



A GUIDE TO

Your Hospital Stay

UPMC CHAUTAUQUA

207 Foote Ave.

UPMC | CHAUTAUQUA



WELCOME LETTER FROM TRACY GATES, PRESIDENT

Welcome to UPMC Chautauqua and thank you for trusting us with your care.



At UPMC Chautauqua, we know that quality is more than state-of-the-art clinical services and advanced technology – quality is treating our patients with care and compassion, listening to their ideas, and using their feedback to improve our services. We also know that hospital stays can be stressful, so we have developed a few ways to help you feel as comfortable as possible.

During your stay, you can expect to be visited by a nurse leader, who manages all staff members on your unit. We call this **nurse leader rounding**. This visit will take less than 5 minutes and helps us be sure that your care needs are being met. You will also see our nurses doing **bedside shift report**, which is when the nurse going off duty meets with you, your support person(s), and the nurse going on duty who will start taking care of you. Please use these opportunities to ask questions and share any concerns or suggestions you may have.

You will also see a white board in your room called the **communication board**, which is a tool we use to help keep you updated on the important details of your care during your stay. This will list things such as your room number, diet, activities, upcoming tests, and the names of your care team members. Every day, we will also give you a printed document called **My Daily Plan of Care** that will list your scheduled procedures, tests, lab results, and medicines. We encourage you to share this care plan with your support person(s).

Your feedback is important to us as it guides how we care for our patients. **Nurse leader rounds, bedside shift report, communication boards, and My Daily Plan of Care** are ways for you to tell us about your needs and share any concerns you may have about your care.

After you leave the hospital, **you may receive a survey through mail or email** that will ask you questions about your stay. I would like to personally request that you please take a few moments to complete this survey to let us know how we did. Your input is very important in our efforts to give our patients and support persons the best possible experience.

I want to personally thank you for choosing UPMC Chautauqua and for your help and input so we can continuously improve the services we provide.

Sincerely,

Tracy Gates
President, UPMC Chautauqua



Interpretation Services Available

You have access to interpretation services 24 hours a day, 7 days a week at no cost to you. This chart includes languages commonly spoken in our community. Additional languages are available. For more information or to request language interpretation services, please ask a care team member.

Spanish	Indique su idioma. Llamaremos a un intérprete. El servicio es gratuito.
Nepali	आफ्नो भाषालाई इगित िनुनहोस। एक दनभाषषया बोलाइनेछ। दनभाषषया तपाईंलाई कन नै पनन लांतिमा प्रदानिरिएको छ।
Arabic	لغتك. وسيتم الاتصال بمترجم فوري. نقدم خدمة الترجمة الفورية مجاناً لك
Russian	Укажите язык на котором Вы говорите и для Вас вызовут переводчика. Услуги переводчика предоставляются бесплатно.
Haitian Creole	Endike lang ou a. Y ap rele yon entèprèt. W ap jwenn entèprèt la gratis.
Swahili	Onyesha lugha yako. Mkalimani atapigiwa simu. Mkalimani hutolewa bila gharama kwako.
Vietnamese	Hãy chỉ vào ngôn ngữ của quý vị, một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.
Mandarin	请指定您的语言，我们会提供免费的口译服务
Pashto (Afghanistan)	خپلې ژبې ته اشاره وکړئ. یو ترجمان به وغوښتل شي. ترجمان تاسو ته وړیا چمتو کيږي.
Uzbek	O'z tilingizni ko'rsating. Tarjimon chaqiriladi. Tarjimon sizga bepul taqdim etiladi.
French	Désignez votre langue du doigt. Un interprète sera contacté et mis à votre disposition gratuitement.
Portuguese (Brazil)	Aponte para o seu idioma. Um intérprete sera chamado e providenciado gratuitamente para você.
Dari (Afghanistan)	زبان خود را معین کنید. یک مترجم شفاهی فراخوانده خواهد شد. ارائه مترجم شفاهی بدون هزینه برایتان خواهد بود.
Turkish	Dilinizi gösterin. Bir tercüman çağrılacak. Tercüman size ücretsiz olarak sağlanacaktır.
Kinyarwanda	Erekana ururimi rwawe. Umusemuzi azahamagarwa. Umusemuzi atangwa nta kiguzi kuri wowe.

American Sign Language (ASL)



Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.



TIPS FOR YOUR HEALTH AND SAFETY IN THE HOSPITAL

- **Review your care plan.** Each day you will receive a printed document called *My Daily Plan of Care*. It has information about your care in the hospital such as diet, tests, and laboratory results. Please ask your nurse if you do not receive the document.
- **Talk to your health care team.** Feel free to ask questions or have something explained if you do not understand. We encourage you to take notes and include your support person(s) to help you make important decisions.
- **Know your medicines.** Do not take any of your personal medicines unless your doctor or nurse tells you it is okay. You should give them to someone to hold for you. Before you leave, you should know the names of your medicines, the reason you need to take them, and possible side effects.
- **Control your pain.** We want you to be as comfortable as possible. Let us know as soon as you start to feel pain. If you get pain relief before the pain becomes bad, it takes less medicine to make you feel better.
- **Get your rest.** Rest is an important part of the healing process. Earplugs are available to help reduce noise. Please ask a member of your care team.
- **Prevent infections.** The most important step in preventing the spread of germs and infection is **handwashing**. When washing, rub your hands together vigorously. It's OK to ask anyone who enters your room if they have washed their hands! Try not to touch medical devices and minimize clutter in your room so surfaces can be cleaned.
- **Be a partner in your care.** Devices that go inside your body, such as a catheter in your bladder or an IV in your arm or neck, may be a source of infection if left in longer than necessary. It's OK to ask a care team member when they can be removed.
- **Be aware of fall risks.** There are many reasons people feel unsteady when getting out of bed or walking by themselves. As needed, ask for help before getting up. Non-slip socks are also available. Ask your nurse. If you are at a greater risk for a fall, you will be given a yellow wristband as a visual safety precaution.
- **Stay active.** An important part of feeling better is getting out of bed and moving. Talk with your care team about safely getting out of bed.
- **Protect yourself and others by not smoking.** Smoking is not allowed on UPMC property. This includes hospitals, facilities, and grounds, including parking lots, garages, and other outdoor locations such as UPMC-owned sidewalks.



For a full library of health education materials, go to [UPMC.com/HealthLibrary](https://www.upmc.com/HealthLibrary).



CONDITION HELP

Condition Help is a 24/7 patient safety hotline that patients and support persons can call when there is:

- An emergency when patients or support persons cannot get the attention of hospital staff.
- A communication breakdown with the care team in how care is given.
- Uncertainty over what needs to be done.

To activate Condition Help, call 716-487-0141 and a rapid response team will be sent to your room.



SAFETY AND SECURITY

We want to keep all of our patients, support persons, and staff safe. Our Security Department is available 24 hours a day, 7 days a week and can be reached at **716-664-8200**.

Patient Personal Property

Please leave personal property at home or with a support person. If that is not possible, please tell your nurse. UPMC is not responsible for any patient valuables or other personal property brought to the hospital. Do not bring in or use appliances that plug into wall outlets (fans, radios, televisions, heating pads, or blankets). Most battery-powered devices are allowed. Please check with your nurse.

Video and Photography

UPMC reserves the right to prohibit, for any reason, personal photography or video or audio recording by a patient, a patient's family member, or a patient's visitor. Photographing, filming, or recording another patient, or a UPMC staff member, without that person's consent is never permitted. Violations may result in confiscation of the photograph or recording, and/or requiring the person violating the policy to leave the UPMC hospital. Photographing or filming the birth of a baby may be permitted, subject to appropriate limitations, when all parties have given their consent.

Security Escort Service

Security is available to walk you to your car after hours. For an escort, please ask a staff member to contact Security.

UPMC No Weapons Policy

UPMC does not allow weapons or illegal substances of any kind on its property, regardless of any permits you may have. UPMC reserves the right to search patient rooms and belongings, and to remove medicines or supplements not prescribed by your doctor, as well as weapons, illegal substances, or other items considered unsafe for the care environment.



TV CHANNELS

Television service is provided free for our patients.

5	ABC	33	ESPN U
6	CBS	34	Food Network
7	CW	35	FOX News
8	FOX	36	YES TV
9	NBC	37	FX
10	PBS	38	Golf Channel
11	Univision	39	CNN HN
12	Telemundo	40	HGTV
13	C-SPAN	41	History Channel
14	A&E	42	Lifetime
15	Freeform	43	MSNBC
16	AMC	44	MTV
17	Animal Planet	45	National Geographic
18	BBC America	46	Nickelodeon
19	BET	47	Science Channel
20	Bloomberg TV	48	FOX Sports
21	BRAVO	49	Syfy
22	Cartoon Network	50	TBS
23	CNBC	51	TLC
24	CNN	52	TNT
25	Comedy Central	53	Travel Channel
26	Discovery Channel	54	USA
27	Disney Channel	56	The Weather Channel
28	E!	57	YNN
29	ESPN	59	MSG
30	ESPN 2	60	MSG+
31	ESPN Classic	99	TV Channel Guide
32	ESPN News	100	Music Channel



AMENITIES AT UPMC CHAUTAUQUA

Meals

A Nutrition Services Representative will visit you each day to review the menu and get your meal choices. Menus are available in English and Spanish. Patients who are admitted close to meal time will receive our standard tray and menu choices will be collected as soon as possible.

If you need a snack between meals, please ask your nurse to contact Nutrition Services.

Guest Trays

Guest trays are available for support persons. Please have them ask the host or hostess for a guest tray when they come to take your order. Support persons can also place an order by calling **716-664-8245**.

Cafeteria

The cafeteria is located on the 1st floor near the West Elevators. It is open Monday through Friday from 7 a.m. to 2 p.m. with breakfast available from 7 a.m. to 10 a.m. and lunch available from 10:30 a.m. to 2 p.m.

Vending Machines

Vending machines are located on the 1st floor by the Emergency Department and on the 2nd floor by the Main Entrance/Lobby.

Wireless Devices and Internet Access

We offer free wireless Internet access for all patients and support persons.

To connect, follow these 3 easy steps:

- 1.** Go to “Wi-Fi” or “Network Connections” on your laptop or mobile device.
- 2.** Choose “**upmc-guest**” to connect.
- 3.** Once the Captive Wi-Fi screen appears, scroll down and press “**Log In**” to verify that you have read and accepted the Guest Internet Access Terms and Conditions.

Please read and follow all signs posted in the hospital about restrictions on the use of cell phones, computers, and other wireless devices.



DISABILITIES RESOURCE CENTER

The UPMC Disabilities Resource Center (DRC) makes sure that health care is accessible to people with disabilities, including those who are deaf, hard of hearing, blind, or have low vision, or those with mobility, speech, intellectual, cognitive, or behavioral disabilities. We offer accessibility, communication, and hearing assistance resources. Please let a staff member know of your needs.

Service Animals

Service animals, as defined by the Americans with Disabilities Act, are welcome in all public areas within UPMC facilities and in your room. Animals must be housebroken and under the control of their owner. If the owner is unable to care for the animal during their stay or visit, another person must be designated to do so. UPMC staff are not required to care for service animals.

For more information, visit [UPMC.com/DRC](https://www.upmc.com/DRC) or call 412-605-1483.



SPIRITUAL CARE

We offer spiritual support to patients and their support persons upon request. Our Chapel is located on the 2nd floor.



PATIENT RELATIONS

Our Patient Relations coordinators are available to assist with any questions you may have about your care. If you are unable to resolve your concerns with your health care team, we can help. To contact us, please call **716-664-8271**.



VISITING INFORMATION

Visits from others are an important part of your recovery. We call visitors **support persons**, who have specific and important duties. The support person communicates with the care team, participates in bedside shift report, reviews the communication board, participates in discharge planning, and communicates to other family members and friends.

Support persons may include, but are not limited to, a spouse, domestic partner, family member, or friend. You can also change your mind about who you wish to visit you at any time.

Please ask a care team member about the current visiting hours and guidelines or go to **[UPMC.com/ChautauquaVisitors](https://www.upmc.com/ChautauquaVisitors)**.



YOUR CARE TEAM

Doctors (Including Fellows, Residents, Intensivists, and Hospitalists)

Doctors (MD or DO) diagnose, prescribe treatment, and are responsible for all aspects of patient care. They also supervise and train members of the care team. Doctors will consult with a specialist if needed.

Advanced Practice Providers (Nurse Practitioners and Physician Assistants)

Advanced practice providers may include nurse practitioners, physician assistants, and others who support the work of your doctors by helping them treat patients, perform procedures, and document your care. They may accompany your doctor or see you separately.

Nurse Leaders (Unit Directors and Clinicians)

Unit directors manage the unit. Clinicians assist the director with their responsibilities.

Registered Nurses and Licensed Practical Nurses (RNs and LPNs)

Nurses provide care while working closely with your doctor(s). Care includes your physical care as well as giving and teaching you about your medicines, illness or procedure, and what you need to go home and stay well.

Patient Care Technicians (PCTs) and Nursing Assistants (NAs)

Patient care technicians and nursing assistants provide your physical care. They help you to the bathroom, take your temperature, blood pressure, and pulse, draw blood, and provide other care that you may need.

Patient and Family Concierges (PFCs)

Patient and family concierges are here to help with non-clinical tasks during your stay. They will guide you and your support person(s), bring meals and snacks, make sure your room is in good condition, and help with transport at discharge.

ROVERS: A TOOL TO SUPPORT YOUR CARE

You may see us using mobile phones while caring for you. These devices are called Rovers. They are a secure, mobile extension of our electronic health record system.

Rovers help us provide safer and more accurate care right at your bedside. Even when we are using them, we are still listening and focused on you. If you have any questions, please ask.

**We believe in, support, and promote dignity, inclusion, and belonging.
Kindness and respect are expected from—and for—all who enter our doors.**



PATIENTS' NOTICE AND BILL OF RIGHTS AND RESPONSIBILITIES

At UPMC, service to our patients and their families or representatives is our top priority. We are committed to making the hospital stay or outpatient service as pleasant as possible. We have adopted the following Patients' Rights to protect the interest and promote the well being of those we serve.

If our patient is a child, then the child's parent, guardian, or other legally authorized responsible person may exercise the child's rights on his or her behalf. Similarly, if the patient is declared incapacitated, cannot understand a proposed treatment or procedure, or cannot communicate his or her wishes about treatment, then the patient's guardian, next of kin, or other legally authorized responsible person may exercise the patient's rights on his or her behalf.

The following Rights are intended to serve the patient, his or her family (including same sex partners and domestic partners) and/or representatives or legal guardian and we will promote and protect these rights with respect to applicable UPMC policy, law and regulation.

As an individual receiving service at UPMC you have a right to be informed of your rights at the earliest possible moment in the course of your care, treatment or service and to exercise your rights as our partner in care.

Plan of Care

You have a right to:

1. Participate in the development and implementation of your plan of care, including pain management and discharge planning.
2. Make informed decisions regarding your care, treatment or services, by being:
 - a. Informed in language or terms you can understand;
 - b. Fully informed about your health status, diagnosis, and prognosis, including information about alternative treatments and possible complications; when it is not medically advisable to give this information to you, it will be given to your representative or other appropriate person;
 - c. Involved in care planning and treatment;
 - d. Informed about the outcomes of care, treatment or services that you need in order to participate in current and future health care decisions;
 - e. Able to have your representative act on your behalf when necessary or desired by you;
 - f. Informed by your physician and making your decision if you will give or withhold your informed consent before your physician starts any procedure or treatment with you, unless it is an emergency;
 - g. Able to make advance directives and to have facility clinical staff and practitioners comply with these directives during your care;
 - h. Assured that a family member, including same sex partner or domestic partner, or a representative and your physician are notified as promptly as possible if you are admitted to a hospital, unless you request that this is not done;
 - i. Able to request treatment; this does not mean that you can demand treatment or services that are medically unnecessary or inappropriate;
 - j. Able to refuse any drugs, treatments, or procedures offered by the facility, to the extent permitted by law, and a physician shall inform you of medical consequences of this refusal.

Privacy, Respect, Dignity, and Comfort

You have a right to:

1. Personal privacy, including:
 - a. During personal hygiene activities, treatments, or examinations;
 - b. Sharing your personal information only with your consent unless otherwise permitted or required by law;
 - c. Deciding if you want your family involved in your care;
 - d. During clinical discussions between you and your treatment team members.
2. Choose who you would like to have as a visitor.
3. Give or withhold consent for the facility to produce or use recordings, films, or other images of you for purposes other than your care.

Staff and Environment

You have a right to:

1. Receive respectful care given by competent personnel in a setting that:
 - a. Is safe and promotes your dignity, positive self image, and comfort;
 - b. Accommodates religious and other spiritual services;
 - c. Is free from all forms of abuse, exploitation, or harassment or neglect;
 - d. Will assure that you will be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff;
 - e. Provided services without discrimination based upon race, color, age, ethnicity, ancestry, religion, sex, sexual orientation, gender identity, national origin, source of payment, or marital, familial, veteran, or disability status;
 - f. Gives you, upon request, the names and information as to the function of your attending physician, all other physicians directly participating in your care, and of other health care personnel having direct contact with you.

Personal Health Information

1. You have the right to appropriate management of your personal health information as set forth in our Notice of Privacy Practices.
 - a. The hospital shall provide the patient, or patient designee, upon request, access to all information contained in his or her medical records, unless access is specifically restricted by the attending physician for medical reasons.

Research and Donor Programs

1. You (or your legally responsible party if you are unable) have a right to be advised when a physician is considering you as a part of a medical care research program or donor program. You must give informed consent before actual participation in such a program and may refuse to continue in such program to which you previously gave informed consent. A decision to withdraw your consent for participation in a research study will have no effect on your current or future medical care at a UPMC hospital or affiliated health care provider or your current or future relationship with a health care insurance provider.

Other Health Care Services

You have a right to:

1. Emergency procedures to be implemented without unnecessary delay.
2. Appropriate assessment and medically appropriate management of pain.
3. When medically permissible, be transferred to another facility after you or your representative has received complete information and an explanation concerning the needs for and alternatives to such transfer. The institution to which you are to be transferred must accept you for transfer.
4. Be assisted in obtaining consultation with another physician at your request and own expense.

Quality, Support, and Advocacy

You have the right to:

1. Be informed of how to make a complaint or grievance.

Information regarding how to file a grievance is included in the patient admission information. This information along with the Patient Rights and Responsibilities is posted in outpatient and registration areas, where a copy is also available upon request. The patient is considered advised of the right to file a grievance, as well as the contact information for the Patient Relations Department. Notification will also include that the patient may address his or her concerns to the following agencies:

Pennsylvania Department of Health (PA DOH), regardless of whether the hospital grievance process was used. The PA DOH address and telephone number will be provided as:

Commonwealth of Pennsylvania HUB
Attn: Division of Acute and Ambulatory Care
2525 North 7th Street, Suite 210
Harrisburg, PA 17110
1-800-254-5164

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In Maryland only, concerns regarding your rights, advance directive compliance, quality of care or patient safety concerns also may be addressed to:

Maryland Department of Health Office of Health Care Quality
7120 Samuel Morse Drive, Second Floor Columbia, MD 21046-3422
1-410-402-8015 • TTY – 1-800-735-2258

Joint Commission may be contacted using one of the following:

- At **www.jointcommission.org**, using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website.
- By mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

Livanta (for concerns regarding quality of care of premature discharge):

BFCC-QIO
9090 Junction Drive Suite 10
Annapolis Junction, MD 20701
1-866-815-5440

For dialysis (ESRD) patients, complaints may be addressed to:

Quality Insights Renal Network 4
1586 Sumneytown Pike # 1470, Kulpsville, PA. 19443
1-800-548-9205

2. Quality care and high professional standards that continually are maintained and reviewed.
3. Have the facility implement good management techniques that consider the effective use of your time and avoid your personal discomfort.
4. Know which facility rules and regulations apply to your conduct as well as to the conduct of family and visitors.
5. Access to an interpreter on a reasonable basis.
6. Access to an individual or agency that is authorized to act on your behalf to assert or protect your rights.
7. Examine and receive a detailed explanation of your bill.
8. Full information and counseling on the availability of known financial resources for your health care.
9. Expect that the facility will provide you information about your continuing health care needs at the time of your discharge and the means for meeting those needs.

Licensed Behavioral Health programs will provide Patients’ Rights specific to those programs.

Patient Responsibilities

The healthcare providers of UPMC are committed to working with patients to deliver excellent patient care. UPMC asks that patients work with them to meet the goals related to care and treatment. Patients are asked to assume the following responsibilities:

1. **Provide a complete health history.** Provide information about past illnesses, hospital stays and outpatient services, medicines and supplements, the names of your doctors, and other matters related to your health history. Please tell us about any condition that might cause you to require different treatment or additional help such as allergies or a healing problem.
2. **Participate in your treatment and services.** Cooperate with our staff. Ask questions if you do not understand directions or procedures. You are responsible for your actions if you refuse treatments or don’t follow treatment directions. You will achieve the best outcome if you work together with your treatment team to develop a care plan for your time in the hospital, after you leave, or during your outpatient services.
3. **Communicate with our staff.** Let your team members know about any changes in your symptoms or conditions. If you already have an Advance Directive, Durable POA, Living Will or organ/tissue donation directive, please provide us with a copy. We encourage you to ask questions and to be an active member of your care team. Please be sure your doctor knows what side or site of your body will be treated or operated on before any procedure. We encourage you to insist staff cleanse their hands before treating you. Please ask our staff to identify themselves before treating you, and remind them to check your identification before treatments or medicines are given. Let our staff know if you have

any questions or problems or if anything upsets or concerns you. Contact your service location Director or the Patient Relations Representative/Advocate immediately if you have concerns so that we can assist you.

4. **Appoint a health care representative.** UPMC encourages all patients to appoint a health care representative to serve as a medical decision-maker. This should be someone from your family or support network who can make decisions for you if you become unable to do so. If you do not appoint a health care representative and become unable to appoint one, UPMC will select one for you in accordance with Pennsylvania law. UPMC staff are available to help patients and their families appoint health care representatives and establish a Power of Attorney for Medical Decision-Making.
5. **Comply with your doctor's or doctors' medication treatment plan for this hospital stay or encounter.** Provide a complete list of medications, (prescribed, over the counter, or otherwise) that you are taking. Refrain from using illicit drugs or any medication or supplement not ordered by your doctor during this hospital stay or outpatient encounter. Do not take drugs without the knowledge and approval of UPMC staff. These may complicate your care and interfere with the healing process. UPMC reserves the right to search patient rooms and belongings and to remove medications or supplements not prescribed by your doctor, as well as weapons, or illegal substance, or other items considered unsafe for the care environment.
6. **Comply with UPMC's smoke-free policy.** UPMC maintains a smoke-free environment to protect the health of patients, visitors, and staff. Smoking is not permitted on any UPMC property, including buildings, parking lots, and parking garages. You may not smoke in vehicles while on UPMC property. UPMC can provide you with information and strategies to help you quit smoking. If interested, please contact your nurse or team member.
7. **Comply with visitation policies.** Our service locations have visitation policies to ensure a safe, comfortable, and quiet environment for our patients. You are expected to comply with each service location's policy and can obtain a copy of it from your nurse or team member.
8. **Be courteous to patients and staff.** UPMC strives to maintain an atmosphere that promotes healing. You and your visitors are expected to be considerate of other patients and staff members, control your noise level, limit the number of visitors in your room, manage the behavior of your visitors and your visitor's noise level, and respect UPMC property. Your visitors are expected to comply with all service location policies, including isolation policies. Failure to comply may result in being asked to leave. UPMC does not tolerate threatening or harassing behavior nor illegal activity.
9. **Accept your room assignments.** UPMC manages the hospital environment for the good of all our patients. We may move you to another room or another unit based on your needs and the needs of our patients. You are responsible to cooperate with all room assignments. We cannot guarantee a private room to any patient.
10. **Accept your physician, nurse, clinician, and other caregiver assignments.** If you have a concern about a caregiver, please notify your service facility Director or Patient Relations Representative/Advocate. We will review your concern within the appropriate department and make any necessary reassignments.
11. **Protect your belongings.** You are responsible for the safety of your belongings during your hospital stay or outpatient encounter. UPMC is not responsible for any lost or stolen patient belongings. We encourage you to send valuables and medications home or to store them with hospital security if you are admitted to the hospital.
12. **Arrange transportation home.** You are responsible to arrange your own transportation home from the hospital and may be responsible to pay some or all of the costs related to your transportation, unless other arrangements have been made with you. We will arrange transportation for you if you are transferred to another facility or have medical needs for special transportation. These services may or may not be paid for by your insurance depending on your coverage and clinical circumstances.
13. **Make payments for services.** You are responsible for payment of all services provided to you by UPMC. Payments may be made through third-party payers (such as your insurance company), by self-payment, or by making other payment arrangements for services not covered by insurance. Financial assistance may be available for those who qualify. UPMC will not withhold or delay emergency medical screening or stabilizing treatment that is provided pursuant to Emergency Medical Treatment and Active Labor Act (EMTALA).
14. **Keep your appointments.** You are responsible to make and keep your outpatient appointments. Your services have been planned with you to maximize your health and wellness by following up on your health care needs including periodic screening, assessment, and treatment. We ask that you respect the appointments that have been scheduled for you and notify us as soon as possible if for some reason you are unable to keep a scheduled appointment. Please plan with us in advance, if there are situations that may cause you to have difficulty in keeping an appointment.

continued>

Complaints and Grievances

1. Patients who have questions or concerns about this Patient's Notice and Bill of Rights and Responsibilities should discuss these concerns with their clinician. Often times, individuals who work closely with you may be able to answer questions that you have or resolve concerns quickly. You may also choose to contact the Patient Relations Representative/Advocate or designee at any time.
2. If you wish to make a complaint or grievance or have concerns that your rights as stated in the Patient's Notice and Bill of Rights have not been respected, contact Patient Relations Representative/Advocate or designee immediately. Complaints will be reviewed and action will be taken, if appropriate.
3. Staff members in your service location will provide you with specific contact information for the Patient Relations Representative/Advocate or designee as well as additional agencies to which you can express any concerns you may have.
4. You are entitled to know the resolution of your complaint or grievance and all grievances receive a written response. However, Patient Relations department files are not available to patients for review.
5. Each licensed behavioral health facility shall incorporate an appeal procedure into the complaint and grievance process. Consumers may appeal grievance resolutions within ten (10) business days of receipt of the resolution by contacting the Patient Relations Representative who will provide additional information as to the process for appeal.

Patients' Notice and Bill of Rights Behavioral Health

1. You have the right to be treated with dignity and respect.
2. You shall retain all civil rights that have not been specifically curtailed by order of court.
3. You have the right to private communication inside and outside this facility including the following rights:
 - a. To be assisted by any advocate of your choice in the assertion of your rights and to see a lawyer in private at any time.
 - b. To make complaints and to have your complaints heard and adjudicated promptly.
 - c. To receive visitors of your own choice at reasonable hours unless your treatment team has determined in advance that a visitor or visitors would seriously interfere with your or others' treatment or welfare.
 - d. To receive and send unopened letters and to have outgoing letters stamped and mailed. Incoming mail may be examined for good reason in your presence for contraband. Contraband means specific property which entails a threat to your health and welfare or to the hospital community.
 - e. To have access to a telephone designated for patient use when medical staff have deemed appropriate.
4. You have the right to practice the religion of your choice or to abstain from religious practices.
5. You have the right to keep and to use personal possessions; unless it has been determined that specific personal property is contraband. The reasons for imposing any limitation and its scope must be clearly defined, recorded, and explained to you. You have the right to sell any personal article you made and keep the proceeds from its sale.
6. You have the right to handle your personal affairs including making contracts, holding a driver's license or professional license, marrying or obtaining a divorce, and writing a will.
7. You have the right to participate in the development and review of your treatment plan.
8. You have the right to receive treatment in the least restrictive setting within the facility necessary to accomplish the treatment goals.
9. You have the right to be discharged from the facility as soon as you no longer need care and treatment.
10. You have the right not to be subjected to any harsh or unusual treatment.
11. If you have been involuntarily committed in accordance with civil court proceedings, and you are not receiving treatment, and you are not dangerous to yourself or others and you can survive safely in the community, you have the right to be discharged from the facility.
12. The *Manual of rights for persons in treatment* shall be made available or given to each patient and the rights contained therein shall be explained to the extent feasible to persons who cannot read or understand them. Upon request, a copy of the *Manual of rights* shall be made available to family, guardian, attorney, and other interested parties.

Patients' Notice and Bill of Rights for Ambulatory Surgical Facilities (ASF)

At UPMC, service to our patients and their families or representatives is our top priority. We are committed to making your Ambulatory Surgical visit as pleasant as possible. We have adopted the following Patients' Rights to protect the interest and promote the well being of those we serve.

If our patient is a child, then the child's parent, guardian, or other legally authorized responsible person may exercise the child's rights on his or her behalf. Similarly, if the patient is declared incapacitated, cannot understand a proposed treatment or procedure, or cannot communicate his or her wishes about treatment, then the patient's guardian, next of kin, or other legally authorized responsible person may exercise the patient's rights on his or her behalf.

The following Rights are intended to serve the patient, his or her family, and/or representatives or legal guardian and we will promote and protect these rights with respect to applicable UPMC policy, law, and regulation.

As an individual receiving service at UPMC, you have a right to be informed of your rights at the earliest possible moment in the course of your care, treatment, or service and to exercise your rights as our partner in care.

1. A patient has the right to respectful care given by competent personnel.
2. A patient has the right, upon request, to be given the name of his or her attending practitioner, the names of all other practitioners directly participating in his or her care, and the names and functions of other health care persons having direct contact with the patient.
3. A patient has the right to consideration of privacy concerning his or her own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted discreetly.
4. A patient has the right to have records pertaining to his or her medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
5. A patient has the right to know what ASF rules and regulations apply to his or her conduct as a patient.
6. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
7. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
8. The patient has the right to full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his/her behalf to a responsible person.
9. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.
10. A patient or, if the patient is unable to give informed consent, a responsible person, has the right to be advised when practitioner is considering the patient as part of a medical care research program or donor program, and the patient or responsible person, shall give informed consent prior to actual participation in the program. A patient, or responsible person, may refuse to continue in a program to which he/she has previously given informed consent.
11. A patient has the right to refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
12. A patient has the right to medical and nursing services without discrimination based upon race, color, age, ethnicity, ancestry, religion, sex, sexual orientation, gender identity, national origin, source of payment, or marital, familial, veteran, or disability status.
13. A patient has access to an interpreter on a reasonable basis.
14. The ASF shall provide the patient, or patient designee, upon request, access to the information contained in his or her medical records, unless access is specifically restricted by the attending practitioner for medical reasons.
15. The patient has the right to expect good management techniques to be implemented within the ASF. These techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.
16. When an emergency occurs, and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
17. The patient has the right to examine and receive a detailed explanation of his or her bill.
18. A patient has the right to expect that the ASF will provide information for continuing health care requirements following discharge and the means for meeting them.
19. A patient has the right to be informed of his/her rights at the time of admission.

Patients' Notice and Bill of Rights in New York State Hospitals

As a patient in a hospital in New York State, you have the right, consistent with law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care — A Guide for Patients and Families."
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge and, obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. View a list of the hospital's standard charges for items and services and the health plans the hospital participates with.
18. Challenge an unexpected bill through the Independent Dispute Resolution process.
19. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
20. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
21. Make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as a health care proxy, will, donor card, or other signed paper). The health care proxy is available from the hospital.

Public Health Law (PHL)2803 (1)(g)

Patient's Rights, 10NYCRR, 405.7,405.7(a)(1),405.7(c)



NON-DISCRIMINATION IN PATIENT CARE

It is our policy to comply with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and all requirements imposed by them, so that no person shall on the grounds of race, color, national origin, disability, or age be excluded from participation in, denied benefits of, or otherwise subjected to discrimination in the provision of any care or service. Other agency guidelines prohibit discrimination on the basis of ancestry, religion, sex, sexual orientation, gender identity, gender expression, marital, familial, or status as a disabled veteran or a veteran of the Vietnam era. Please contact the hospital's Patient Relations Department if you have questions regarding this policy.

Notes

[illegible]





UPMC Chautauqua
207 Foote Ave.
Jamestown, NY 14701
716-487-0141
UPMCChautauqua.com



Scan this QR code to visit
UPMC.com for more
information.

IMPORTANT PHONE NUMBERS

Condition Help	716-487-0141
Lost and Found	716-664-8200
Medical Records	716-664-8147
Patient Relations	716-664-8271
Patient Billing Questions	1-800-854-1745
Security	716-664-8200



Created with input from the UPMC
Patient and Family Advisory Council (PFAC)

UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity, gender expression, marital status, familial status, disability, veteran status, or any other legally protected group status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state, and/or local laws and regulations.