

Patients' Bill of
Rights &
Responsibilities

At UPMC Hamot, we are committed to making your hospital experience as satisfying as possible, in addition to providing top-quality medical care. We encourage you and your family to be a partner in your care and to communicate with your healthcare team during your stay.

As a patient and a partner in your healthcare, you have certain rights and responsibilities during your stay at UPMC Hamot.

As a patient, you have the right to:

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 physician, the names of all other physicians directly participating in his or her care, and the names and functions of other health care personnel having direct contact with the patient.
3. A patient has the right to every consideration of privacy concerning his or her own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and should be conducted discreetly.
4. A patient has the right to know what medical center rules and regulations apply to patients.
5. A patient has the right to expect emergency procedures to be implemented without unnecessary delay.
6. A patient has the right to quality care and high professional standards that continually are maintained and reviewed.
7. A patient has the right to appropriate assessment and management of pain.
8. A patient has the right to full information in layman's terms concerning his or her diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give such information to the patient, the information shall be given on the patient's behalf to the patient's next of kin or other appropriate person.
9. Except for emergencies, a patient's physician must obtain the necessary informed consent prior to the start of any procedure or treatment.
10. A patient has the right to refuse any drugs, treatments, or procedures offered by the medical center, to the extent permitted by law, and a physician shall inform the patient of the medical consequences of the patient's refusal of any drugs, treatments, or procedures.
11. 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 research program or donor program. The patient or

legally responsible party may at any time refuse to continue in any such program to which he or she previously has given informed consent.

12. A patient has the right to assistance in obtaining consultation with another physician at the patient's request and own expense.
13. A patient has the right to medical and nursing services without discrimination based upon race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity, marital status, familial status, disability, veteran status, or any other legally protected group status.
14. A patient who does not speak English will have access to an interpreter.
15. The medical center shall provide a patient or patient designee, upon request, access to all information contained in the patient's medical records, unless access is specifically restricted by the attending physician for medical reasons or is prohibited by law.
16. A patient has the right to expect that good management techniques will be implemented by the medical center when considering effective use of the patient's time and to avoid the personal discomfort of the patient.
17. When medically permissible, a patient may be transferred to another facility only after the patient or his or her 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 the patient is to be transferred first must accept the patient for transfer.
18. The patient has the right to examine and receive a detailed explanation of his or her bill.
19. A patient has the right to full information and counseling on the availability of known financial resources for his or her health care.
20. A patient has the right to expect that the medical center will provide him or her upon discharge with information of the patient's continuing medical requirements following discharge and the means for meeting them.
21. A patient has the right of access to an individual or agency who is authorized to act on the patient's behalf to assert or protect the rights set out in this section.
22. A patient has the right to be informed of his or her rights at the earliest possible moment in the course of the patient's hospitalization.

Patient Responsibilities

Thank you for seeking care at UPMC. It is our expectation that you will assume responsibility for the following during your stay:

1. **Provide a Complete Health History:** UPMC expects you to provide information about your past illnesses, hospital stays, medicines, and other matters related to your health history.
2. **Participate in Your Treatment:** UPMC expects you to cooperate with all staff members and ask questions if you do not understand directions or procedures.
3. **Comply with the Smoke-Free Rules:** UPMC is responsible to provide a smoke-free environment for the health of all patients, visitors, and staff. We expect you and your visitors to obey UPMC's smoke-free policy. Smoking is not permitted in any UPMC property, buildings, parking lots, or parking garages. Smoking is not permitted in vehicles while parked in UPMC garages and parking lots. Be aware that some local governments may assess a fine for smoking.
4. **Comply with Visitation Policy:** In order to provide a supportive and caring atmosphere for patients, we need for their loved ones to comply with the visitation policy that exists on the patient's nursing unit. Visitation policies vary by unit. Please consult with your unit director for additional information about the policy on your unit.
5. **Be Courteous to Patients and Staff:** UPMC is responsible to provide an atmosphere that promotes healing for all patients. To this end, we expect you and your visitors to be considerate of other patients and staff members. You and your visitors are responsible to control your noise level, limit the number of visitors in your room, manage the behavior of your visitors, and respect UPMC property.
6. **Appoint a Health Care Representative:** UPMC encourages all patients to establish a power of attorney relationship before becoming too ill to do so. If you become unable to speak for yourself, UPMC expects duly authorized members of a patient's family to be available to our staff to discuss your treatment. You are responsible to appoint a health care representative who will make decisions for you if you become unable to do so. If you do not appoint a decision-maker, UPMC will select one for you in accord with Pennsylvania law. The law provides a priority list to determine who your decision-maker would be.
7. **Make Payment for Services:** You are responsible for payment for all services provided to you by UPMC. Payment 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.
8. **Refrain from Drug Use and Other Violations:** Do not take drugs except for those given to you by UPMC staff. Do not consume alcoholic beverages or toxic substances. These may complicate and endanger the healing process. UPMC reserves the right to search patient rooms and belongings for illegal substances if illegal activity is suspected.
9. **Accept Your Room Assignments:** UPMC reserves the right to manage the environment for the good of one or more patients. For example, we may move you to another room or another unit, or we may restrict your visitors or the number of your visitors. You are responsible to cooperate with all room assignments.
10. **Protect Your Belongings:** You are responsible for the safety of your belongings during your hospital stay. UPMC is not responsible for any lost or stolen patient

belongings. UPMC expects patients to leave valuables at home, with family members, or with hospital security.

11. Arrange Transportation Home: You are responsible to arrange your own transportation home from the hospital. You also are responsible to pay all costs related to your transportation. UPMC can help you arrange for transfer from the hospital to another facility. However, you are responsible to pay the cost of that transportation yourself, unless your insurance covers it.
12. Communicate with Our Staff: UPMC staff and patients are committed to the same goal, achieving a positive result. You are responsible to let our staff know if you have any questions or problems. While you receive care at UPMC, if anything upsets or concerns you, please tell us. Contact your unit director or the Patient Relations department immediately so that we can assist you.

We welcome your comments about the care you receive, as they help us provide the best care that we can to all of our patients. If you have any questions or concerns, please feel free to speak with your healthcare provider or any UPMC Hamot staff member.

If you have a concern or complaint about safety or quality of care, we encourage you to talk to your healthcare provider to resolve the issue. If you are not satisfied or if you are not comfortable talking to that person, we encourage you to talk to the nurse director or department manager. If you are still not satisfied about the handling of your concern or complaint, please contact UPMC Hamot's Patient Representative at 814-877-3767 in the Main Hospital or 814-877-3978 in the Women's Hospital. We will make every effort to resolve your concern within the shortest time possible.

You also have the option, at any time, to directly contact the Pennsylvania Department of Health Division of Acute and Ambulatory Care, 25 McQuiston Drive, Jackson Center, PA 16133 at 1-800-254-5164 or The Joint Commission Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181 at 1-800-994-6610 or complaint@jointcommission.org.

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Acknowledgment of Orientation, Policy, and Procedure Information

By signing below, I certify that I have reviewed all UPMC Hamot orientation information and I understand how to locate policies and procedures on UPMC's Infonet.

Signature

Date

Printed Name

This document must be returned to the medical student coordinator at least two weeks prior to rotation start date.