

# **PATIENT BILL OF RIGHTS**

## **PURPOSE:**

To promote the interest and well-being of the patients, given that the foremost concern of the AHN Neighborhood Hospital is to provide healthcare for the sick and injured patients, and to return them to health.

## **SCOPE:**

This policy is set forth as a sincere statement of the ideas of all departments of the Hospital and its patients but does not presume to be a complete representation of all mutual rights and responsibilities. This policy affirms that all of the activities of all departments of the Hospital must be conducted with an overriding concern for the patient, and recognition of his dignity as a human being.

It is the purpose of this policy of patients' rights and responsibilities to promote the interest and well-being of the patients of all departments of the Hospital. This policy, however, is not intended to be a measure of the standard of reasonable conduct.

## **PRACTICE:**

- A. The basic rights of human beings for independence of expression, decision and action, and concern for personal dignity and human relationships are always of great importance. During sickness, however, their presence or absence become vital, deciding factors in survival and recovery. Thus, it becomes a prime responsibility for Hospitals to assure that these rights are preserved for their patients.
- B. In providing care, Hospitals have the right to expect behavior on the part of patients, their families and friends, which, considering the nature of illness is reasonable and responsible.
- C. All inpatients and outpatients receive a written copy of patient rights and responsibilities. Patient's rights are posted in outpatient areas.
- D. Patient's statement of rights and responsibilities:

## **PATIENT'S RIGHTS**

As a health-care provider, AHN Neighborhood Hospital is committed to delivering quality medical care to you as pleasantly as possible. The following "statement of rights" was developed based on requirements of the Department of Health, Commonwealth of Pennsylvania, Centers for Medicare & Medicaid Services, and the Joint Commission. The statement of rights is endorsed by the Board of Trustees, Administration, and the staff of this hospital. As it is our goal to provide medical care that is effective and considerate, we submit these to you as a statement of our policy. When the patient cannot make decisions regarding his care, the rights apply to your next of kin or other authorized representative.

1. A patient has the right to respectful care given by competent personnel, in a safe environment, which includes consideration of psychosocial, spiritual and cultural issues, as well as, personal values, beliefs, and preferences.
2. A patient has the right, upon request, to be given the name of his attending physician, the names of all other physicians directly participating in his care, and the names and functions of other healthcare persons having direct contact with the patient.
3. A patient has the right to every consideration of his privacy concerning his own medical care program. Case discussions, consultation, examination and treatment are considered confidential and should be conducted discreetly.
4. A patient has the right to have all records pertaining to his medical care treated as confidential except as otherwise provided by law or third-party contractual arrangements. You have the right to review your personal health information within a reasonable time frame. For more information related to the privacy, confidentiality, and access of your personal health information, please see the AHN Neighborhood Hospital Notice of Privacy Practices or request a copy.
5. A patient has the right to know what hospital rules and regulations apply to his conduct as a patient (see Statement of Patient Responsibilities for general guidelines, and forward specific questions to the Patient Access Manager).

6. A patient has the right to expect emergency procedures to be implemented without unnecessary delay.
7. A patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
8. A patient has the right to full information in layman's terms concerning his diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. The patient has a right to participate in decisions regarding his care. When it is not medically advisable to give such information to the patient, the information will be given on his behalf to the patient's next of kin or other authorized representative.
9. A patient has the right to make informed decisions regarding his care. This includes being informed of his health status, being involved in care planning and treatment, and being able to request or refuse treatment (see further information on this below). This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
10. A patient has the right to refuse, to the extent permitted by law, any drugs, treatment or procedure offered by the hospital, and a physician shall inform the patient of the medical consequences of the patient's refusal of any drugs, treatment or procedure.
11. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both.
12. A patient has the right, upon request, to have a family member, or representative of his choice, and his own physician notified promptly of his admission to the hospital.
13. A patient has the right to appropriate assessment and management of pain by health-care providers.
14. A patient has the right to be free from all forms of abuse or harassment.
15. A patient has the right to be free from seclusion or restraints of any form that are not medically necessary.
16. A patient has the right to formulate advance directives concerning his treatment (such as a living will or durable power of attorney for health care) and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with applicable laws and/or regulations.
17. The patient has a right to advice regarding available protective and advocacy services upon request.
18. The patient has a right to be informed of the hospital grievance process (see information on this process following the Statement of Patient Responsibilities).
19. The patient has a right to participate in ethical questions that may arise in the course of his or her care, including issues of conflict resolution, withholding resuscitative services, or forgoing or withdrawing life-sustaining treatment, and the patient or family member may directly consult the hospital's compliance committee.
20. A patient or, in the event the patient is unable to give informed consent, a legally responsible party has the right to be advised when a physician is considering the patient as part of a medical care research program or donor program; and the patient, or legally responsible party, must give informed consent prior to actual participation in such a program. A patient, or legally responsible party, may at any time refuse to continue in any such program to which he has previously given informed consent.
21. A patient has the right to assistance in obtaining consultation with another physician at the patient's request and own expense.
22. A patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual preference, national origin, age, ancestry, disability or source of payment.
23. A patient who does not speak English should have access, when possible, to an interpreter. Effective communication will be provided, when possible, for the hearing, sight or speech impaired.
24. The hospital shall provide the patient, upon request, access to all information contained in his medical records, unless access is specifically restricted by the attending physician for medical reasons or is prohibited by law.
25. A patient has the right to expect good management techniques to be implemented within the hospital considering effective use of the time of the patient and to avoid personal discomfort of the patient.
26. When medically permissible, a patient may be transferred to another facility only after he or his next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The institution to which a patient is to be transferred must first have accepted the patient for transfer.
27. A patient has the right to examine and receive a detailed explanation of his bill.
28. A patient has the right to full information and counseling on the availability of known financial resources for his health care. If you require financial assistance, please see.
29. A patient has the right to expect that the healthcare institution will provide a mechanism whereby he is informed upon discharge of his continuing health-care requirements following discharge and the means for meeting them.
30. A patient cannot be denied the right of access to an individual or agency authorized to act on his behalf to assert or protect the rights set out in this section.
31. A patient has the right to be informed of his rights at the earliest possible moment in the course of his

hospitalization.

32. A patient has the right (subject to their consent) to receive the visitors he/she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and has the right to withdraw or deny such consent at any time.
33. The hospital does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. The hospital ensures that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
34. The hospital may impose a Justified Clinical Restriction on a patient's visitation rights when necessary. A Justified Clinical Restriction may include, but need not be limited to one or more of the following: (i) a court order limiting or restraining contact; (ii) behavior presenting a direct risk or threat to the patient, hospital staff or others in the immediate environment; (iii) behavior disruptive of the functioning of the patient care unit; (iv) reasonable limitations on the number of visitors at any one time; (v) patient's risk of infection by the visitor; (vi) visitor's risk of infection by the patient; (vii) extraordinary protections because of a pandemic or infectious disease outbreak; (viii) substance abuse treatment protocols requiring restricted visitation; (ix) patient's need for privacy or rest; (x) need for privacy or rest by another individual in the patient's shared room; or (xi) when a patient is undergoing a clinical intervention or procedures and the treating healthcare professional believes it is in the patient's best interest to limit visitation during the clinical intervention or procedure.

## PATIENT'S RESPONSIBILITIES

Patients will assume the responsibilities noted below. When the patient cannot make decisions regarding his/her care, the responsibilities apply to duly authorized members of the patient's family or other authorized representative. Further, in the event the patient is unable to make decisions, their family member or other authorized representative is expected to be readily available to hospital personnel throughout the patient's stay.

1. **Providing information.** Patients and families, as appropriate, must provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health. Patients and their families must report perceived risks in the patient's care and unexpected changes in his/her condition. Patients can help the hospital understand their environment by providing feedback about service needs and expectations. Patients and their families are expected to provide information, decisions, or documents required for the patient's care, discharge, or transfer in a timely fashion.
2. **Asking questions.** Patients and families, as appropriate, must ask questions when they do not understand the patient's care, treatment, and service or what they are expected to do.
3. **Following instructions.** Patients and their families are expected to follow the care, treatment, and service plan developed. They should express any concerns about their ability to follow the proposed care plan or course of care, treatment, and services. The hospital makes every effort to adapt the plan to the specific needs and limitations of the patients. When such adaptations to the care, treatment, and service plan are not recommended, patients and their families are informed of the consequences of the care, treatment, and service alternatives and not following the proposed course.
4. **Accepting consequences.** Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.
5. **Following rules and regulations.** Patients and their families must follow the hospital's rules and regulations. This includes the expectation that they will not take drugs or alternative medicines that are not prescribed by hospital staff, and that they will not complicate or endanger the healing process by consuming alcoholic beverages or toxic substances during their hospital stay.
6. **Showing respect and consideration.** Patients and their families are expected to be considerate and respectful of the hospital's staff and property, as well as other patients and their property. This includes the control of noise, smoking, and the number of visitors in their room at any one time.
7. **Meeting financial commitments.** Patients and their families should promptly meet any financial obligation agreed to with the hospital. It is understood that they will assume the financial responsibilities of paying for all services rendered either through third-party payers (their insurance company) or being personally responsible for payment of any costs that are not covered by their insurance policies. As noted above, if the patient requires financial assistance, he/she may request to discuss with the Patient Access Manager. The patient may also benefit from a Social Services consultation to assist with community-based referrals/resources following their discharge. The patient will request the bedside nurse to make a Social Service referral for them.

If the patient has any questions, problems, or unmet needs and would like further clarification of their Rights and Responsibilities, they should contact the Patient Access Manager at 878-295-4735.

The patient, or their representative, who is recognized by state law to act on the patient's behalf, must be notified of their patient rights. The rights are available at AHN Neighborhood Hospital and serve as their "notice of patient rights." If any concerns are identified, the patient has the right to file a grievance with a hospital representative. If the patient and their families wish to file a grievance with this hospital, the basic requirements will be explained to the patient.

The grievance process is designed to address patient and family concerns as a patient of the hospital. Patients may file a formal, written or verbal grievance, when a concern cannot be resolved promptly by staff or management present. When imminent patient safety is a concern, review of the grievance and problem resolution will begin immediately. Requests to file a grievance, verbal or in writing, with the hospital may be forwarded to the Patient Relations or the CEO. The mailing address for the individual noted is: AHN Neighborhood Hospital, 6321 Route 30, Greensburg, PA 15601 and via phone by calling 1-877-516-0911, option 3.

Following an internal review, a written response to all the patient's/family's formal written or unresolved verbal grievances will be provided to the patient or their representative within 10 days from the date that the grievance was received. If the patient and/or their representative remain dissatisfied following efforts to resolve the situation, they may contact a Regulatory Agency. The patient may lodge a grievance with a Regulatory Agency directly, whether or not they have first used the hospital grievance process. The Regulatory Agency may be reached at:

Pennsylvania Department of Health  
Division of Acute & Ambulatory Care  
Room 532 Health and Welfare Building  
625 Forster Street  
Harrisburg, PA 17120-0701  
Phone: 1-800-254-5164

Certain grievances may be referred to appropriate Utilization Review or Quality Improvement Organizations (an independent group that handles matters involving patient hospitalization). Patient may make such referrals directly. Medicare patients may contact the Medicare patient relations office for the name of your local Quality Improvement Organization.