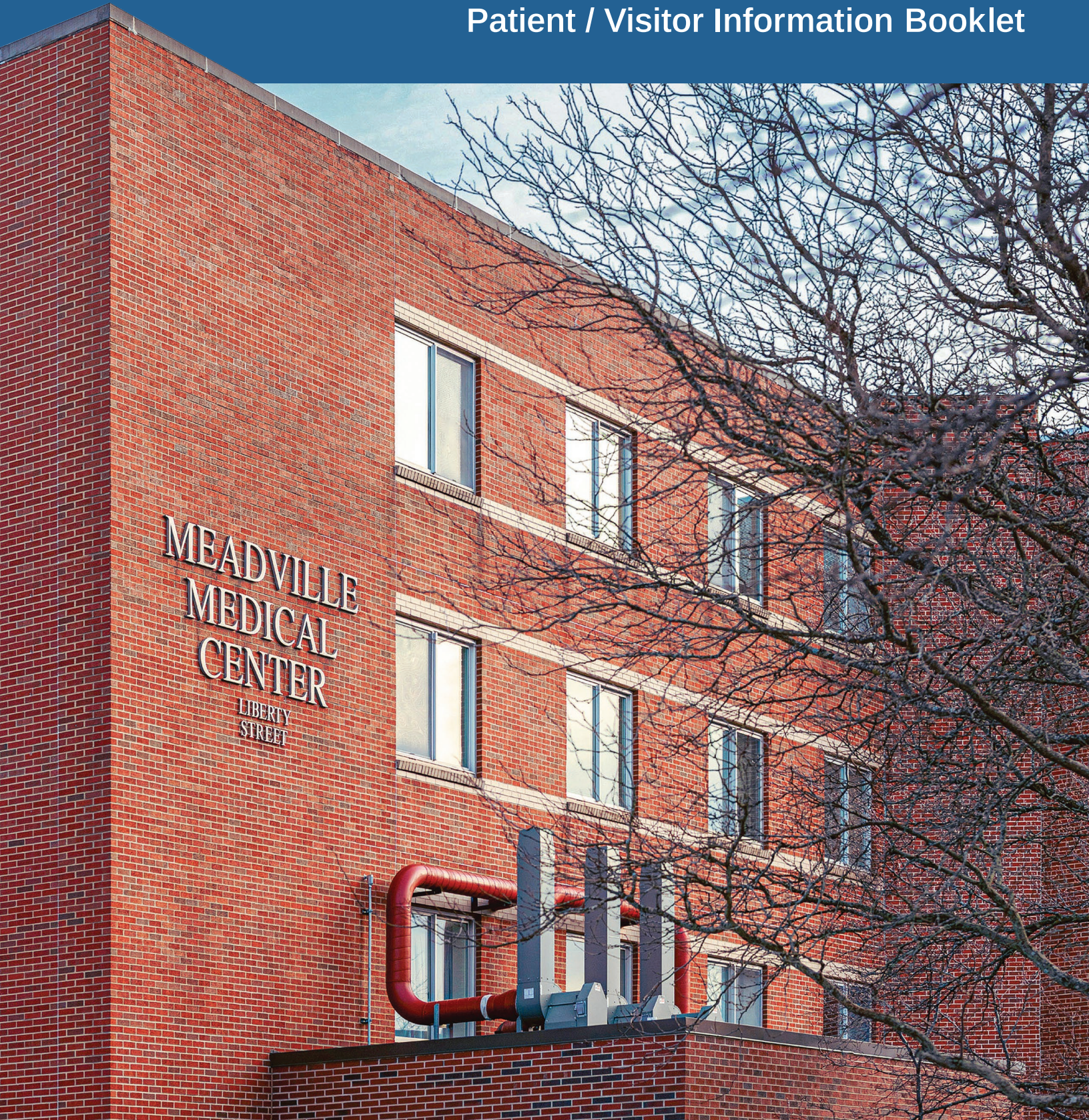


# Welcome to MMC

Patient / Visitor Information Booklet





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### **View online:**

[www.mmchs.org/visitor-booklet](http://www.mmchs.org/visitor-booklet)

## Dear Patient,

While you are receiving care at Meadville Medical Center (MMC), it is our goal to keep you, and those closest to you, informed and involved in your care as much as possible. We are pleased to provide you with access to important information such as patient rights, infection prevention, advance directives and other useful resources that may benefit you during your hospital stay.

A variety of Patient/Visitor Information is available online at [mmchs.org](http://mmchs.org) or simply by asking a member of your clinical care team to provide you with additional information if you would like to learn more about a certain aspect of your care.

We encourage you to ask questions or request more information when you are unsure about your plan of care or simply want a better understanding of what to expect upon discharge from the hospital. We understand that Healthcare can be very overwhelming at times and are here to help you and your loved ones every step of the way.

Please ask your clinical team any questions you may have. Each of our patient care areas has a dedicated Manager who may also be of assistance to you. Alternatively, you may prefer to speak with our Patient Representative by dialing 814-333-5580.

As a part of our efforts to provide you with outstanding care, we encourage you to provide us feedback regarding your patient care experience should you receive a survey regarding your hospital stay after discharge.

Thank you.

Sincerely,



**Philip E. Pandolph, CEO**



## Preventing Falls in the Hospital

While you are in the hospital, you should protect yourself from falls. Falls can be especially serious. Here are a few tips for preventing falls while you are at Meadville Medical Center...

- Wear shoes or non-skid slippers every time you get out of bed.
- Remember, some medications may cause dizziness or drowsiness. If you feel dizzy, weak or lightheaded, do not get up by yourself. Call your nurse.
- Ask for help to go to the bathroom.
- Use only unmoving objects to steady yourself. Do not use your tray table, IV pole or other objects that can move when walking in your room.
- Use the handrails in the bathroom and hallway.
- If you have your glasses with you, please wear them.
- Keep important items within reach including your call bell.
- Tell your nurse if you have a history of falls.
- Use assistive devices like walkers and canes if recommended.

## Special Needs

### Social Services

Our Social Services Department assists, without charge, any patient or family who may have personal, family, or financial problems that arise out of illness. The social service worker is aware of the various resources available for help in the community and will assist in finding a nursing facility, arrange for home visits or locate other services needed by the patient. Your physician or nurse may arrange for a social service worker to visit you, or you and your family may request a visit from the hospital social service worker at any time.

### Discharge Planning

Discharge planning begins the day you come to Meadville Medical Center. However, patients are not discharged until they are ready to move on to the next level of care. Keep in mind that Meadville Medical Center is an acute care facility whose function is to get you safely through the first phase of your illness. After that, other less costly convalescent settings may be indicated, such as a nursing facility or home care.

### Spiritual and Pastoral Care

Chaplaincy services are available to provide spiritual counseling, care, comfort, prayer, sacramental needs and presence during your hospital stay. Chaplains are available to all patients regardless of their faith or lack of faith tradition. Chaplains do not evangelize but rather companion patients during their hospital stay.

Clergy of all faith traditions are welcomed and encouraged to visit their congregants. While we do not call clergy to inform them of your hospitalization, we are available to assist you in making that call. If you'd like to have a Chaplain visit or you need assistance contacting your clergy please tell your nurse or call ext. 5795.

The Grove Street facility has a Chapel on the first floor. The Meditation Room is located on the Ground floor near the Gift Shop at the Liberty Street facility.

### Communication Aid

Meadville Medical Center will provide communication-impaired individuals, including deaf persons, with services equal to and as effective as services provided to those who are not handicapped. We have language interpreters available, and any nursing staff may assist you in obtaining these services.

### Ethics Consultations

Consultations are available on request from patients and family members to assist in making decisions regarding care when there appears to be an ethical dilemma in the treatment options available. Ethics considerations are advisory only. To request an ethics consultation, contact any caregiver, and they will follow the procedure for notifying our Ethics Committee.

## Visitor Guidelines

### Patient Visitation Policy

Meadville Medical Center (MMC) embraces a philosophy of open and flexible visitation that welcomes and encourages the involvement of family/significant others in the patient's care. MMC strives to provide a caring environment while recognizing the importance of visitation to our patients, their families and friends. We will ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences. MMC 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, nor will it permit anyone else to do so. Patients may designate a "Support Person" to exercise their visitation rights on their behalf. Patients may designate a Support Person in any manner, including orally, in writing, or through non-verbal communications (such as pointing). MMC can apply reasonable clinical restrictions and other limitations on patient visitation.

### Patient Condition Information

As a patient, you will be given a Patient Condition Update Number or PCU#. Give this number to only those persons that you want to share your personal health information with. MMC Staff in turn will ask callers or visitors for this PCU# before sharing your health information with them. With this process, Meadville Medical Center gives you control of your health information disclosures to family and friends.

### Smoking

Meadville Medical Center is a tobacco free facility. This includes all MMC property. We do ask that visitors be respectful of our neighbors and their property as well.

## Visitor Services

### Cafeteria

The cafeteria is located on the ground floor of the Liberty Street and on the basement floor of the Grove Street facility. Cafeteria hours are posted on the cafeteria doors. Prices are posted in the cafeteria.

### Coffee and Gift Shop

Please visit our Coffee and Gift Shops located on the on the ground floor near the switchboard at the Liberty Street, and the first floor of the Grove Street facility. They are both operated by the Meadville Medical Center Auxiliary. All Coffee and Gift Shop proceeds benefit Meadville Medical Center.

### Vending Machines

Liberty Street vending machines are located at the back of the cafeteria on the ground floor at Liberty Street and on the first floor at Grove Street.

### Food Trays

Dietary will be into your room to review and give options for your meals. Guest food trays may also be ordered. Orders must be placed one hour prior to mealtime. At Liberty Street please call ext. 5591, and at Grove Street please call ext. 5690. Trays must be paid for at the time of receipt.

**If you have anything that needs attention or repaired in your room please tell your nurse or call our hotline at ext. 2000 for assistance.**





## For Your Convenience

### Television

TV service is available at no charge to our patients. Please ask your nurse if you would like to use headphones.

### Telephone

MMC is pleased to provide phone service in all patient rooms at no charge. You may be reached directly at the Liberty Street Campus by dialing 814-333-5 + (your room number).

At the Grove Street Campus, please check with the staff for the correct extension. To provide a quiet atmosphere, no phone calls will be placed to rooms between 10:00 p.m. and 6:30 a.m. Local calls can be placed by dialing 9 + the number at any time.

### Internet Access

Free Guest Wi-Fi





## **Mail, Flowers, and Gifts**

Mail, flowers, and gifts will be delivered directly to your room. Mail will be forwarded after discharge to your home. Flowers are not permitted in the Intensive Care Unit (ICU), and latex balloons are not permitted on any unit.

## **Notary Public**

Notary Public services are available to patients and their families weekdays during the hours of 8:30 a.m. to 4:00 p.m. You may request this service by calling 5580, or 5545 from your patient room. This service is free to MMC patients only. Please note that we will only notarize documents for your health-related needs.

## **Personal Belongings**

We ask you to bring only those items that are essential to your health and well-being such as hearing aids, dentures and glasses. Meadville Medical Center is not responsible for loss of valuables including but not limited to money, medication, jewelry, dentures, hearing aids, glasses or electronic devices. You and your family are highly encouraged to take all items, especially those of great expense or personal significance, home or lock them in the safe in the Nursing Supervisors' Office.

## **Lost and Found**

Items of value are sent to the Guest Services Department and will be kept for 30 days. If you have lost an item, please call Guest Services at 814-333-5580.

## **Patient-Owned Medical/Non-Medical Devices**

It may be necessary to bring your own medical devices to MMC, i.e. home sleep machines. You may use these devices with permission of your treating physician and a limited inspection by the hospital to determine that the equipment is clean and electrically safe. You will be asked to sign a waiver for liability.

Non-medical devices such as hairdryers, razors, heating pads, etc. should not be brought to the hospital, and you will be asked to send them home with family/friends.

## Discharge or Transfer

### Utilization Review

Government regulations and contracts through insurance and accreditation bodies state that every approved hospital must have a utilization management program. The staff must review all inpatient cases to assure that they are appropriate for care in an acute care hospital such as Meadville Medical Center and do not remain in the hospital for a longer amount of time than necessary for care of their medical problems. This makes it very important that you leave on the day of your discharge. Your insurance will not pay for the days you remain in the hospital after your physician has discharged you.

### Discharge

Before leaving, be sure to:

- Gather all your personal belongings, including valuables in the safe.
- Check with the nurse who will explain prescriptions, appointments, or follow-up outpatient procedures that the physician has ordered.
- Receive discharge papers and ask any questions that you might have regarding follow-up care.

At discharge, all patients will be accompanied to the entrance to meet their ride.

Please call the nurse to accompany you.

### Home Care Services

Home care services are delivered at home to recovering, disabled, chronically or terminally ill persons in need of nursing care, physical, occupational or speech therapy, social work and/or help with personal care. Ask your discharge planner about “help at home.” VNA Alliance, Inc. and Hospice of Crawford County, Inc. are affiliated with Meadville Medical Center and offer a wide array of in-home care. Other non-affiliated home care services are also available.

### Transitional Care Unit and Rehab Unit

These units are designed for special levels of care for patients who no longer need acute care but require additional care before home care. Patients transitioning to these services will be discharged from the Liberty Street facility and admitted to the Grove Street facility.

### Intensive Transitional Care Unit at Titusville

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## **Important Message for Medicare Recipients**

CMS (Centers for Medicare & Medicaid Services) requires hospitals to deliver the “Important Message from Medicare” (IM) to all inpatient Medicare Recipients upon admission to the hospital.

This letter informs Medicare recipients of their discharge rights and informs them how to make an appeal to the Quality Improvement Organization (QIO) if they feel that they are discharged before they are ready. At the time of admission, the beneficiary or their representative signs a document indicating that they have received the IM.

The hospital must deliver the same message a second time and have the beneficiary or representative sign that they received it prior to discharge. The second (IM) form must be signed one to two days prior to discharge, but not on the discharge date.

## **Rooms / Special Billing**

### **Private Rooms**

If you request a private room upon admission to Meadville Medical Center, or if you request a transfer to a private room during your stay, there will be an additional room charge for each day you stay in the private room. At the time of discharge from the hospital, you will be required to pay in full the charges for the number of days you occupied a private room.

### **Specialty Billing**

If you have diagnostic, specialty and/or emergency services, you may receive a separate bill from the physician group responsible for physician interpretation of your services. This process is separate from Meadville Medical Center’s billing process.

### **Facts About Observation Status**

Observation care is a well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment based on your symptoms. Observation stays will be billed as an outpatient visit. Depending upon your insurance, you will be responsible for any co-insurance and/or deductibles that are not yet met.

### **Financial Assistance**

Meadville Medical Center has a financial assistance policy to help patients who meet our guidelines. Please contact our Financial Counselors at 814-333-5761 for eligibility guidelines and assistance.



# Meadville Medical Center and Subsidiaries

## Notice of Privacy Practices

### **PURPOSE:** HIPAA Legal Compliance

Meadville Medical Center (MMC) will provide all patients with a Notice of Privacy Practices and offer them an opportunity to object to certain disclosures, as required by the HIPAA privacy regulations.

Upon being offered or receiving the Privacy Notice, the patient or designee will be asked to provide a signature indicating that they have been offered and/or have received the Notice of Privacy Practices. This signed statement will be a part of the medical record. If the patient refuses to sign, that fact will be recorded.

In emergency situations, or when a patient is otherwise unable to provide a signature, the Notice of Privacy Practices will be given to the patient's representative (for example, an accompanying family member) or will be presented to the patient as soon as possible.

There are three situations in which MMC may disclose PHI only if the patient is first given an opportunity to object: (1) disclosure to family members, friends or others who will be involved in the care of the patient; (2) listing of the patient in the MMC directories; and (3) disclosures to a Health Information Exchange (HIE) that may share your health information with participants of health information exchanges. These options will be explained to patients in the Notice of Privacy Practices. If a patient notifies an MMC staff member that he or she would like to opt out these disclosures, the staff member shall notify the patient's nurse, who shall cause the Opt Out Form to be printed (from FormFast Downtime – Nursing MISC – Opt Out) and presented to the patient for signature. The form will then be forwarded to the Nursing Supervisor or Admission/Registration Department staff member for appropriate action.

### **NOTICE OF PRIVACY PRACTICES**

This Notice describes how Meadville Medical Center (MMC) and the professionals who care for patients at MMC may use and disclose information about you. It also describes how you can access your health information. PLEASE READ IT CAREFULLY.

When we refer to "Meadville Medical Center" or "MMC" in this Notice, we mean Meadville Medical Center, the Mind-Body Wellness Center, the Yolanda G. Barco Oncology Institute, Community Health Services, the Hospice of Crawford County, Primary Care Services, Meadville Physicians Services, and all of the outpatient offices of physicians employed by Meadville Medical Center. These organizations are affiliated with one another, abide by the same confidentiality policies, and may share information about their patients with each other while performing their day to day business and health care functions.

MMC and the practitioners who have been appointed to its Medical Staff or granted clinical privileges share information about you to help us jointly offer health care services to you. The professionals who care for you at MMC agree to abide by this Notice while caring for you at MMC facilities. This Notice does not, however, apply to those practitioners when they are practicing in their own offices or in any non-MMC facility.

### **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

#### **A. PERMITTED WITHOUT ASKING YOU FIRST**

Sometimes, we are permitted or required to use or disclose information about you without asking you first. These situations include:

**Treatment.** We may use or disclose your protected health information for the purpose of providing, or allowing others to provide, treatment to you or any other individual.

**Examples.** Your primary care physician may disclose your health information to another doctor for the purposes of a consultation.

MMC contacts you with appointment reminders or information about treatment alternatives or other health-related benefits and Services that may be of interest to you.

**Payment.** We may use and/or disclose your protected health information to help us and other providers get paid for health care Services that were provided to you.

**Example.** We may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for payment.

**Health Care Operations.** We may use and disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another organization that also has a relationship with you and which is bound by the same federal laws that regulate patient privacy to allow that organization to perform its day-to-day functions related to quality assessment.

**Example.** We may compile your protected health information, along with that of other patients, in order to allow a team of your health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at this facility. We may contact you as part of our effort to raise funds for MMC. All such communications will include information about how you may opt out of future fundraising communications.

### **OTHER**

We may use and disclose your information for a variety of other purposes:

1. To create material(s) that originally had any identifying information concerning you deleted from the final material(s);
2. To create materials that have most of the identifying information about you deleted from the final materials, to allow other entities to conduct research, public health, or health care operation activities;
3. When required by law;
4. For public health purposes;
5. To help victims of abuse, neglect, or domestic violence;
6. For health oversight activities, such as audits or civil, administrative, or criminal investigations;
7. For judicial or administrative proceedings;
8. For law enforcement purposes;
9. To assist coroners, medical examiners, and funeral directors with their official duties;
10. To facilitate organ, eye, or tissue donation;
11. For certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy;
12. To avert a serious threat to health or safety;
13. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
14. For workers' compensation purposes, as permitted by law.

### **B. PERMITTED ONLY IF WE ASK YOU FIRST**

We may also use or disclose your protected health information in the situations described below. Except as noted below, unless you are having an emergency, we will first offer you the opportunity to object.

**Directories.** We may maintain a directory of patients that includes your name and location within the facility (for example, "Room 202"), your religious designation, and information about your condition in general terms that will not communicate specific Medical information about you (for example, "Stable" or "Critical"). Except for your religion, we may disclose this information to any person who asks for you by name. All information from the directory can be given to members of the clergy.

**Notifications.** We may use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location and general condition or death, and to help organizations that are involved in those tasks during disasters (for example, the Red Cross).

**To Those Involved in Your Care.** We may disclose to your relatives, friends, or anyone else you designate as being involved in your care any protected health information that is directly related to that person(s) involvement in providing your care or paying for it. Note that if you bring someone with you into the treatment room, we may presume that individual is involved in your care unless you tell us otherwise.

If you are not present to voice your objection to us sharing information with these individuals (for example, a family member presents to pick up your prescription), we will use our professional judgment to decide whether it is in your best interest for us to disclose your health information.

# Meadville Medical Center and Subsidiaries

## Notice of Privacy Practices

### C. PERMITTED ONLY WITH YOUR WRITTEN AUTHORIZATION

Except as listed in (A) and (B) above, any use or disclosure of your information will be made only if you give us your written authorization. Even if you have provided written authorization, you can revoke that permission, unless we have already acted in reliance on it, or if you signed the authorization as a condition of obtaining insurance coverage. Please be aware of the following:

**Psychotherapy Notes.** Most uses and disclosures of psychotherapy notes require your written authorization. "Psychotherapy notes" are the personal notes of a mental health professional that analyze the contents of conversations during a counseling session. They are treated differently under federal law than other mental health records.

**Marketing.** Uses and disclosures for marketing require your written authorization, "Marketing" is a communication that encourages you to purchase a product or service. However, it is not marketing if we communicate with you about health-related products or services we offer, as long as we are not paid by a third party for making that communication.

**Sales.** A disclosure that qualifies as a sale of your health information under federal law may not occur without your written authorization.

### D. INFORMATION SUBJECT TO SPECIAL RULES

HIV-related information, records of mental health treatment, substance abuse records, and reportable communicable disease information will be used and disclosed only as allowed by federal and/or state law.

### YOUR RIGHTS

#### A. REQUEST RESTRICTIONS

You have the right to request restrictions on the use/disclosure of your health information for treatment, payment or healthcare operations purposes or notification. MMC is not required to agree to your request, with one exception: If you have paid out of pocket and in full for a health care item or service, you may request that we not disclose your health information related to that item or service to a health plan for purposes of payment or health care operations. If you make such a request, we will not disclose your information to the health plan unless the disclosure is otherwise required by law. If we do agree to a restriction, MMC will abide by that restriction unless the information is needed to provide emergency treatment.

#### B. OPT OUT

You have the right to opt-out of being included in MMC's patient directory or from having your health information disclosed to a family member, friend, or another family member involved in your care. You can receive a copy of the opt-out disclosure form from the MMC Registration Staff Member or your MMC Nursing Professional.

You have the right to opt-out of Health Information Exchange (HIE). We may share your health information with participants of health information exchanges, to exchange patient information in order to facilitate health care and avoid duplication of services (such as tests).

### C. CONTACT OPTIONS

You have the right to request that we contact you about your health information by alternative means or at alternative locations. For example, you may designate that we contact you only via email, or at work rather than at home. We will comply with all reasonable requests. To request alternative communications you must submit a written request to the Guest Services Department.

### D. ACCESS TO YOUR HEALTH RECORDS

You have the right to look at and copy any health information that we use to make decisions about you, other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal, or administrative proceedings, or certain information governed by the Clinical Laboratory Improvement Act. To arrange for access to your records or to receive a copy of your records, you must sign a medical record release form obtained from the Medical Records Department of the Medical Center or the affiliated organization at which you received services.

Even though you can usually access your record, there are some situations where we can deny access. Access may be denied if you are an inmate at a correctional institution or a participant in an ongoing research program or if the Federal Privacy Act applies.

We can also deny access if access is likely to endanger the life or physical safety of you or any other person, if the information makes reference to another person and access by you would be likely to harm that person, or if you are the personal representative of a patient and a health care professional determines that access by you would harm the patient or another person. If access is denied for any of the reasons described in this paragraph, the specific reason for the denial will be provided to you in writing and you may have the decision reviewed by a healthcare professional who did not participate in the original decision.

### E. AMEND YOUR HEALTH RECORDS

You may request that your health information be amended. Your request may be denied if the information in question was not created by us, is not part of our records, is not the type of information available to you for copying as delineated above or if the information is accurate and complete. If your request is denied, you may submit a written record stating that you disagree with the denial, which will be kept on file and distributed with all future disclosures of the information to which it relates. A written request to amend health information should be submitted to the Director or the Medical Records Department.

### F. ACCOUNTING OF DISCLOSURES

You have the right to an accounting of any disclosures of your health information made during the six-year period before you made your request. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friend about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures made pursuant to an authorization signed by you, (vii) disclosures that are part of a limited data set, (viii) disclosures that are incidental to another permissible use or disclosure, or (ix) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures submit a written request to the Director of the Medical Records Department or to the subsidiary office manager.

### G. NOTICE OF PRIVACY PRACTICES

You have the right to have a paper copy of this notice. You may obtain the most current copy of this Notice by calling Guest Services at 814-333-5580, on MMC website at [www.mmchs.org](http://www.mmchs.org), by requesting one at the Registration Office, or at any Subsidiary site.

### DUTIES OF MMC

A. MMC is required by law to maintain the privacy of your health information and to provide to you this Notice of our legal duties and privacy practices.

B. MMC is required to abide by the terms of this Notice. We reserve the right to change this Notice and to make these changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website, at our subsidiary facilities, and will be available upon request.

C. MMC is required to notify you in writing if we improperly use or disclose your health information in a manner that meets the definition of a "breach" under federal law. Although there are some exceptions, a breach generally occurs when health information about YOU is not encrypted and is accessed by, or disclosed to, an unauthorized person.

### QUESTIONS OR COMPLAINTS

If you believe your privacy rights have been violated, any complaints should be addressed to the Guest Services Department at 814-333-5580. If not resolved to your satisfaction, complaints may be made to the Secretary of the Federal Department of Health and Human Services, Civil Rights Division at 1-866-627-7748.

Effective September 23, 2013  
Rev (5/22)



Your care team thanks you for the privilege of caring for you during your stay at Meadville Medical Center.

**We wish you well.**