

# **Patient Rights and Responsibilities**

**UPMC | WESTERN MARYLAND**

## Rights and Responsibilities

We want to encourage you, as a patient at UPMC Western Maryland, to promote your own safety by being well informed and involved in your care. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities during your stay at UPMC Western Maryland. We invite you and your family to join us as active members of your care team.

### Safe and Quality Care

- You have the right to receive considerate, dignified, respectful and compassionate care regardless of your age, gender identity or expression, sex, sexual orientation, race, national origin, religion, culture, language, ethnicity, socioeconomic status, physical or mental disabilities.
- You have the right to have someone remain with you for emotional support during your hospital stay, unless your visitor's presence compromises your or others' rights, safety or health. You have the right to refuse visitation at any time.
- You have the right to have your pain assessed and to be involved in decisions about treating your pain.
- You and your family have a right to have UPMC Western Maryland honor psychosocial, spiritual, and cultural considerations that may influence the perception of illness.
- If anyone feels a patient's condition is becoming worse, ask your nurse to contact the Medical Evaluation Team. If anyone feels a patient is in immediate danger of a medical emergency, dial "0" on any hospital phone and ask the operator to get the Medical Evaluation Team. The Medical Evaluation Team will arrive within a few minutes to assess the patient's condition.
- You have the right to voice complaints, grievances or general concern about the care you or your loved one receives. Please know that providing this type of feedback will not negatively affect future care or treatment.

UPMC Western Maryland actively gathers and values the feedback our community and patients give us. We evaluate all feedback provided and make improvements to address our patients' concerns as appropriate.

## **Visitor Guidelines**

- Visitors are welcome to see patients 24 hours a day at UPMC Western Maryland. Due to the nature of care provided, there are defined visiting hours for the Behavioral Health Unit and the Special Care Nursery.
- While visitors will no longer be asked to leave at 8:30 p.m., the main entrances to the hospital will be secured at this time. Anyone coming to the hospital between 8:30 p.m. and 5:30 a.m. should enter through the Emergency Department in order to receive a hospital-issued visitor's badge from the UPMC Western Maryland Safety and Security staff.
- The number of visitors is dependent on the needs and comfort of the patient. The number of visitors may be restricted, based on the patient's needs, at the discretion of the nursing staff.
- In the Perinatal Unit, only four visitors at a time are permitted.
- Children under the age of 12 are welcome to visit but must be accompanied by an adult, other than the patient, at all times and also must be a sibling of the new baby.
- Visitors with cold symptoms or gastrointestinal flu symptoms are encouraged not to visit patients.
- Visitors should wash their hands before and after their visit.
- Visitors may be asked to step out of the room for brief periods so the staff can provide care for the patient.
- Visitors may also be restricted for reasons such as, but not limited to, legal restrictions (e.g., restraining order or patient in legal custody) and behavior that is disruptive to the therapeutic environment.
- Emergency Department visitation guidelines recommend no more than two visitors per patient, based on the patient's condition.

## **Feedback Procedure**

- We recommend you discuss your concern directly with the staff member caring for you.
- If you prefer to speak with an alternate member of our health care team, we recommend that you contact the unit or department supervisor.

## Feedback Procedure (Continued)

- If the unit or department supervisor is unavailable, you may contact any of the following:

Department of Patient Experience and Culture	240-964-5673
Patient Safety Department	240-964-8197
House Supervisor (on duty 24 hours a day, 7 days a week)	240-964-7000
Corporate Compliance Hotline (toll-free)	866-463-2246

- Feedback may be provided in writing, by phone or in person.
- UPMC Western Maryland will attempt to resolve all feedback as soon as possible.
- Feedback will be acknowledged within seven (7) days.
- If resolution will not occur within seven (7) days, a letter will be sent updating you on the progress.
- To notify UPMC Western Maryland in writing or if you are not satisfied with the feedback resolution, you may contact:

Patient Safety Department  
UPMC Western Maryland  
12500 Willowbrook Road  
P.O. Box 539  
Cumberland, MD 21501-0539  
240-964-8197

- You may contact resources such as the relevant state authority or accreditation agency prior to notifying UPMC Western Maryland of your concern.
- Concerns regarding your rights or advanced directive compliance also may be addressed to:

Maryland Department of Health  
Office of Health Care Quality  
7120 Samuel Morse Drive, Second Floor  
Columbia, MD 21046-3422  
410-402-8000

The Joint Commission Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
800-994-6610

Report a safety concern to The Joint Commission:

- At [www.jointcommission.org](http://www.jointcommission.org), using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website.
- By fax to: 630-792-5636.
- By mail to:

The Office of Quality and Patient Safety (OQPS),  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

Medicare and Medicaid beneficiaries may also contact: Livanta’s Helpline:  
1-888-396-4646, TTY 1-888-985-2660

### **Freedom from Abuse and Restraint**

- You have the right to receive care in a safe and secure environment free from all forms of abuse (mental, physical and verbal), neglect or mistreatment.
- You have the right to be free from physical/chemical restraints and seclusion in any form that is not medically required. When medically required, they will be safely implemented by trained staff.
- You have the right to access protective and advocacy services in cases of abuse or neglect. The hospital will provide a list of these resources.

### **Information, Communication and Decision-making**

- You and your representative have the right to communication that you can understand.
- The hospital will provide sign language and foreign language interpreters, as needed, at no cost. Information given will be appropriate to your age, understanding, and language. If you have vision, speech, hearing, and/or other impairments, you have the right to receive additional aids to ensure your care needs are met.

## **Information, Communication and Decision-making (Continued)**

- You have the right to be told the names of your doctors, nurses, and all other health care team members directing and/or providing your care.
- You have the right to a medical screening exam and be provided stabilizing treatment for emergency medical conditions and labor.
- You have the right to have a family member or person of your choice and your own doctor notified promptly of your admission to the hospital.
- You have the right to be informed of hospital policies and practices that relate to patient care, treatment, rights and responsibilities.
- You and your representative, with your permission, have the right to participate in decisions about your plan of care, your treatment, and services provided, including the right to accept, request or refuse treatment to the extent permitted by law and hospital policy.
- In case of such refusal, the patient and/or representative is entitled to be informed of the medical consequences of this action, other appropriate care and services the hospital provides, or to be transferred to another hospital for care.
- You and your representative have the right to be told by your doctor about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes.
- You have the right to give written informed consent before any nonemergency procedure begins.
- You and your representative have the right to be involved in your discharge plan. You can expect to be told in a timely manner of your discharge, room change, transfer to another facility or transfer to another level of care. Before your discharge, you can expect to receive information about follow-up care you may need. You can request a discharge evaluation by contacting Care Coordination or your nurse.
- You have the right to expect the hospital to refer and transfer you to another hospital when UPMC Western Maryland does not have the capability to provide necessary health care services or when you have so requested. You must also have the benefit of complete information and explanation concerning the need for, risks, benefits and alternatives to such a transfer.

- You have the right to be informed of all services available in our facilities.
- You have the right to care determinations and clinical decision-making without regard for the patient's ability to pay for those determinations or clinical decisions.
- You have the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
- You have the right to be informed of the hospital's charges for services and available payment methods.
- You have the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers or payers that may influence the patient's treatment and care.
- You have a right to a copy of the HIPAA Notice of Privacy Practices.
- You have a right to receive information about the hospital and physician charges and ask for an estimate of the hospital's charges before care is provided.

### **Privacy and Confidentiality**

- You can expect full consideration of your privacy and confidentiality in care discussions, exams, and treatments. You may ask for an escort during any type of exam.
- The hospital may include limited information about you in the patient directory while you are in the hospital. This information could include: name, location, phone number and one word about your general condition (e.g., fair, good). You or your representative may restrict or prohibit your information in the directory upon request.
- You can expect that all communication and records about your care are confidential, except in cases such as suspected abuse or public health risks (ex. infectious diseases, reactions to medications, problems with products), when disclosure is permitted or required by law or for billing purposes.
- Under certain circumstances, patient information must be disclosed or reported to organizations such as health departments or the Centers for Disease Control and Prevention. Such circumstances include, but are not limited to, cases of tuberculosis, viral meningitis and other types of infectious diseases.

## **Privacy and Confidentiality (Continued)**

- You have the right to see or get a copy of your medical records and to have the information explained or interpreted as necessary, except when restricted by law. You may add information to your medical record by contacting the Medical Records Department at 240-964-8444.
- You have the right to request a list of people to whom your personal health information was disclosed.
- You have the right to communicate with visitors. This may be in person, by mail, by telephone or by other forms of communication. Any restrictions on communication are evaluated for therapeutic effectiveness and are fully explained to the patient and family.

## **Self-determination**

- You have the right to agree or refuse to take part in medical research studies. You will have the study fully explained to you prior to consent. You may withdraw from a study at any time without impacting your access to standard care. A patient who declines to participate in research or experimentation is entitled to the most effective care the hospital can otherwise provide.
- You have the right to make an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) and appoint someone to make health care decisions for you, if you are unable to do so.
- If you do not have an advance directive, we can provide you with information and help you complete one. You may contact Care Coordination at 240-964-1090, or you may access our website, <https://www.wmhs.com/patients-and-visitors/advanced-directives/>, for more information.
- The existence or lack of an advance directive does not determine the patient's right to access care, treatment and services.
- The patient has the right to timely information about hospital policy that may limit its ability to fully implement a legally valid advance directive. The hospital will honor the intent of an advance directive to the extent permitted by law and hospital policy.

- You have the right to participate in the discussion of ethical questions that arise, including conflict resolution, withholding resuscitative services, forgoing or withdrawing life-sustaining treatment and participation in investigational studies or clinical trials. In resolving these conflicts or issues, you may contact our Ethics Committee at 240-964-8544 or 240-964-1920 after business hours.
- You have the right to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.

### **Your Responsibilities**

UPMC Western Maryland recognizes that the collaborative nature of health care requires patients or other family members/surrogates to participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, upon the patient fulfilling certain responsibilities. UPMC Western Maryland recognizes that the patient's responsibilities are to:

- Provide information about past illnesses, hospitalizations, medications and other matters related to their health status.
- Participate effectively in decision-making. Patients are encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information or instructions.
- Ensure the health care institution has a copy of their written advance directive if they have one.
- Inform their physicians and other caregivers if they anticipate problems in following prescribed treatment.
- Be a partner in the health care process and help facilitate the safe delivery of care.
- Be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation.
- Make reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees.

## **Your Responsibilities (Continued)**

- Provide necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.
- Recognize the impact of their lifestyle on their personal health.
- Keep appointments, be on time and call your health care provider if you cannot keep your appointments.

## **Discrimination Is Against the Law**

UPMC Western Maryland complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation or gender identity. UPMC Western Maryland does not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation or gender identity. UPMC Western Maryland values the diversity and inclusion of our patients, their visitors, employees, physicians, volunteers, students and others.

UPMC Western Maryland:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign-language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the hospital operator at 240-964-7000. If you believe that UPMC Western Maryland has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation or gender identity, you can file a grievance with:

Corporate Compliance Officer  
UPMC Western Maryland  
12400 Willowbrook Road  
Cumberland, MD 21502  
240-964-8105

You can file a grievance in person, over the phone, by mail, fax or by completing a complaint form available at <http://www.hhs.gov/ocr/office/file/index.html>. If you need help filing a grievance, the UPMC Western Maryland Corporate Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

## Amharic

ማስታወሻ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ዕድሜዎን ጠቅሞ ይደውሉ 1-240-964-7000

## Arabic

مقرب لصلتا انجالا اب كل رفاوتت ويوغللل اعداسملا تامدخ ان افن لغة لركذا تحدثت تنك اذا عظة مجملم 1-240-964-7000

## Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-240-964-7000

## Farsi

تو قرب اب دشاب یم مهارف امش یارب ناگیار تروصب ی نابز تالاستهست، دینک یم وگتفگ یسراف نابز بو رگا هوجو 1-240-964-7000

## French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-240-964-7000

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-240-964-7000

## Haitian Creole

ATANSYON: Si ou pale kreyòl ayisyen, sèvis sipò lengwistik yo disponib gratis. Nimewo telefòn 1-240-964-7000

## Hindi

ध्यान दें: आप हंदी बोलते हैं, तो भाषा सहायता सेवाओं के फ़ूरक है। कॉल 1-240-964-7000

## Igbo

AKWUKWO: O buru na i na-asu Igbo, a na-enweta oru nkwardo asusu n'efu. Nomba ekwentị 1-240-964-7000

## Italian

ATTENZIONE: se parli italiano, i servizi di supporto linguistico sono disponibili gratuitamente. Numero di telefono 1-240-964-7000

## Japanese

注意: 日本語を話す人は、言語サポートサービスを無料で利用できます。電話番号 1-240-964-7000

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-240-964-7000

## Nepali

ध्यान दिनुहोस्: यद्यतिचाई नेपाली बोलनुहुन्छ भने, भाषाई समर्थन सेवा नशुल्क उपलब्ध छ। टेलिफोन नम्बर 1-240-964-7000

## Persian

شفلت هرامش دنتسهه سرتسد رد ناگیار ی نابز ی نابیتتشپ تامدخ، دینک یم تبحص یسراف نابز بو امش رگا هوجو 1-240-964-7000

## Portuguese

Atenção: Se você fala Português, os serviços de suporte linguístico estão disponíveis gratuitamente. Número de telefone 1-240-964-7000

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-240-964-7000

## Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-240-964-7000

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-240-964-7000

## Thai

ความสนใจ หากพูดภาษาไทยบริการสนับสนุนทางด้านภาษาฟรีไม่เสียค่าใช้จ่าย หมายเลขโทรศัพท์ 1-240-964-7000

## Urdu

یوں رک لاک۔ یم یہ ابیت سد یم تم فم تامدخ ی ک دوم ی ک نابزوک پآوت، یم سے تالوب دورا پآرگ: اداوبخ 1-240-964-7000

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-240-964-7000

## Yoruba

AKIYESI: Ti o ba so Yoruba, awon isẹ atileyin ti ede wa laisi idiyele. Nomba telefoonu 1-240-964-7000