



Patients' Rights

POLICY:

Warren General Hospital will provide healthcare services with an overriding concern for our patients' rights and dignity. State and federal laws guarantee certain rights to patients and their representatives, which are set forth in the attached Statement of Patients' Rights.

PURPOSE:

To comply with state and federal laws that guarantee certain rights to patients and their representatives.

PROCEDURE:

The Statement of Patients' Rights is prominently displayed in all registration areas of the hospital and on the hospital website. In addition, the hospital provides the Statement of Patients' Rights to all inpatients and observation patients (or their representative) upon admittance, or as soon as possible thereafter.

The hospital will maintain documentation of receipt of the Statement of Patients' Rights in the patient's medical record.

References:

28 Pa. Code §103.22; 28 Pa. Code §101.163; 42 C.F.R. §482.13

Keywords:

Patients' Rights

Appendix A

STATEMENT OF THE PATIENT'S RIGHTS & RESPONSIBILITIES

As a patient, family member or guardian of a patient, we would like you to know that we are committed to delivering quality medical care that is effective and considerate. This document is a statement of our policy. We want you to know the rights you have under federal and Pennsylvania law as soon as possible in your hospital stay so that you may take an active role in your healthcare and can help us meet your needs.

As a **patient**, you have the right to receive care without discrimination due to age, sex, race, color, religion, sexual orientation, income, education, national origin, marital status, culture, language, disability, gender identity, physical disability or who will pay your bill. The physically disabled will have reasonable and equal access to the facilities, services, and programs of this hospital.

Patients will receive services and care that are medically suggested and within the hospital's services, its stated mission and required by law and regulation.

You have the right to:

- Respectful, considerate care given by skilled staff.
- Have your physician and a family member or other person of your choice promptly notified of your hospital admission.
- Know the names of the doctors and nurses, who provide your care, and the names and functions of other healthcare workers that care for you.
- Privacy concerning your own medical care. Case discussion, consultation, examination and treatment should be done in places designed to protect your privacy.
- Have all records pertaining to your medical care treated as confidential. If you request it, the hospital shall provide you access to your medical records unless restricted for medical or legal reasons. You will have access to your records within a reasonable time and for a reasonable fee.
- Know what hospital rules and regulations apply to your conduct as a patient.
- Expect emergency procedures to be implemented without unnecessary delay.
- Good quality care and high professional standards that are continually maintained and reviewed.
- Information about your current health, treatment, outcomes, recovery, ongoing healthcare needs and future health status in terms that you understand. This includes interpretation and translation, free of charge, in the language you prefer. This also includes providing you with help if you have vision, hearing or cognitive difficulties.
- Information upon discharge about your continuing healthcare requirements after discharge and the means for meeting them.
- Choose a support person, if needed, to act on your behalf to assert and protect your patient rights.

- Be involved in all aspects of your care and decisions about your care. When it is not medically advisable to give information to you, your information shall be given to your family member or other appropriate person. You have the right to information about alternative treatments and possible unexpected complications. You may be asked to sign your name before the start of a procedure and/or care. This is "informed consent," and it is not required in the case of an emergency.
- A proper assessment and management of pain, including the right to request or reject any or all options to relieve pain.
- Receive care in a safe setting.
- Be free of all forms of abuse or harassment.
- Receive care free from restraints or seclusion unless necessary to provide medical, surgical or behavioral health care.
- Decide to take part or not take part in research or clinical trials for your condition, or donor programs, that your doctor may suggest. Your participation in such programs is voluntary. You or your legal representative must give written permission before you participate. A decision not to take part in such programs will not affect your right to receive care.

You have the right to:

- Refuse any drugs, treatment, care or procedure offered by the hospital. You will be told of the medical consequences of your refusal. There may be times when care must be provided based on the law. You are responsible for your actions if you refuse care or do not follow care instructions.
- Request a consultation with another health care provider at your own expense.
- Receive a prompt and safe transfer to the care of others when Warren General is not able to meet your need or request for care or service. You have the right to know why a transfer might be required, as well as learning about other options for care. Warren General cannot transfer you to another hospital unless that hospital has agreed to accept you.
- Receive instructions on follow-up care and participate in decisions about your plan of care after you are out of the hospital.

YOU HAVE THE RIGHT TO RAISE A COMPLAINT OR GRIEVANCE

Being a good patient does not mean being a silent one. Tell hospital staff about your concerns or complaints regarding your care. This will not affect your future care.

Concerns, Complaints and Grievances during your hospital visit

Sometimes, a patient or family member may have a concern or complaint that can be quickly addressed during the hospital visit. We encourage you to contact the manager of the department or a member of your healthcare team so we can quickly address the concern.

Sometimes a more serious matter cannot be resolved quickly and while you are in the hospital. You may want to seek review of the quality of your care, coverage decisions and concerns about your discharge.

You may submit a complaint or grievance to the hospital in writing, by phone or in person. You may expect a timely response from the hospital in terms that you can understand. Alternatively, you may wish to submit your complaint or grievance to the PA Department of Health at the address and phone number below.

To share your concerns with the hospital, please contact the hospital's Patient Relations Department at:

Patient Relations Warren
General Hospital Two
Crescent Park West PO Box
68
Warren PA 16365
(814) 723-4973 extension 2087

You may submit your complaint or grievance to the Department of Health at: Pennsylvania Department of

Health
Acute & Ambulatory Care Services Health
& Welfare Building, Room 532 625 Forster
Street
Harrisburg PA 17180-0090
(800) 254-5164

YOUR RIGHT TO RECEIVE VISITORS

Warren General Hospital has an open visitation policy for most hospital units. This means that your family and friends may visit you at any time and may stay for as long as you wish them to stay. General visiting hours are 6:30 a.m. to 8:00 p.m. After 8:00 p.m., visitors must check in at the Emergency Care Center registration desk and receive an identification badge.

You have the right to:

- Decide if you want visitors while you are here. The hospital may need to limit visitors to better care for you or other patients.
- Choose the people who can visit you. These people do not need to be legally related to you. Tell your nursing team if you do not want certain visitors or if you do not want to receive visitors at certain times of the day.
- Designate a support person whom you may decide who can visit you if you become incapacitated.

We have special visiting hours on the following units:

- **Detoxification Services** -- Visitors must make an appointment with our staff. At that appointment, visitors will be given more information about the times of day and how often they may visit the patient, based upon the patient's needs.

- **Maternal Child Health**-The new mother makes the decision about whom may visit and when.
- **Pediatrics**-Parents may visit at any time. Visiting hours for all others are 1:00 p.m. until 8:00 p.m. and consent of the parent(s) is required.
- **Psychiatric Services**-- Visiting hours are 7:00 p.m. until 8:00 p.m. Alternate hours are available only with the approval of the psychiatrist or the nurse manager.
- **Surgical Services**-The patient may receive up to two visitors during pre-operative preparation and post-operative recovery.

Important Information for our Visitors:

We ask that visitors follow these rules:

- Please allow only 2 visitors at a time so as not to disrupt our other patients.
- Children under the age of 14 must be supervised by an adult.
- Visitors who are in the hospital overnight (between 8:00 p.m. and 6:30 a.m.) must wear a visitor badge. Ask your nursing team for a visitor badge.
- The hospital may limit or deny visits to individuals who have an infectious disease.
- Sometimes we require visitors to wear a mask or a gown before entering a patient room. These infection control precautions protect the patient, the visitor, and others.
- Visitors who are disruptive, violent, or too loud will be asked to leave.
- Visitation may be temporarily restricted when the patient's roommate needs rest or privacy.

YOUR RESPONSIBILITIES AS A PATIENT

The hospital desires to create a pleasant and safe environment during stay. Certain hospital rules are necessary to protect you and other patients. **We expect that you, your family, or caregiver will:**

- Provide accurate information about past illnesses, hospitalization, medication, advance healthcare directives, and other matters relating to your health.
- Report any condition that puts you at risk (for example, allergies.)
- Cooperate with all hospital staff and ask questions if you do not understand the instructions we give you or the procedures we describe.
- Be considerate of other patients, their families and visitors. Respect our visitation policies.
- Obey our no smoking policy, and do not consume alcoholic beverages.
- Tell us which of your family members or caregivers our healthcare team is authorized to discuss your medical care in the event you are unable to properly communicate with your healthcare team.
- During your hospital stay, you will only take medications that have been prescribed by your physician and administered by our healthcare team.
- Refrain from any illegal activity on hospital property. The hospital will report such activity to the police.

NOTICE OF PRIVACY PRACTICES

Your protected health care information is used or may be disclosed for purposes of treatment, payment, and operations to:

- Other health care professionals or providers for the purpose of providing you with quality health care. (Example: Another hospital, a nursing home, home health agency, or consult or referrals between physicians or reference laboratories.)
- Your insurance provider for the purpose of receiving payment for your needed health care services.
- Health care professionals for the purposes of ensuring we are providing quality health care services. (Example: Our quality assurance committee reviews patient records to monitor performance and quality.)
- Business associates who perform services such as billing, coding, consulting, transcription, and accounts receivable management.
- Training, certification, and licensing programs. (Example: Medical students and nursing students participate in training programs at WGH.)
- Customer service staff, medical or legal reviews, and auditors. (Example: Patients receive a questionnaire about the service they received and these are used to improve our service to you.)
Public health or law enforcement when the law requires it.
State or federal agencies for purposes of health care cost containment, determining medical necessity, or appropriateness of services.
Report a defective device or problematic event regarding a biological product (food or medication). (Example: The FDA requires reporting of defective equipment).
- Send you appointment reminders, treatment alternatives, or information regarding other health related benefits and services.
- Visitors, callers, clergy, and room deliveries, if you agree to be in our hospital directory and these people ask for you by name.
- Other situations where Warren General Hospital may use or disclose your protected health information include: organ and tissue donations, workers compensation, coroners, medical examiners, and funeral directors.

You have the right to:

- Receive a copy of this Privacy Notice.
- Request a restriction of the use of your health care information unless the restriction conflicts with providing you health care or in the event of an emergency. The Hospital will review each restriction request, but reserves the right to deny any restriction request received.
- Make reasonable requests to receive communications about your health care at an alternate address or by means other than by mail.
- Make a written request to review and/or photocopy your health care information (Copies may be subject to reasonable charges.)

- Request changes to your healthcare information. These requests must be made in writing.
- Know who has received your health care information for purposes other than treatment, payment, and operations of the hospital, and for what purpose, with some exceptions as defined by law.

If you believe your rights to privacy have been violated, you may file a complaint with our privacy officer or notify the Department of Health and Human Services. All complaints will be investigated. No action will be taken against you for filing a complaint with the hospital. **You may mail a complaint to:**

**Attn: Privacy Officer
Warren General Hospital
Two Crescent Park West, PO Box 68
Warren PA 16365**

Normally, we will require your signed authorization before disclosing your medical information outside the hospital, unless it is required by law. You may revoke your permission to release confidential information at any time. The hospital abides by the terms of this notice. The hospital may make changes to the Privacy Notice. Changes will be effective for all protected health information kept by the hospital. The revised Privacy Notice will be available at the point of service.

Notice Effective: May 18, 2012

AD VANCE HEALTHCARE DIRECTIVES

You have the right to create advance medical directives, which are legal papers that allow you to decide now what you want to happen if you are no longer able to make your own decisions about your care. You have the right to appoint someone to make healthcare decisions on your behalf. You have the right to have hospital staff comply with these directives. You are not required to have an advanced directive in order to receive care and treatment in this facility.

What are advance healthcare directives? There are two common types:

- **Living Will.** This document tells your healthcare team what types of treatment you will want or not want when you get to the end of your life. A Living Will is only used when you have a non-curable, terminal illness **and** you are unable to communicate with your healthcare team. If you are not sure what type of end-of-life treatment you may want, you can use the Living Will to designate a person to make those decisions for you, when the time comes.
- **Power of Attorney.** A Power of Attorney lets you name another person to make healthcare decisions for you. You decide what powers you want to give another person and when those powers will take effect. Since a Living Will is only effective for end-of-life situations, a Power of Attorney is useful when you cannot communicate for other reasons.

What should I do with my advance healthcare directive? You should give a copy to your family doctor, to the hospital, your family, and those people you have named to help make decisions for you if you cannot.

Can I change my advance healthcare directive? You can change your mind and revoke a Living Will or Power of Attorney at any time. To do this you need to tell your family or healthcare team that you revoke the document. Another way to revoke your advance healthcare is to make a new one, sign it and date it.

What if I don't have an advance healthcare directive? As long as you are able to communicate with your physician, you will decide what type of healthcare you want or do not want. If you are unable to communicate with your physician, your physician will discuss this with your family. If you have no family, a court order may be necessary to decide what type of treatment is best for you.

Where can I get forms to complete an advanced healthcare directive? Ask your physician, nurse, or social worker for the forms to make an advance healthcare directive.

HOSPITAL BILLS

You are responsible to promptly pay for the healthcare that you receive, whether through your insurance or through your own funds. Some services may not be covered by insurance. Some services may have a patient copayment or deductible. If you think you may need financial assistance with your bill, please contact our financial counselor at (814) 723-4973 extension 1325.

Tell us when your name, address, telephone number, or insurance information changes during your hospitalization or soon after you received services from our hospital.

You have the right to:

- Request, examine and receive a detailed explanation of your hospital bill.
- Receive information and counseling on ways to help pay for your hospital bill.

HEALTHCARE PAYMENT ASSISTANCE PROGRAM

If you do not have healthcare insurance or have limited funds, you may be eligible for our healthcare payment assistance program. Discounted or free care is based upon income and household size. A hospital representative will review and verify the financial information you provided during the application process. We reserve the right to ask you to receive a denial from Medical Assistance if you may meet benefit criteria. **If you would like more information about this program, please contact our Patient Accounts Department at (814) 723-4973 extension 1325.**

Patient Care Policy 101.03 - Appendix B Effective 10-20-2014

PATIENT'S CIVIL RIGHTS

- a. Inpatient and outpatient care including all clinic locations, emergency room care and any contracted services for patients shall be provided without regard to race, color, national origin, sex, sexual preference, religion, ancestry, age, handicap or disability.
- b. All patients shall be assigned to rooms, floors and sections in accordance with their medical needs.
- c. Patients shall not be asked whether they are willing or desire to share a room with a person of another race, religion, sexual preference, ancestry, age, handicap or disability.
- d. Employees shall be assigned to patient services without regard to the race, color, national

origin, religion, sex, sexual preference, religion, ancestry, age, handicap or disability of either the patient or employee.

- e. Transfer of patients from rooms assigned or selected, or both, shall not be made for other than valid medical reasons.
- f. At discharge, patients shall be referred only to those skilled nursing care facilities, intermediate care facilities, personal care facilities or foster homes which are not known to the hospital to be in noncompliance with the provisions of the Pennsylvania Human Relations Act (43 P.S. §§ 951-963). The hospital shall report immediately to the Compliance Office of the Department of Health all instances of post-hospital discriminatory practices experienced by patients referred by the hospital when such practices are brought to the attention of the hospital.
- g. All training programs and opportunities offered by the hospital shall be open to qualified applicants without regard to race, creed, color, national origin, sex, sexual preference, religion, ancestry, age, handicap or disability; and recruitment efforts for these shall include sources having potential racial minority applicants.

Revision #: 8

Approval Signatures

Step Description

Approver

Date