

A STATEMENT OF PATIENT RIGHTS

1. You have the right to receive care no matter what your age, race, color, national origin, religion, sex, gender identity, sexual orientation, disability, or means of payment.
2. You have the right to expect safety, privacy and confidentiality with regard to all aspects of your care.
3. You have the right to timely quality care and high professional standards.
4. You have the right to have all health records kept private and not be shared unless you give consent, or the law states, or there is a third party agreement.
5. You have the right to review your medical records unless access is denied by your doctor for medical reasons or is prohibited by law. Please talk with your doctor about your request. If you want a copy of your medical records, there will be a charge for the copy.
6. You have the right to participate in the development and implementation of your plan of care and treatment.
7. You have the right to be informed of your health status by your doctor.
8. You have the right to emergency treatment without delay, in the event of an emergency.
9. You have the right to have a family member, or representative of your choice, and also your own physician notified promptly of your admission to the hospital.
10. You have the right to know what rules apply to your conduct as a patient.
11. You have the right to be free of all forms of abuse or harassment.
12. You have the right to have your doctor explain the diagnosis, treatment, possible complications, and alternative treatments before any procedure (except in an emergency) and to obtain your informed consent (or the informed consent from someone who can legally give consent for you). You or your legal representative will be asked to sign a Consent Form in which you confirm that your doctor has given you this information.
13. You have the right to have your spiritual needs addressed.
14. You have the right to agree to, or refuse to, take part in medical research or donor programs. You may at any time, discontinue participation in the program.
15. You have the right to refuse any medications, treatments or procedures. Your doctor should explain to you what can happen if you refuse medications, treatments, or procedures. You may be asked to sign a form stating your refusal, or if you decide to leave Against Medical Advice.
16. You have the right to discuss your care with another doctor. This will be at your own request and possibly at your own expense.
17. You have the right to have things explained in a way you can understand. If you do not speak English, or if you have trouble understanding, the hospital will provide translation services, hearing impaired services, or other means to communicate with you.
18. You have the right not to be restrained against your will, unless your doctor or health care provider feels that you may hurt yourself or someone else. You have the right to be free from restraints that are not medically necessary. Restraints may never be used as a means of discipline, convenience or retaliation by staff.
19. You have the right to ask for a detailed statement of your bill.

20. You have the right to ask for information on financial aid with regard to your bill.
21. You have the right to receive information on discharge about your follow up care.
22. You have the right to present your Advance Directive (Living Will or Durable Power of Attorney) and to have the hospital staff and doctors comply with the directives. This will be used in the event you are unable to make decisions about your care. You may change or withdraw your Advance Directive at any time by telling your doctor or nurse.
23. You have the right to receive visitors whom you designate including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. You may withdraw or deny such consent at any time. The hospital will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
24. You have the right to voice questions or concerns to the staff and your doctor.
25. You have the right to file a grievance with the hospital either verbally or in writing.
26. You have the right to access the hospital's ethics process.
27. You have the right to contact the Department of Health with concerns or complaints regarding the hospital. The contact number is 1-800-254-5164, or on their website at www.dsf.health.state.pa.us. If you are a Medicare beneficiary and feel you have a concern with the quality of care or feel you were discharged too soon, you may contact Livantra at 1-866-322-1914.
28. The patient's next of kin, guardian, or other appropriate person may carry out these rights if the patient is unable to do so.

A STATEMENT OF PATIENT RESPONSIBILITIES

As a patient, you are responsible for the following:

1. You should ask questions if you do not understand any part of your care.
2. You should provide an accurate health and medication history.
3. You and your visitors should be thoughtful to other patients by following the rules and "No Smoking" policy.
4. You should provide correct insurance information.
5. You should take an active part in your health care treatment plan and discharge planning.
6. You should respect the property of other persons and of the facility.