect the rights of other patients.

b) Exercising the rights of a patient and his or her relatives may not violate the rights of healthcare professionals stipulated by law.

c) The method of exercising patients' rights, including the order of releasing a medical record, is regulated by service provider policy (Maternity Private Clinic Policy), within the boundaries of the law.

3. Protection of Patient Rights

3.1. Complaint Investigation Policy

a) The patient is entitled to file a complaint with regard to healthcare service at Maternity Private Clinic.

b) If having a complaint, the patient can contact:

Name	Position	Contact Details
Gizella Molnár Péterné	Client Relationship Manager	molnar.gizella@maternity.hu +36 20 285 9088
Petronella Hupuczi Dr	Director	hupuczi.petronella@maternity.hu +36 20 825 0426

c) We will investigate Your complaint and inform You of the findings of the investigation in writing as soon as possible and, in any event, within 30 days.

d) Please note that exercising Your right to complain does not affect Your right to contact other bodies employing patient, care recipient and child advocates in the investigation of the complaint, as defined in specific legal regulations.

e) Your complaint, by law, will be registered and the documents related to the complaints and the investigation thereof will be kept for 5 years.

3.2. Patient Advocate

a) The Hungarian National Centre for Patients' Rights and Documentation (hereinafter: OBDK) has been running the network of patient, care recipient and child advocates since 1st November 2012, and also manages, organizes and controls the professional work of the network.

b) You can directly file a complaint with the central complaint office working within the organisational framework of OBDK or with the patient advocate having the territorial jurisdiction.

c) Patient Advocate

3.2.c.1. Name: Andrea Juhász, J.D.

3.2.c.2. Phone no.: +36 20 4899 554

3.2.c.3. Email address: andrea.juhasz@jib.emmi.gov.hu

d) Please find more information about the Hungarian National Centre for Patients' Rights and Documentation and about patient advocacy on their website www.obdk.hu and on the page <http://www.obdk.hu/betegjog.html>.