

1034 Grove Street 751 Liberty Street Meadville, PA 16335 (814) 333-5000

> Form #112593 Rev 08/22/24

# **Patient Rights & Responsibilities**

As a patient of this hospital, or as a family member or guardian of a patient at this hospital, we want you to know the rights you have under federal and Pennsylvania state law as soon as possible in your hospital stay. We are committed to honoring your rights, and want you to know that by taking an active role in your health care, you can help your hospital caregivers meet your needs as a patient or family member. That is why we ask that you and your family share with us certain responsibilities.

## **YOUR RIGHTS:**

The hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, religion, sexual orientation, gender identity or source of payment. As our patient, you have the right to safe, respectful, and dignified care at all times. You will receive services and care that are medically suggested and within the hospital's services, its stated mission, and required law and regulation.

#### COMMUNICATION

You have the right to:

- Have a family member, another person that you choose, or your doctor notified when you are admitted to the hospital.
- Receive information in a way that you understand. This includes interpretation and translation, free of charge, in the language you prefer talking about your health care.
   This also includes providing you with needed help if you have vision, speech, hearing, or cognitive impairments.
- . Designate a support person, if needed, to act on your behalf to assert and protect your patient rights.

#### **INFORMED DECISIONS**

You have the right to:

- Receive information about your current health, care, outcomes, recovery, ongoing health care needs, and future health status in terms that you understand.
- Be informed about proposed care options including the risks and benefits, other care options, what could happen without care, and the outcome(s) of any medical care provided, including any outcomes that were not expected. When it is not medically advisable to give such information to you, it will be given on your behalf to your next of kin or other appropriate person. You may need to sign your name before the start of any procedure and/or care, but "informed consent" is not required in the case of an emergency.
- · Be involved in all aspects of your care and to take part in decisions about your care.
- · Make choices about your care based on your own spiritual and personal values.
- Request care. This right does not mean you can demand care or services that are not medically needed.
- Refuse any care, therapy, drug, or procedure against the medical advice of a doctor. There may be times that care must be provided based on the law.
- Expect the hospital to get your permission before taking photos, recording, or filming you if the purpose is for something other than patient identification, care, diagnosis, or therapy.
- Decide to take part or not take part in research or clinical trials for your condition, or donor programs that may be suggested by your doctor. Your participation in such care is
  voluntary, and written permission must be obtained from you or your legal representative before you participate. A decision to not take part in research or clinical trials will not
  affect your right to receive care.

## VISITATION

You have the right to:

- Decide if you want visitors or not while you are here. The hospital may need to limit visitors to better care for you or other patients, but 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.
- Designate those persons who can visit you during your stay. These individuals do not need to be legally related to you. Visitors will enjoy full and equal visitation privileges consistent with your preferences.
- Designate a support person who may determine who can visit you if you become incapacitated.
- · Access an individual or agency who is authorized to act on your behalf to assert or protect your rights as a patient.

## **ADVANCE DIRECTIVES**

You have the right to:

- Create advance directives, which are legal papers that allow you to decide now what you want to happen if you are no longer healthy enough to make decisions about your care.
   You have the right to have hospital staff comply with these directives.
- Ask about and discuss the ethics of your care, including resolving any conflicts that might arise such as, deciding against, withholding, or withdrawing life-sustaining care.

## **CARE PLANNING**

You have the right to:

- · Receive a medical screening exam to determine treatment.
- · Participate in the care that you receive in the hospital.
- Receive instructions on follow-up care and participate in decisions about your plan of care after you are out of the hospital.
- Receive a prompt and safe transfer to the care of others when this hospital is not able to meet your request or need for care or services. You have the right to know why a transfer
  to another health care facility might be required as well as learning about other options for care. The hospital cannot transfer you to another hospital unless that hospital has agreed
  to accept you.



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#### **CARE DELIVERY**

You have the right to:

- Expect emergency procedures to be implemented without unnecessary delay.
- · Receive care in a safe setting free from any form of abuse, harassment, and/or neglect.
- · Receive kind, respectful, safe, quality care delivered by skilled staff.
- Know the names of doctors and nurses providing care to you and the names and roles of other health care workers and staff that are caring for you.
- · Receive assistance in obtaining a consultation by another health care provider at your request and expense.
- · Receive proper assessment and management of pain, including the right to request or reject any or all options to relieve pain.
- · Receive care free from restraints or seclusion unless necessary to provide medical, surgical or behavioral health care.
- · Receive efficient and quality health care with high professional standards that are continually maintained and reviewed.
- · Expect good management techniques to be implemented within this hospital considering effective use of your time and to avoid your personal discomfort.

#### PRIVACY AND CONFIDENTIALITY

You have the right to:

- · Limit who knows about you being in the hospital.
- Be interviewed, examined, and discuss your care in places designed to protect your privacy.
- Be advised why certain people are present and to ask others to leave during sensitive talks or procedures.
- Expect all communications and records related to care, including who is paying for your care, to be treated as confidential except as otherwise provided by law or third-party
  contractual arrangements.
- Receive written notice that explains how your personal health information will be used and shared with other health care professionals involved in your care.
- Review and request copies of your medical record unless restricted for medical or legal reasons.

#### **HOSPITAL BILLS**

You have the right to:

- Review, obtain, request, and receive a detailed explanation of your hospital charges and bills.
- · Receive information and counseling on ways to help pay for the hospital bill.
- Request information about any business or financial arrangements that may impact your care.

Please feel free to ask questions about any of these rights that you do not understand. If you have questions about these rights, please discuss them with your doctor or nurse or hospital Guest Services representative. You will receive a personal response.

## **COMPLAINTS, CONCERNS, AND QUESTIONS**

You and your family/guardian have the right to:

- Tell hospital staff about your concerns or complaints regarding your care. This will not affect your future care.
- · Seek review of quality of care concerns, coverage decisions, and concerns about your discharge.
- Expect a timely response to your complaint or grievance from the hospital. Complaints or grievances may be made in writing, by phone, or in person. The hospital has a duty to respond to these complaints or grievances in a manner that you can understand. To share your concerns with the hospital, please contact our hospital Guest Services representative at 814-333-5580.
- The Pennsylvania Department of Health is also available to assist you with any questions or concerns about your hospital care. You can reach the Department of Health by calling (800) 254-5164 or writing:

Acute and Ambulatory Care Services Pennsylvania Department of Health Room 532 Health and Welfare Building 625 Forster Street Harrisburg, PA 17120

Patients, family members and other concerned parties may use any of the five channels for submitting a hospital complaint:
 Website: https://www.dnvhealthcarepotal.com/patient-complaint-report, email; hospitalcomplaint@dnv.com, phone 866-496-9647, fax 281-870-4818, or postal mail:

ATTN: Healthcare Complaints DNV Healthcare USA Inc 1400 Ravello Dr Katy, TX 77449

NOTE: DNV GL accredited hospitals are required to provide patients a phone number and address for the appropriate state licensing agency for submitting a grievance. DNV GL Healthcare contact information may be provided as an additional option for patients to submit their concerns.



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#### YOUR RESPONSIBILITIES:

As a patient, family member, or guardian, you have the right to know all hospital rules and what we expect of you during your stay.

#### **PROVIDE INFORMATION:**

As a patient, family member, or guardian, we ask that you:

- Provide accurate and complete information about current health care problems, past illnesses, hospitalizations, medications, and other matters relating to your health.
- Report any condition that puts you at risk (for example, allergies or hearing problems).
- Report unexpected changes in your condition to the health care professionals taking care of you.
- Provide a copy of your Advance Directive, Living Will, Durable Power of Attorney for Health Care, and any
  organ/tissue donation permissions to the health care professionals taking care of you.
- Tell us who, if any, visitors you want during your stay.

## **RESPECT AND CONSIDERATION:**

As a patient, family member or guardian, we ask that you:

- Recognize and respect the rights of other patients, families, and staff. Threats, violence, or harassment of other patients and hospital staff will not be tolerated.
- · Comply with the hospital's no smoking policy.
- Refrain from conducting any illegal activity on hospital property. If such activity occurs, the hospital may report it to the police.

#### SAFETY:

As a patient, family member, or guardian, we ask that you:

- · Promote your own safety by becoming an active, involved, and informed member of the health care team.
- · Ask questions if you are concerned about your health or safety.
- Make sure the doctor knows the site/side of the body that will be operated on before a procedure.
- Remind staff to check your identification before medications are given, blood/blood products are administered, blood samples are taken, or before any procedure.
- Remind caregivers to wash their hands before taking care of you.
- · Be informed about which medications you are taking and why you are taking them.
- · Ask all hospital staff to identify themselves.

### **REFUSING CARE:**

As a patient:

• You are responsible for your actions if you refuse care or do not follow care instructions.

## CHARGES:

As a patient:

• You are responsible for paying for the health care that you received as promptly as possible.

## **COOPERATION:**

As a patient:

You are expected to follow the care plans suggested by the health care professionals caring for you while in
the hospital. You should work with your health care professionals to develop a plan that you will be able to
follow while in the hospital and after you leave the hospital.

#### Notice of Non-Discrimination Pursuant to ACA Section 1557

Meadville Medical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Disclaimer: HAP is not responsible for any changes made to this poster by parties other than HAP. The content of the poster may be subject to later changes in the law.

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