

## ■ 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 the hospital's Patient Relations Department.

SAINT VINCENT HEALTH SYSTEM PATIENT RELATIONS

CALL: 1-814-452-7081

Medicare/Medicaid patients can contact Quality Insights of Pennsylvania Complaint Hot Line at 1-800-322-1914 with care or discharge issues.

- 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

- You may also contact The Joint Commission, a hospital accreditation organization at:  
The Joint Commission—Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
(800) 994-6610 or [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

## 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 hospital 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 will 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 your health care team.
- Ask questions if you are concerned about your health or safety.
- Make sure your 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.

HAP

THE HOSPITAL & HEALTHSYSTEM  
ASSOCIATION OF PENNSYLVANIA

# 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

As a patient you or your legally responsible party, have the right to receive care without discrimination due to age, sex, race, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, disability, gender identity, or who will pay your bill. 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 for 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. You may need to sign your name before the start of any procedure and/or care. "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.
- Designate those persons who can visit you during your stay. These individuals do not need to be legally related to you.
- Designate a support person who may determine who can visit you if you become incapacitated.

### ■ 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 service. 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.

### ■ 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 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.
- Request a consultation by another health care provider.
- 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 care with high professional standards that are continually maintained and reviewed.

### ■ Privacy and Confidentiality

*You have the right to:*

- Limit who knows about your 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 private.
- 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 the hospital's Patient Relations Department. You will receive a personal response.**