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Corporate
Director of
Quality
Area Patient Rights
Applicability State-Wide
Florida

Policy - Patients Right to Visitation Florida Hospitals

Version: 3

Purpose:

To define the patient's right to visitation while receiving care, treatment, and service.

Scope:

This is an organization-wide policy.

Responsibility:

Hospital Governing Body

Policy:

The patient has the right to visitation while under the care, treatment, and service of the Hospital as long as the patient consents to receiving guests. The Hospital shall not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability. Visitors shall enjoy full and equal visitation privileges consistent with patient preferences.

Consensual physical contact between a patient and visitor is permitted.

The right of a patient to have visitors may be limited or restricted when visitation would interfere with the care of the patient and/or the care of other patients. Circumstances reasonably related to the care of the patient and/or the care of other patients that provide a basis to impose restrictions or limitations on visitors include (but are not limited to) when:

- There may be infection control issues;
- Visitation may interfere with the care of other patients;
- The organization is aware that there is an existing court order restricting contact;
- Visitors engage in disruptive, threatening, or violent behavior of any kind;
- The patient or patient's roommate(s) need rest or privacy;
- In the case of an inpatient substance abuse treatment program, there are protocols limiting visitation;
- The patient is undergoing care interventions;
- Visitation is otherwise clinically contraindicated

Children under 12 years of age shall not be admitted as visitors except in the company of a responsible adult.

The organization may limit the number of visitors for any one patient during a specific period of time, as well as establish minimum age requirements for child visitors when reasonably necessary to provide safe care.

The patient shall be informed of the reason for any restriction or limitation of visitors.

Procedure:

A. Limiting Visitation in Specific Care Settings

1. The number of visitors and length of visitation may be limited in specific care settings such as intensive care units and post-operative/invasive recovery areas due to the critical nature of a patient's illness and the level of required medical care.
2. Due to care and safety concerns, visitation is not permitted during the performance of invasive, or other high-risk procedures. To protect patient privacy, visitation is generally not permitted when a patient is receiving personal care such as toileting, bathing, etc.

B. Designating a Support Person for Visitation

1. A patient has the right to designate a support person for visitation. A patient's "support person" does not necessarily have to be the same person as the patient's representative who is legally responsible for making medical decisions on the patient's behalf. A support person could be a family member, friend, or other individual who supports the patient during the course of care, treatment, or service.
2. Not only may the support person visit the patient, but he or she may also exercise a patient's visitation rights on behalf of the patient with respect to other visitors when the patient is unable to do so.
3. The Hospital shall accept a patient's designation, orally or in writing, of an individual as the patient's support person.
4. When a patient is incapacitated or otherwise unable to communicate his or her wishes and an individual provides an advance directive designating an individual as the patient's support person (it is not necessary for the document to use this exact

term), the organization shall accept this designation, provide the required notice of the patient's visitation rights, and allow the individual to exercise the patient's visitation rights on the patient's behalf.

5. When a patient is incapacitated or otherwise unable to communicate his or her wishes, there is no advance directive designating a representative on file, and no one has presented an advance directive designating himself or herself as the patient's representative, but an individual asserts that he or she, as the patient's spouse, domestic partner (including a same-sex domestic partner), parent or other family member, friend, or otherwise, is the patient's support person, the organization shall accept this assertion, without demanding supporting documentation, provide the required notice of the patient's visitation rights, and allow the individual to exercise the patient's visitation rights on the patient's behalf. However, if more than one individual claims to be the patient's support person, the organization may ask each individual for documentation supporting his/her claim to be the patient's support person.

C. Informing the Patient/ Support Person of Their Right to Visitation

1. The Hospital shall inform patients (or the patient's support person, where appropriate) of their visitation rights. This information shall be provided in writing, whenever possible, before the organization provides or stops care. If the patient also has a representative who is different from the support person, the representative must also be provided information on the patient's visitation rights, in addition to the support person, if applicable.
2. The written notice shall address any clinically necessary or reasonable limitations or restrictions imposed by Hospital policy on visitation rights, providing the clinical reasons for such limitations/restrictions, including how they are aimed at protecting the health and safety of all patients.
3. The information shall be sufficiently detailed to allow a patient (or the patient's support person) to determine what the visitation hours are and what restrictions, if any, apply to that patient's visitation rights.
4. The notice must also inform the patient (or the patient's support person, where appropriate, of the patient's right to:
 - Consent to receive visitors he or she has designated, either orally or in writing, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend;
 - Receive the visitors he or she has designated, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend; and
 - Withdraw or deny his/her consent to receive specific visitors, either orally or in writing.
5. The medical record must contain documentation that the written notice was provided to the patient or, if appropriate, the patient's support person.

D. Resolving Disputes Regarding Visitation

If there is a question or disagreement surrounding who may visit the patient, it shall be resolved as quickly as possible as follows:

- If the patient is able, the patient shall decide who may visit
- If the patient is unable, the patient's designated support person shall decide who may visit
- In the event that a patient has both a representative and a support person who are not the same individual, and they disagree on who should be allowed to visit the patient, the organization shall defer to the decisions of the patient's representative.
- If none of the above options present themselves, the organization shall determine who may visit based on a good faith understanding of the patient's likely wishes.

E. TRAINING OF STAFF

Staff that play a role in facilitating or controlling visitors shall be trained to assure appropriate implementation of this policy and on the avoidance of unnecessary restrictions or limitations on the patient's right to receive visitors. Training shall be provided as part of new-hire orientation.

Related Policies and Forms:

[Patient Right to Notify Others of an Inpatient Admission](#)

[Patient Rights & Responsibilities](#)

Keywords:

Visitation, Patient Rights

References:

CMS Conditions of Participation for Acute Care Hospitals, §482.12(h)

CMS Conditions of Participation for Critical Access Hospitals §485.635(f)

Center for Improvement in Healthcare Quality, Standard PR-12

The Joint Commission, Standard RI.01.01.01

DNV, Standard PR.1

HFAP, Standard 15.01.25

Standards

No standards are associated with this document