

Patient Rights

View your Patient Bill of Rights, available in various languages.

Statement of Patient's Rights

- **You have the right to respectful care** given by competent personnel which reflects consideration of your personal value and belief systems and which optimizes your comfort and dignity.
- **You have the right to know what hospital policies, rules, and regulations** apply to your conduct as a patient.
- **You have the right to expect emergency procedures** to be implemented without unnecessary delay.
- **You have the right to good quality care and high professional standards** that are continually maintained and reviewed.
- **You have the right to expect good management techniques** to be implemented within this health care facility considering effective use of your time and to avoid your personal discomfort.
- **You have the right to have a family member or representative of your choice and your physician notified promptly of your admission to the hospital.**
- **You have the right to medical and nursing services** without discrimination based upon age, sex, race, color, ethnicity, religion, gender, disability, ancestry, national origin, marital status, familial status, genetic information, gender identity or expression, sexual orientation, culture, language, socioeconomic status, domestic or sexual violence victim status, source of income, or source of payment.
- **You have the right to appropriate assessment and management of pain.**
- **You have the right, in collaboration with your physician, to make decisions** involving your health care. This right applies to the family and/or guardian of neonates, children, and adolescents.
- **While this health care facility recognizes your right to participate in your care and treatment** to the fullest extent possible, there are circumstances under which you may be unable to do so. In these situations (e.g., if you have been adjudicated incompetent in accordance with law, are found by your physician to be medically incapable of understanding the proposed treatment or procedure, are unable to communicate your wishes regarding treatment, or are an unemancipated minor) your rights are to be exercised, to the extent permitted by law, by your designated representative or other legally designated person
- **You have the right to make decisions** regarding the withholding of resuscitative services or the foregoing of or the withdrawal of life-sustaining treatment within the limits of the law and the policies of this institution.

- **You have the right, upon request, to be given the name of your attending physician**, the names of all other physicians or practitioners directly participating in your care, and the names and professional status of other health care personnel, including medical students, residents or other trainees, having direct contact with you.
- **You have the right to every consideration of privacy** concerning your medical care program. Case discussion, consultation, examination, and treatment are considered confidential and should be conducted discreetly giving reasonable visual and auditory privacy when possible. This includes the right, if requested, to have someone present while physical examinations, treatments, or procedures are being performed, as long as they do not interfere with diagnostic procedures or treatments. This also includes the right to request a room transfer if another patient or a visitor in the room is unreasonably disturbing you and if another room equally suitable for your care needs is available.
- **You have the right to receive care in a safe setting, and be free from all forms of abuse and harassment.**
- **You have the right to have all information**, including records, pertaining to your medical care treated as confidential except as otherwise provided by law or third-party contractual arrangements.
- **You have the right to be free from restraint and seclusion not medically necessary or used as a means of coercion, discipline, convenience or retaliation by staff.**
- **You have the right to have your medical record** read only by individuals directly involved in your care, by individuals monitoring the quality of your care, or by individuals authorized by law or regulation. You or your designated/legal representative, upon request, will have access to all information contained in your medical records, unless access is specifically restricted by the attending physician for medical reasons.
- **You have the right to be communicated with** in a manner that is clear, concise and understandable. If you do not speak English, you should have access, where possible, to an interpreter.
- **You have 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 that such information be given to you, the information shall be given on your behalf to your designated/legal representative.
- Except for emergencies, the physician must obtain the necessary **informed consent** prior to the start of any procedure or treatment, or both.
- **You have the right to access protective services.**
- **You have the right to not be involved** in any experimental, research, donor program, or educational activities unless you have, or your designated/legal representative has, given informed consent prior to the actual participation in such a program. You, or your designated/legal representative may, at any time, refuse to continue in any such program to which informed consent has previously been given.
- **You have the right to accept medical care or to refuse** any drugs, treatment, or procedure offered by the institution, to the extent permitted by law, and a physician shall inform you of the medical consequences of such refusal.

- **You have the right to participate in the consideration of ethical issues** surrounding your care, within the framework established by this organization to consider such issues.
- **You have the right to formulate an "advance directive,"** or to appoint a surrogate to make health care decisions on your behalf. These decisions will be honored by this facility and its health care professionals within the limits of the law and this organization's mission, values and philosophy. If applicable, you are responsible for providing a copy of your "advance directive" to the facility or caregiver.
- **You are not required to have or complete an "advance directive"** in order to receive care and treatment in this facility.
- **You have the right** to decide whether you want visitors or not during your stay here. You may designate those persons who can visit you during your stay. These individuals do not need to be legally related to you. They may include, for example, a spouse, domestic partner, including a same sex partner, another family member, or a friend. The hospital will not restrict, limit, or deny any approved visitor on the basis of race, color, national origin, religion, sex, gender identity or expression, sexual orientation, or disability. The hospital may need to limit or restrict visitors to better care for you or other patients. You have the right to be made aware of any such clinical restrictions or limitations.
- **You have the right to assistance in obtaining consultation** with another physician at your request and expense.
- When this facility cannot meet the request or need for care because of a conflict with our mission or philosophy or incapacity to meet your needs or request, you may be transferred to another facility when medically permissible. Such a transfer should be made only after you or your designated/legal representative have received complete information and explanation concerning the need for, and alternatives to, such a transfer. The transfer must be acceptable to the other institution.
- **You have the right to examine and receive a detailed explanation of your bill.**
- **You have the right to full information and counseling** on the availability of known **financial resources** for your health care.
- **You have the right to expect** that the health care facility will provide a mechanism whereby you are informed upon discharge of **continuing health care requirements** following discharge and the means for meeting them.
- **You cannot be denied the right of access** to an individual or agency who is authorized to act on your behalf to assert or protect the rights set out in this section.
- **Information regarding your rights** as a patient should be **provided to you during the admissions process** or at the earliest possible appropriate moment during the course of your hospitalization.
- **You have the right, without recrimination, to voice complaints** regarding your care, to have those complaints reviewed, and, when possible, resolved.
- If you or a family member thinks that a complaint or grievance remains unresolved, through the hospital process you also have the right to contact:

- **Division of Acute and Ambulatory Care**
PA Department of Health
P.O. Box 90
Health and Welfare Building
Harrisburg, PA 17180-0090
800-254-5164

- **Department of Health Services Center for Medicare and Medicaid Services (CMS)**
800-MEDICARE

Patient Bill of Rights in Your Language

- [Albanian \(shqiptar\)](#)
- [Arabic \(العربية\)](#)
- [Bengali \(বাঙালি\)](#)
- [Burmese](#)
- [Cambodian \(Khmer\)](#)
- [Traditional Chinese \(中文\)](#)
- [French \(Français\)](#)
- [Hindi \(हिंदी\)](#)
- [Korean \(한국어\)](#)
- [Polish \(Polskie\)](#)
- [Russian \(Русский\)](#)
- [Spanish \(Español\)](#)
- [Vietnamese \(Tiếng Việt\)](#)