

## **Patient Bill of Rights & Responsibilities**

*As a health care facility within the University of Pennsylvania Health System (UPHS), we are committed to delivering quality medical care to you, our patient, and to making your stay as pleasant as possible. The following, "Statement of Patient's Rights," endorsed by the administration and staff of this facility, applies to all patients. In the event that you are unable to exercise these rights on your own behalf, then these rights are applicable to your designated legally authorized representative. As it is our goal to provide medical care that is effective and considerate within our capacity, mission, and philosophy, applicable law and regulations, we submit these to you as a statement of our policy.*

### **STATEMENT OF PATIENT'S RIGHTS**

**You have the right** to respectful care given by competent personnel which reflects consideration of your cultural and personal values and belief systems and which optimizes your comfort and dignity.

**You have the right**, upon request, to be given the name of your attending physician, the names of all other physicians or practitioners directly participating in your care, and the names and roles of other health care personnel, having direct contact with you.

**You have the right** to every consideration of privacy concerning your medical care program. Case discussion, consultation, examination, and treatment are considered confidential and should be conducted discreetly, giving reasonable visual and auditory privacy when possible. This includes the right, if requested, to have someone present while physical examinations, treatments, or procedures are being performed, as long as they do not interfere with diagnostic procedures or treatments. This also includes the right to request a room transfer if another patient or a visitor in the room is unreasonably disturbing you and if another room equally suitable for your care needs is available.

**You have the right** to have all information, including records, pertaining to your medical care treated as confidential except as otherwise provided by law or third-party contractual arrangements.

**You have the right** to know what hospital policies, rules and regulations apply to your conduct as a patient.

**You have the right** to expect emergency procedures to be implemented without unnecessary delay.

**You have the right** to good quality care and high professional standards that are continually maintained and reviewed.

**You have the right** to full information in layperson's terms, concerning diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable that such information be given to you, the information shall be given on your behalf to your designated/legally authorized representative. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both.

**You have the right** to not be involved in any experimental, research, or donor program unless you have, or your designated/legally authorized representative has, given informed consent prior to the actual participation in such a program. You or your designated/legally authorized representative may, at any time, refuse to continue in any such program to which informed consent has previously been given.

**You have the right** to accept medical care or to refuse any drugs, treatment, or procedure offered by the institution, to the extent permitted by the law, and a physician shall inform you of the medical consequences of such refusal.

**You have the right** to assistance in obtaining consultation with another physician at your request and expense.

**You have the right** to expect good management techniques to be implemented within this health care facility considering effective use of your time and to avoid your personal discomfort.

**You have the right** to examine and receive a detailed explanation of your bill.

**You have the right** to full information and counseling on the availability of known financial resources for your health care.

**You have the right** to expect that the health care facility will provide a mechanism whereby you are informed upon discharge of continuing health care requirements following discharge and the means for meeting them.

**You have the right** to seek review of quality of care concerns, coverage decisions, and concerns about your discharge.

You cannot be denied the right of access to an individual or agency authorized to act on your behalf to assert or protect the rights set out in this section.

**You have the right** to have a family member or representative of your choice and your physician notified promptly of your admission to the hospital.

**You have the right** to medical and nursing services without discrimination based upon age, sex, race, color, ethnicity, religion, gender, disability, ancestry, national origin, marital status, familial status, genetic information, gender identity or expression, sexual orientation, culture, language, socioeconomic status, domestic or sexual violence victim status, source of income, or source of payment.

**You have the right** to appropriate assessment and management of pain.

**You have the right**, in collaboration with your physician or health care provider, to make decisions involving your health care. This right applies to the family and/or guardian of neonates, children, and adolescents. Decisions may include the right to refuse drugs, treatment, or procedure offered by the hospital, to the extent permitted by law. Your health care provider will inform you of the medical consequences of the refusal of such drugs, treatment, or procedure.

While this health care facility recognizes your right to participate in your care and treatment to the fullest extent possible, there are circumstances under which you may be unable to do so. In these situations (for example, if you have been adjudicated incompetent in accordance with the law, are found by your physician to be medically incapable of understanding the proposed treatment or procedure, are unable to communicate your wishes regarding treatment, or are an unemancipated minor) your rights are to be exercised to the extent permitted by law, by your designated representative or other legally authorized person.

**You have the right** to make decisions regarding the withholding of resuscitative services or the foregoing of or the withdrawal of life-sustaining treatment within the limits of the law and the policies of this institution.

**You have the right** to receive care in a safe setting, and be free from all forms of abuse and harassment.

**You have the right** to be free from restraint and seclusion not medically necessary or used as a means of coercion, discipline, convenience or retaliation by staff.

**You have the right** to have your medical record read only by individuals directly involved in your care, by individuals monitoring the quality of care, or by individuals authorized by law or regulation.

**You have the right** to receive written notice that explains how your personal health information will be used and shared with other health care professionals included in your care. You or your designated/legally authorized representative, may, upon request, have access to all information contained in your medical records, unless access is specifically restricted by the attending physician for medical reasons.

**You have the right** to be communicated with in a manner that is clear, concise and understandable. If you do not speak English, you should have access, where possible, free of charge, to an interpreter. This also includes providing you with help if you have vision, speech, hearing or cognitive impairments.

**You have the right** to access protective services.

**You have the right** to be free from neglect, exploitation, and verbal, mental, physical and sexual abuse.

**You have the right** to participate in the consideration of ethical issues surrounding your care, within the framework established by this organization to consider such issues.

**You have the right** to formulate an advance directive, including the right to appoint a health care agent to make health care decisions on your behalf. These decisions will be honored by this facility and its health care professionals within the limits of the law and this organization's mission, values and philosophy. If applicable, you are responsible for providing a copy of your advance directive to the facility or caregiver.

You are not required to have or complete an "advance directive" in order to receive care and treatment in this facility.

When this facility cannot meet the request or need for care because of a conflict with our mission or philosophy or incapacity to meet your needs or request, you may be transferred to another facility when medically permissible. Such a transfer should be made only after you or your designated/legally authorized representative have received complete information and explanation concerning the needs for, and alternatives to, such a transfer. The transfer must be acceptable to the other institution.

**You have the right** to decide whether you want visitors or not during your stay here. You may designate those persons who can visit you during your stay. These individuals do not need to be legally related to you. They may include, for example, a spouse, domestic partner, including a same sex partner, another family member, or a friend. The hospital will not restrict, limit, or deny any approved visitor on the basis of race, color, national origin, religion, sex, gender identity or expression, sexual orientation or disability. The hospital may need to limit or restrict visitors to better care for you or other patients. **You have the right** to be made aware of any such clinical restrictions or limitations.

**You have the right** to designate a family member, friend, or other individual as a support person during the course of your stay or during a visit to a physician or other ambulatory care treatment.

**You have the right** to give or withhold informed consent to produce or use recordings, films or other images of you for purposes other than your own care, treatment or patient identification.

**You have the right**, without recrimination, to voice complaints regarding your care, to have those complaints reviewed, and, when possible, resolved.

## FOR FURTHER INFORMATION

If you have questions or problems concerning your healthcare please speak with your physician, nurse or other hospital or ambulatory practice representative before you leave the clinical site.

<b>Chester County Hospital</b> 701 East Marshall Street West Chester, PA, 19380 (610) 431-5457	<b>Good Shepherd Penn Partners</b> 1800 Lombard Street Philadelphia, PA 19146 (215) 893-6533
<b>Hospital of the University of Pennsylvania</b> 1 Silverstein, 3400 Spruce Street Philadelphia, PA 19104 (215) 662-2575	<b>Lancaster General Hospital</b> 555 North Duke Street, P.O. Box 3555 Lancaster, Pennsylvania 17604-3555 (717) 544-5050
<b>Penn Presbyterian Medical Center</b> 185 Wright Saunders, 39 <sup>th</sup> & Market Streets Philadelphia, PA 19104 (215) 662-9100	<b>Pennsylvania Hospital</b> 1 Preston, 800 Spruce Street Philadelphia, PA 19107 (215) 829-8777

You may direct questions or concerns regarding the Health Insurance Portability and Accountability Act (HIPAA) / privacy related matters to the UPHS Privacy Office:

Electronic Mail: [privacy@uphs.upenn.edu](mailto:privacy@uphs.upenn.edu)

Telephone: (215) 573-4492

You may direct questions or concerns regarding accessibility or accommodations to the **University of Pennsylvania Health System Disability Access Officer** at (215) 615-4317.

If you or a family member thinks that a complaint or grievance remains unresolved through the hospital resolution process, or regardless of whether you have used the hospital's grievance process, **you have the right** to contact the following organizations about your concerns:

### **The Pennsylvania Department of Health**

#### **Division of Acute and Ambulatory Care**

P.O. Box 90

Harrisburg, PA 17120

(800) 254-5164

### **The Centers for Medicare and Medicaid Services**

(800) 633-4227

For concerns related to quality and/or safety of care issues (including premature discharge) or safety of the environment, contact:

**The Joint Commission**

Office of Quality and Patient Safety  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181  
Fax: 630-792-5636  
E-mail: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)

For concerns related to disability accessibility or accommodations, contact:

**The United States Department of Justice**

950 Pennsylvania Avenue, NW  
Civil Rights Division, Disability Rights Section – 1425 NYAV  
Washington, D.C., 20530  
Facsimile: (202) 307-1197  
E-mail: [ADA.complaint@usdoj.gov](mailto:ADA.complaint@usdoj.gov)

For concerns related to discrimination or any civil rights concerns, contact:

**The U.S. Department of Health and Human Services, Office for Civil Rights,**

electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

or by mail or phone at:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F,  
HHH Building Washington, D.C. 20201  
Telephone: 1-800-868-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**STATEMENT OF PATIENT RESPONSIBILITIES**

To foster our ability to provide safe, quality care you should act in accordance with UPHS policies, rules, and regulations and assume responsibility for the following:

This health care facility expects that you or your designated/legally authorized representative will provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives, and other matters relating to your health history or care in order for you to receive effective medical treatment.

In addition, you are responsible for reporting whether you clearly understand the planned course of action and what is expected of you.

It is expected that you will cooperate with all hospital personnel and ask questions if directions and/or procedures are not clearly understood.

You are expected to be considerate of other patients and health care personnel, to assist in the control of noise and visitors in your room, and to observe the non-smoking policy of this institution. You are also expected to be respectful of the property of other persons and the property of the University of Pennsylvania Health System. Threats, violence, disruption of patient care or harassment of other patients, visitors or staff will not be tolerated. You are also expected to refrain from conducting any illegal activity on UPHS property. If such activity occurs, UPHS will report it to law enforcement.

In order to facilitate your care and the efforts of the health care personnel, you are expected to help the physicians, nurses, and other health care personnel in their efforts to care for you by following their instructions and medical orders.

Duly authorized members of your family or designated/legally authorized representative are expected to be available to UPHS personnel for review of your treatment in the event you are unable to properly communicate with your health caregivers.

It is understood that you assume the financial responsibility of paying for all services rendered either through third-party payers (your insurance company) or being personally responsible for payment for any services which are not covered by your insurance policies.

It is expected that you will not take drugs which have not been prescribed by your attending physician and administered by appropriate staff and that you will not complicate or endanger the healing process by consuming alcoholic beverages or toxic substances during your hospital stay and or visit.

Our entire Penn Medicine team thanks you for choosing to receive your care here. It is our pleasure to serve and care for you.