

RIGHTS AND DUTIES OF USERS

1. RIGHTS OF USERS OF HEALTH SERVICES

1.1. RIGHT OF CHOICE

The user has the right of choice of services and health care providers as far as the existing resources. The right of health protection is held taking into consideration organization's rules of health services.

1.2. Consent or denial

The user has the right to deny or consent in a freely and solid manner the health care which he intends to himself, revoking or consenting in any given moment.

1.3. Appropriateness of the health care's provision

The user has the right to receive, promptly or in a time's period considered clinically acceptable – in appropriate cases – the health care which he may require. These cares must be the most appropriate and technically correct and humanly provided in respect with the user.

1.4. Personal details and protection of private life

The user has the right to the protection of its personal details and to the privacy of their private life. These details, when collected, must be suitable to the intended purpose and always available to the client for its own adjustment.

1.5. Confidentiality

The user has the right of confidentiality on its personal details. Health care professionals are obliged to the confidentiality's duty regarding the knowledge of facts in their health care practices, unless otherwise agreed.

1.6. Right to information

Health care's user has the right to be informed about its situation, possible choices of treatment and probable evolution of its condition. This information should be transmitted in accessible, objective, complete and understandable way.

1.7. Spiritual and religious assistance

Health care's user has the right to religious assistance, regardless of the religion's beliefs. Churches or religious communities, legally acknowledged, have assured requirements which allow the free practice of spiritual and religious assistance to the admitted users, if requested.

1.8. Complaints and claims

The user has the right to demand and present complaints on the health care's facilities, according to legal terms, as well as to receive compensation for damage suffered. Institution's response is mandatory.

The complaints book must be available upon request.

1.9. Right of association

Health care's user has the right to be legally represented and defended according to its concerns.

1.10. Minors and disabled

In legal terms, there are proposed conditions in which disabled, and minors' legal representatives may exercise their inherent rights.

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2. USER MONITORING OF HEALTH SERVICES

2.1. Right of monitoring

- On the urgency services of the Portuguese National Health System (SNS), it is recognized and guaranteed the right of monitoring by a person designated by you and that information must be given in the admission of the service.
- It is acknowledged to the admitted pregnant woman the right of monitoring whilst every labour phase by any person designated by you.
- It is noted the right of familiar monitoring to admitted children, as well as disabled people, people with high-dependency needs and people with incurable disease in an advanced state and in final stage.

2.2. Attendant

In cases where clinical condition doesn't allow for the user to openly choose the attendant, services must promote the right for monitoring.

When the admitted person isn't supervised the medical facility must seek to provide the necessary and accurate personalized service to the situation.

2.3. Restrictions to the right of monitoring.

- It is not allowed to attend or assist to surgical interventions and other exams or treatments which, by their nature, may affect its efficiency and correction by the attendant's presence.
- The health professional shall be responsible to inform and explain the health care provisions which prevent the continuity of monitoring by the attendant.

2.4. Attendant's rights and duties

- The attendant has the right to be properly informed in reasonable time about the patient's condition, on the different phases of medical assistance, with the following exceptions:
 - a) Explicit indication contrary to the patient;
 - b) Privacy confidentiality
- The attendant must behave accordingly and respect and accept instructions and indications from the health professionals.
- In case of infringement of disrespect or disobedience, services may prevent to the attendant to remain next to the patient and decide his exit. In his replacement, other attendant may be nominated.

3. MONITORING OF PREGNANT WOMAN DURING LABOUR

3.1. Monitoring terms

The right to monitoring in any period of the day when delivery occurs. The attendant will not be submitted to visit procedures, held free of payment.

3.2. Exercise terms

The attendant may exceptionally not be present when (those interested should be properly informed):

- in severe clinical situations, being inadvisable and expressly determined by the obstetrician.
- where the facilities are not in agreement with the attendant's presence and the confidentiality insurance pleaded by other parturient.

3.3. Cooperation between the attendant and services

Necessary measures are adopted to the insurance cooperation between the pregnant woman, attendant and services. The three parties should accurately provide information about the labour as well as necessary clinical actions.

4. HOSPITALISATION'S MONITORING

4.1. Familiar monitoring of admitted child

- Admitted child up to the age of 18 has the right of permanently monitoring by father or mother or other replacement.
- The child aged over 16 years old may appoint the attendant or even dispense anyone. Monitoring's exercise is free of charge.
- When the admitted child is a carrier of a transmissible disease and when contact with others forms a risk to the public health, the right of monitoring can terminate or be limited, by written indication by the doctor.

4.2. Familiar monitoring of disabled persons or dependent

Disabled persons or dependents with incurable disease in advanced stages and people in final stages, admitted, have the right to close monitoring from ancestor, descendant, partner and in their absence or impediment, by a person designated by you.

4.3. Monitoring terms

- Close familiar monitoring is practiced in day or night time according to technical instructions and rules and other established standards in their own clinical procedure.
- It is forbidden to the attendant to assist surgical interventions submitted by the admitted person as well as treatments in which its presence is harmful to the correction and efficiency of them, unless a permission is given by the doctor.

4.4. Cooperation between the attendant and services

Health providers must offer to the attendant appropriate information and guidance to enable him, if he wants, under supervision, contribute to the health care provisions to the admitted person.

The attendant must fulfil the instructions given by the health professionals.

4.5. Meals

The admitted person's attendant, if held free of basic fees to accessing to health benefits within the National Health Service (SNS), has the right to a free meal, on the health establishment, if remains 6 hours per day and always when these following terms are verified:

a) The admitted person is in danger of death;

- b) The admitted person is in the post-operative period and until 48 hours after the intervention;
- c) When the attendant is the mother and nursing the admitted child;
- d) When the admitted person is isolated by medical-surgical criteria;
- e) When the attendant lives at a distance of more than 30 kilometers of the health establishment where the internment takes place.

5. USER'S DUTIES OF THE HEALTH SERVICES

User's duties of the health services

- 1 – The health services' user must respect the rights of other users as well as the health professionals with whom he relates.
- 2 – The health services' user must respect the rules of organization and performance of the health's services and facilities.
- 3 – The health services' user must cooperate with the health professionals in every aspect of the situation.
- 4 – The health services' user must pay costs which derive from health care provisions, when that is the case.

6. LETTER OF RIGHTS AND ACCESS TO THE HEALTHCARE SERVICES BY USERS OF THE NATIONAL HEALTH SERVICES

The Letter of Rights and Access defines:

- a) The maximum time of guaranteed answers;
- b) The user's right to the information about times.

6.1. User's information

The establishments of SNS and public sector are obliged to:

- a) Post on easy access places updated information about the maximum times of guaranteed answer by pathology or pathologies' groups;
- b) Inform the user when scheduling about the maximum time of guaranteed answer to the care provisions he may need;
- c) Inform the user the need to proceed to referral to the private sector and upon the maximum time of guaranteed answer to their respective precautions to be rendered to the mention establishment.

6.2. Complaints

It is noted to the user the right to complain to the Portuguese Healthcare Regulations Authority (ERS) when the guaranteed maximum times are not fulfilled

This information does not dispense the consultation of Law no. 15/2014 of March 21, which may be made available on request