A Patient Advocate acts as a support structure and if legally contracted to do so may act as a liaison between a patient and their Health Care Provider(s). Most health care professionals see themselves as advocates for their patients, however their time and scope are limited by their job function. The Independent Patient Advocate is a vital instrument for both patient and healthcare providers in the optimal delivery of health care.

The terms Patient Advocate and Patient Advocacy have a broad range of usage and may be applied to various subcategories of individual advocates and organizations providing various levels of advocacy. A Healthcare Advocate may provide some of the services that a Patient Advocate provides. The Patient Advocate may be an individual or an organization. Patient Advocacy organizations are often non-profit and focus on one aspect of health care or a specific disease, generally within fundraising and awareness campaigns, including healthcare library literature and information services. These organizations rarely engage in the Patient Advocacy function of clinical support, liaising with patient and provider. There are also governmental agencies that study and ensure compliance with government regulations including financial aid. Some patient advocates work for the institutions that are directly responsible for the patient’s care.

Patient Advocacy is a burgeoning field in the early stages of legislative definition and there is currently no accredited certification curriculum specifically for advocacy. While those engaged directly with the patient during care are typically educated and experienced in the healthcare area of concern, a Patient Advocate need not be in the health care profession and may simply be a concerned citizen, supportive neighbor, friend or family to listen, take notes and help the patient communicate, understand, remember and cope with an often confusing and fearful process.

The Patient Advocate may be present for health care appointments and alert the Health Care Provider to Patient compliance issues and separately assist the Health Care Provider and support staff with potential issues and communication. The Patient Advocate will maintain communication with the Patient and Health Care Provider to help ensure patient understanding of procedures, thereby reducing fear and increasing patient compliance, resulting in a higher percentage of successful treatment. Generally, a Patient Advocacy contract with a Release of Medical Information must be placed with each healthcare facility. A Power of Attorney for Healthcare may be required by some institutions for a Patient Advocate to exchange confidential information.

There is currently no specific training or certification program for individuals calling themselves Patient Advocates. However, there are individuals, organizations and agencies that offer individual patient advocacy services either as volunteers or for a fee. These have been termed professional patient advocates by the Health Advocates Association.

The Patient Advocate may provide medical literature research service to the patient, family, health care provider or research personnel as requested. The Patient Advocate often assists with family communication and issues arising from illness and injury. This may include further referral for care and support for both patients and families, which includes ongoing communication and coordination with all practitioners according to each practitioner's preferred protocol. The Patient Advocate has a responsibility for awareness of compliance, appropriateness and coordination of care for the patient, with initial oversight for potentially conflicting treatment modalities and medications. Questions about the appropriateness of treatment should be promptly discussed with the Patient and Primary Care Provider, with all treatments and concerns promptly entered into the health care record. The health
care record should be reviewed for correctness and provided to the patient on an annual basis, or more often if the treatment is intensive, prolonged or with several health care providers. Creation and maintenance of an electronic log for Patient and available by disc to Healthcare Providers is highly desirable as it may be of great benefit in an urgent situation.

The Patient Advocate will assist in resolving issues arising with insurance and household accounting management as well as any home health care and home maintenance issues that arise for the ill or disabled. In the case of employment issues, the Patient Advocate may engage in communication with the employer to negotiate a mutually beneficial solution for the employer and the ill or injured individual.

In the case where compliance standards are not met on either the patient side or in health care delivery or by employer/partner/corporation, the Patient Advocate may be in the position of liaising with corporate oversight, government agencies or legal personnel to further negotiate such issues on behalf of the Patient and family.

It is the duty of a Patient Advocate to maintain patient privacy according to local and national laws, treating all patient and family information as privileged and protected. As well, Health Care Provider communications are treated as highly confidential and privileged, whether or not those communications are specific to the patient. In all cases, permission to disclose information should be negotiated carefully. It is the duty of the Patient Advocate to follow any referrals for medical, financial, legal, administrative or other personnel to assure that the patient is always kept safe and well informed, never abandoned or mislead during the process.

Some hospitals, health insurance companies, and other health care organizations employ people specifically to assume this role. Within hospitals, the person may have the title Ombudsman or Patient Representative. The role of Patient Advocate is frequently assumed by nurses, social workers, and other health care providers. However, there are clearly potential problems when a professional may be in conflict between the interest of the patient and the interests of the advocates employer.

A Patient’s Bill of Rights is a statement of the rights to which patients are entitled as recipients of medical care. Typically, a statement articulates the positive rights which doctors and hospitals ought to provide patients, thereby providing information, offering fair treatment, and granting them autonomy over medical decisions.

Some have cited differences between rights and freedoms. Asserting that medical care "must be rendered under conditions that are acceptable to both patient and physician", the Association of American Physicians and Surgeons adopted a list of Patient Freedoms in 1990 which was modified and adopted as a Patients’ Bill of Rights in 1995:

All patients should be guaranteed the following freedoms:

- To seek consultation with the physician(s) of their choice;
- To contract with their physician(s) on mutually agreeable terms;
- To be treated confidentially, with access to their records limited to those involved in their care or designated by the patient;
- To use their own resources to purchase the care of their choice;
- To refuse medical treatment even if it is recommended by their physician(s);
- To be informed about their medical condition, the risks and benefits of treatment and appropriate alternatives;
- To refuse third-party interference in their medical care, and to be confident that their actions in seeking or declining medical care will not result in third-party-imposed penalties for patients or physicians;
- To receive full disclosure of their insurance plan in plain language, including:
1. **CONTRACTS**: A copy of the contract between the physician and health care plan, and between the patient or employer and the plan;
2. **INCENTIVES**: Whether participating physicians are offered financial incentives to reduce treatment or ration care;
3. **COST**: The full cost of the plan, including copayments, coinsurance, and deductibles;
4. **COVERAGE**: Benefits covered and excluded, including availability and location of 24-hour emergency care;
5. **QUALIFICATIONS**: A roster and qualifications of participating physicians;
6. **APPROVAL PROCEDURES**: Authorization procedures for services, whether doctors need approval of a committee or any other individual, and who decides what is medically necessary;
7. **REFERRALS**: Procedures for consulting a specialist, and who must authorize the referral;
8. **APPEALS**: Grievance procedures for claim or treatment denials;
9. **GAG RULE**: Whether physicians are subject to a gag rule, preventing criticism of the plan.