# PATIENT BILL OF RIGHTS

As a patient in the hospital or facility, you have the rights that the facility is committed to protect and promote. The hospital respects your rights and recognizes that you are an individual with unique health care needs and because of the importance of respecting your personal dignity, provides considerate, respectful care focused on your individual needs.

## PATIENT OR PARENT / LEGALLY AUTHORIZED REPRESENTATIVE RIGHTS:

1. The right to impartial access to treatment or accommodations that are available or medically indicated and hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
2. The right to know the identity and professional status of individuals providing service and to know which physician or other practitioner is primarily responsible for your care. This includes the right to know of the existence of any professional relationship to any other health care or educational institutions involved in your care.
3. The right to obtain complete and current information concerning diagnosis (to the degree known), treatment, and any known prognosis or unanticipated outcomes. This information will be communicated in terms that are understood. The hospital will provide information to the patient who has vision, speech, hearing, or cognitive impairment in a manner that meets the patients' needs to include adherence to the hospital policy on service animals.
4. The right to participate in decisions involving health care. To the degree possible, this should be based on a clear, concise explanation of your condition and of proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. You will not be subjected to any procedure without your voluntary consent or that of your legally authorized representative (except in emergencies).
5. The hospital honors the patient's right to give informed consent to produce or use recordings, films or other images of the patient in the healthcare setting.
6. The right to receive, from your physician, information necessary to give informed consent prior to the start of any procedure and/or treatment, the specific procedure and/or treatment, the specific procedure and/or treatment, the risks involved, alternatives for care or treatment, and benefits of the procedure and/or treatment. You also have the right to know the name of the person performing the procedures and/or treatment.
7. The patients or the patient's representative (as allowed under State law) has the right to make informed decisions regarding his or her care. This includes the right to be informed of the patient's health status, being involved in care planning and treatment, and being able to request or refuse treatment and to be informed of the medical consequences of such refusal.
8. The right to have a completed Advance Directive (such as a Living Will or Durable Power of Attorney for Healthcare) placed in the medical record with the expectation that the hospital staff and practitioners will honor the directive to the extent permitted by law and hospital policy.
9. The right to expect that all communications and records pertaining to care will be treated as confidential. The medical record/computer information will be retrieved only by individuals involved in your treatment, monitoring its quality, and/or by other individuals only on their written authorization or that of a legally authorized representative within a reasonable period of time.
10. The right to review and/or request a copy of the records pertaining to your medical care and to have the information explained or interpreted as necessary, except when restricted by law.
11. The right, within the limits of law, to personal privacy and to expect that any discussion or consultation involving care will be conducted discreetly, and that individuals not directly involved in your care will not be present without your permission.
12. The right to have a family member or representative of choice and own physician notified promptly of your admission to the hospital.
13. The right to the hospital's reasonable response to your requests and needs for treatment or service, within the hospital's capacity and applicable law and regulation.
14. The right to an environment that preserves dignity and contributes to a positive self-image and considerate and respectful care which will include consideration of the psycho-social, spiritual, and cultural variables that influence the perceptions of illness.
15. The patient has the right to be free from neglect; exploitation; and verbal, mental physical and sexual abuse.
16. This hospital supports the right of a patient to request and have a chaperone present during certain sensitive physical examinations and treatments. Sensitive physical examinations and treatments are typically those that involve the reproductive and sexual organs, those that may be perceived as potentially threatening to a patient's sense of privacy or modesty, or those that may induce feelings to vulnerability or embarrassment. Healthcare providers should be aware that a patient's cultural and religious beliefs might necessitate the presence of a chaperone or same gender provider. As part of an individualized plan of care, the decision to use a chaperone during a sensitive physical examination or treatment should be made by the patient following discussion with the healthcare provider performing the exam. The chaperone may be another healthcare provider of the same gender as the patient or a friend or family member depending on the patient's preference.
17. The right to appropriate assessment and management of pain and to be involved in the planning and treatment of pain.
18. The right to be free from restraints, of any form, that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by the staff.
19. The right to information, at the time of admission, about your rights and responsibility and mechanism for the initiation, review, and when possible, resolution of complaints concerning care.
20. The right to voice complaints about the care, and to have those complaints reviewed and when possible, resolved.
21. The right to receive comfort, dignity and pain management while supporting your psychological and spiritual concerns and your family regarding end of life and expressions of grief.
22. The right of guardian, next of kin, or a legally authorized responsible person to exercise the rights delineated on your behalf, to the extent permitted by law. (Incompetent in accordance with the law or been found by their physician to be medically incapable of understanding the proposed treatment or procedure, or in unable to communicate wisher regarding treatment, or in a minor.)
23. The right of your designated representative to participate in the discussion of ethical issues that arise in your care.
24. The right, when medically appropriate to be transferred or to refuse transfer to another facility.
25. The right to participate in the development and implementation of his or her plan or care; inpatient treatment/care plan, outpatient treatment/care plan and participate in the development and implementation of their pain management plan.
26. The right to, subject to patients consent, to receive visitors as patient designates, and the right to withdraw or deny such consent at any time. Where appropriate this right may be exercised by the patient's representative.
27. The right to receive pastoral care and other spiritual services.
28. The right to examine and receive an explanation of your hospital bill regardless of source payment.

29. The right to know what hospital rules and regulations apply to your conduct as a patient.
30. The right to access protective and advocacy services.
31. The right to have any patient assessment information that is collected remain confidential and secure.
32. The right to be informed that the patient assessment information will not be disclosed to others except for legitimate purposes allowed by the Federal Privacy Act and Federal and State regulations.
33. The right to see, review and request changes on your protected health information.
34. The right to receive the visitor designated by the patient, including but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time.

## PATIENT OR PARENT / LEGALLY AUTHORIZED REPRESENTATIVE RESPONSIBILITIES:

The care that you receive depends partially on your participation and actions as a patient in the hospital environment. Therefore, in addition to your rights as a patient, you have certain responsibilities as well. As your healthcare providers, we believe that you, as our patient, and/or your significant other(s) have the responsibility to:

1. Provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
2. Report perceived risks in your care and unexpected changes in your condition to the physician(s) and other healthcare providers.
3. Report any perceived or identified safety issues related to your care or the physical environment to your physician(s) and other healthcare providers.
4. Ask questions when you do not understand what you have been told about your care, or what you are expected to do regarding your care.
5. Follow your treatment plan established by your physician, including the instructions of nurses and other health care professionals as they carry out your physician's orders.
6. Participate in decisions regarding your medical care, including the planning and implementation of your plan of care.
7. If applicable, ensure the facility has a copy of your advance directive.
8. Accept responsibility for your actions should you refuse treatment or not follow your physician's orders.
9. Assure that the financial obligations of your hospital care are fulfilled as promptly as possible.
10. Follow hospital policies and procedures.
11. Be considerate of the rights of other patients and hospital personnel.
12. Be respectful of your personal property and that of other persons in the hospital.

## IF YOU WANT TO REPORT A CONCERN OR FILE A FORMAL GRIEVANCE

Patients may voice care concerns to any hospital staff member. Patients have the ability to submit grievances 24 hours per day, either verbally or in writing. If the patient or their legally authorized representative wishes to file a grievance, a staff member will help direct them to a hospital staff member or they can contact:

**PATIENT RELATIONS**
**WellSpan Health Newberry, LLC**
**1.844-644-0400**

### PA DEPARTMENT OF STATE HEALTH SERVICES

Pennsylvania law gives you the right to file a complaint related to care and services provided by the hospital. You may contact the Pennsylvania Department of State Health at 1-800-254-5164 (toll free number).

**Pennsylvania Department of Health**
Health and Human Services Building
8th Floor West
625 Forster Street
Harrisburg, PA 17120

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| **Pennsylvania Department of State Health Services** | |
| Complaint Hotline | 1-800-254-5164 |
| **Pennsylvania Department of Health** | |
| Child Abuse/Childline | 1-800-932-0313 |
| Abuse of Adults with Disabilities | 1-800-490-8505 |
| **Pennsylvania Department of Mental Health and Substance Abuse Services** | 1-412-565-5226 |

MEDICARE PATIENTS HAVE THE RIGHT TO CONTACT THE QUALITY IMPROVEMENT ORGANIZATION (QIO) IN THE STATE OF PENNSYLVANIA:

**BFCC-QIO PROGRAM**
**COMMENCE HEALTH**
**PO BOX 2687**
**VIRGINIA BEACH, VA 23454**
**1-888–396-4646 (TOLL-FREE)**

## PATIENT AND VISITOR NON-DISCRIMINATION POLICY

As a recipient of Federal financial assistance, the Hospital complies with all applicable laws, regulations, and policies related to non-discrimination, and does not discriminate, exclude, or otherwise treat individuals, patients, or visitors differently on the basis of race; ethnicity; familial status; ancestry; color; religion; pregnancy or related conditions; sex; sexual orientation or preference; gender identity; national origin (including Limited English Proficiency); age; handicap or disability; genetic information; veteran status; or any other protected characteristic under applicable laws in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, including the assigning or transfers of patients to rooms, floors, and sections; assigning staff to patients; utilization of the health care facility; or granting staff privileges of professionally qualified personnel, whether carried out by the Hospital directly or through a contractor or any other entity with which the Hospital arranges to carry out its programs and activities.

This statement is in accordance with the provisions of The Pennsylvania Human Relations Act, The Pennsylvania Department of Health Regulations (28 Pa. Code §§ 51.11 – 51.13), Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination act of 1975, Section 1557 of the Affordable Care Act (ACA), regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, 90, 91, and 92.

The hospital provides language assistance services and appropriate auxiliary aids and services free of charge. In case of questions, please contact the **1557/ADA Coordinator at WellSpan Carlisle Hospital – 1201 Letort Springs Way, Carlisle, PA 17015** by calling 717-388-7300.