

# Patient Rights and Responsibilities



## Patient Rights

Effective January 2016

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 Patient Bill of Rights to protect the interests 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.

### **For your plan of care, you have a right:**

- to participate in the development and implementation of your plan of care, including pain management and discharge planning;
- to make informed decision regarding your care, treatment, or services, by being:

- > informed in language or terms you can understand;
- > 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;
- > involved in care planning and treatment;
- > informed about the outcomes of care, treatment, or services that you need in order to participate in current and future health care decisions;
- > able to have your representative act on your behalf when necessary or desired by you;
- > 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;
- > able to make an advance directive and to have facility clinical staff and practitioners comply with these directives during your care;
- > assured that a family member 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;
- > able to request treatment. This does not mean that you can demand treatment or services that are medically unnecessary or inappropriate;
- > 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.

**For your privacy, respect, dignity, and comfort, you have a right:**

- to personal privacy, including:
  - > during personal hygiene activities, treatments, or examinations;
  - > sharing your personal information only with your consent unless otherwise permitted or required by law;
  - > deciding if you want or do not want involvement of your family in your care;

- > during clinical discussions between you and your treatment team members;
- to choose who you would like to have as a visitor;
- to give or withhold consent for the facility to produce or use recordings, films or other images of you for purposes other than your care.

**Regarding our staff and environment, you have a right:**

- to receive respectful care given by competent personnel in a setting that:
  - > is safe and promotes your dignity, positive self image, and comfort;
  - > accommodates religious and other spiritual services;
  - > is free from all forms of abuse, exploitation or harassment, or neglect
  - > 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;
  - > provides 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;
  - > 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.

**Regarding your personal health information, you have the right to appropriate management of your personal health information as set forth in our Notice of Privacy Practices.**

- Provides you or your designee, upon request, access to all information contained in your medical records, unless access is specifically restricted by the attending physician for medical reasons.

**Regarding research and donor programs, 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.

**Regarding other health care services, you have a right:**

- to emergency procedures to be implemented without unnecessary delay;
- to appropriate assessment and management of pain;
- to be transferred (when medically permissible) to another facility after you or your representative have 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;
- to be assisted in obtaining consultation with another physician at your request and own expense.

**Regarding quality, support, and advocacy, you have the right:**

- to be informed of how to make a complaint or grievance;
- to quality care and high professional standards that continually are maintained and reviewed;
- to have the facility implement good management techniques that consider the effective use of your time and avoid your personal discomfort;
- to know which facility rules and regulations apply to your conduct as well as to the conduct of family and visitors;
- to access to an interpreter on a reasonable basis;
- to access to an individual or agency that is authorized to act on your behalf to assert or protect your rights;
- to examine and receive a detailed explanation of your bill;
- to full information and counseling on the availability of known financial resources for your health care;
- to 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.

# Patient Responsibilities

The health care 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 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 Power of Attorney (POA), Living Will, or organ/tissue donation, 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 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 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 of situations that may cause you to have difficulty in keeping an appointment.

## **Complaints, Concerns and Questions**

You and your family/guardian have the right to:

- Tell hospital staff about your concerns or complaints regarding your care. This will not affect your future care.
- Seek review of quality of care concerns, coverage decisions, and concerns about your discharge.
- Expect a timely response to your complaint or grievance from the hospital. Complaints or grievances may be made in writing, by phone, or in person. The hospital has a duty to respond to these complaints or grievances in a manner that you can understand. To share your concerns with the hospital, please contact the hospital's Patient Relations Department.
- The Pennsylvania Department of Health is also available to assist you with any questions or concerns about your hospital care. You can reach the Department of Health by calling (800) 254-5164 or writing:



Acute and Ambulatory Care Services Pennsylvania  
Department of Health  
Room 532 Health and Welfare Building  
625 Forster Street  
Harrisburg, PA 17120

- You may also contact The Joint Commission, a hospital accreditation organization at:
  - [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 1-630-792-5636
  - By mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
- Concerns regarding quality of care or premature discharge may be addressed to:

Livanta  
Attn: Review Services  
9090 Junction Drive Suite 10  
Annapolis Junction, MD 20701  
1-866-815-5440



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For help in finding a doctor or health service that suits your needs, call the UPMC Referral Service at 412-647-UPMC (8762) or 1-800-533-UPMC (8762). Select option 1.

UPMC is an equal opportunity employer. UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, 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.

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