

### Your Rights

As a patient, you or your legally responsible party, representative or surrogate have the right to receive care without discrimination due to age, sex, race, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, disability, gender identity, who will pay your bill, AIDS or HIV status and union membership. As an OSS Health patient, you have the right to safe, respectful, and dignified care at all times. You will receive services and care that are medically suggested and within OSS Health's services, its stated mission, and required law and regulation.

### ***Communication***

You have the right to:

- Have a family member, another person that you choose, or your doctor notified when you are admitted to OSS Health.
- Receive information in a way that you understand. This includes interpretation and translation, free of charge, in the language you prefer for talking about your healthcare. This also includes providing you with needed help if you have vision, speech, hearing or cognitive impairments.
- Designate a support person, representative or surrogate if needed, to act on your behalf to assert and protect your patient rights.
- Opt out of communications for fundraising purposes.

### ***Informed Decisions***

You have the right to:

- Receive information about your current health, care, outcomes, recovery, ongoing healthcare needs, and future status in terms that you understand.
- Be informed about proposed care options including the risks and benefits, other care options, what could happen without care, and the outcome(s) of any medical care provided, including any outcomes that were not expected. You may need to sign your name before the start of any procedure and/or care. "Informed consent" is not required in the case of an emergency.
- Be involved in all aspects of your care and to take part in decisions about your care, including the right to change providers if other qualified providers are available.
- Make choices about your care based on your own spiritual and personal values.
- Request care. This right does not mean you can demand care or services that are not medically needed.
- Refuse any care, therapy, drug, or procedure against the medical advice of a doctor. There may be times that care must be provided based on the law.
- Expect OSS Health to get your permission before taking photos, recording or filming you, if the purpose is for something other than patient identification, care, diagnosis, or therapy.
- Decide not to take part in research or clinical trials for your condition, or donor programs that may be suggested by your doctor. Your participation in such care is voluntary, and written permission must be obtained from you or your legal representative before you participate. A decision to not take part in research or clinical trials will not affect your right to receive care.

### ***Visitation***

You have the right to:

- Decide if you want visitors or not while you are here. OSS Health may need to limit visitors to better care for you or other patients.
- Designate those persons who can visit you during your stay. These individuals do not need to be legally related to you.
- Designate a support person, representative or surrogate who may determine who can visit you if you become incapacitated.

### ***Advance Directives***

You have the right to:

- Create advance directives, which are legal papers that allow you to decide now what you want to happen if you are no longer healthy enough to make decisions about your care. You have the right to have OSS Health staff comply with these directives.
- Ask about and discuss the ethics of your care, including resolving any conflicts that might arise as, deciding against, withholding, or withdrawing life-sustaining care.

### ***Care Planning***

You have the right to:

- Receive a medical screening exam to determine treatment.
- Participate in the care that you receive at OSS Health.
- Receive instructions on follow-up care and participate in decisions about your plan of care after you are discharged from OSS Health.
- Receive a prompt and safe transfer to the care of others when this facility is not able to meet your request or need for care or service.
- Know why a transfer to another health care facility might be required, as well as learning about other options for care. The facility cannot transfer you to another hospital unless that hospital has agreed to accept you.

### ***Care Delivery***

You have the right to:

- Expect emergency procedures to be implemented without unnecessary delay.
- Receive care in a safe setting free from any form of abuse, harassment and neglect.
- Receive kind, respectful, safe quality care delivered by skilled staff.
- Know the names of the doctors and nurses providing care to you and the names and roles of the other health care workers and staff that are caring for you.
- Request a consultation by another health care provider and meet with a discharge planner and/or social worker to plan and discuss your discharge.
- Receive proper assessment and management of pain, including the right to request or reject any or all options to relieve pain.
- Receive care free from restraints or seclusion unless necessary to provide medical, surgical, or behavioral health care.
- Receive efficient and quality care with high professional standards that are continually maintained and reviewed.

### ***Privacy and Confidentiality***

You have the right to:

- Limit who knows about you being at OSS Health.
- Be interviewed, examined, and discuss your care in places designated to protect your privacy.
- Be advised why certain people are present and to ask others to leave during sensitive talks or procedures.
- Expect all communications and records related to care, including who is paying for your care, to be treated as private.
- Receive written notice that explains how your personal health information will be used and shared with other health care professionals involved in your care.
- Review and request copies of your medical record unless restricted for medical or legal reasons.
- Be notified in the event of a breach of the individual's private health information
- Require that consent is needed prior to the use or disclosure of an individual's psychotherapy notes or the use of individual's private health information for marketing purposes.

## ***OSS Health Bills***

You have the right to:

- Review, obtain, request, and receive a detailed explanation of your charges and bills.
- Receive information and counseling on ways to help pay for the bill.
- Request information about any business or financial arrangements that may impact your care.
- Request that a health plan not be informed of a treatment that was paid for in full by the individual.

## ***Complaints, Concerns and Questions***

You have the right to:

- Tell the 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 facility. Complaints or grievances may be made in writing, by phone, or in person. The facility has a duty to respond to these complaints or grievances in a manner that you can understand. To share your concerns with the facility, please contact the Quality Assurance Department.

If you wish to file a civil rights complaint or grievance you may contact the OSS Civil Rights Coordinator at 717-718-2035.

You may contact the Office of Civil Rights at  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Toll-free: (800) 368-1019

TDD toll-free: (800) 537-7697

The Pennsylvania Department of Health is also available to assist you with any questions or concerns about your hospital care. They can be reached at:

Acute and Ambulatory Care Services  
Pennsylvania Department of Health  
Room 532 Health and Welfare Building  
625 Forster Street  
Harrisburg, PA 17120  
800-254-5164 or [www.dos.state.pa.us](http://www.dos.state.pa.us)

You may also contact the Joint Commission, a hospital accreditation organization at:

The Joint Commission – Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
800-994-6610 or [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Office of Attorney General  
Health Care Section  
16<sup>th</sup> floor, Strawberry Square  
Harrisburg, PA 17120  
Telephone number: 1-717-705-6938 or  
Toll Free Telephone Number: 1-877-888-4877 - Health Care Section  
Fax: (717) 787-7790  
<http://www.attorneygeneral.gov/complaints>

Ombudsman contact number: 1-800 Medicare or (1-800-633-4227)

Ombudsman contact number for TTY: 1-877-486-2048

**Please feel free to ask questions about any of these rights that you don't understand. If you have questions about these rights, please discuss them with your doctor or nurse or the facility's Quality Assurance Department. You will receive a personal response.**

### **Your Responsibilities**

As a patient, family member, guardian, representative or surrogate you have the right to know all facility rules and what we expect of you during your stay.

#### ***Provide Information***

As a patient, family member, guardian, representative or surrogate we ask that you:

- Provide accurate and complete information about current health care problems, past illnesses, hospitalizations, medications, and other matters relating to your health.
- Report any condition that puts you at risk (for example, allergies or hearing problems).
- Report unexpected changes in your condition to the health care professionals taking care of you.
- Provide a copy of your Advance Directive, Living Will, and Durable Power of Attorney for health care, and any organ/tissue donations permissions to the health care professionals taking care of you.
- Tell us who, if any, visitors you want during your stay.

#### ***Respect and Consideration***

As a patient, family member, guardian, representative or surrogate we ask that you:

- Recognize and respect the rights of patients, families and staff. Threats, violence, or harassment of other patients and OSS Health staff will not be tolerated.
- Comply with the facility's no smoking policy.
- Refrain from conducting any illegal activity on OSS Health property. If such activity occurs, the facility will report it to the police.

#### ***Safety***

As a patient, family member, guardian, representative or surrogate we ask that you:

- Promote your own safety by becoming an active, involved, and informed member of your health care team.
- Ask questions if you are concerned about your health or safety.
- Make sure your doctor knows the site/side of the body that will be operated on or injected before a procedure.
- Remind staff to check your identification before medications are given, blood/blood products are administered, blood samples are taken, or before any procedure.
- Remind caregivers to wash their hands before taking care of you.
- Be informed about which medications you are taking and why you are taking them.
- Ask all staff to identify themselves.

#### ***Refusing Care***

As a patient:

- You are responsible for your actions if you refuse care or do not follow care instructions.

#### ***Charges***

As a patient:

- You are responsible for paying for the health care that you received as promptly as possible.

#### ***Cooperation***

As a patient:

- You are expected to follow the care plans suggested by the health care professionals caring for you while at OSS Health. You should work with your health care professionals to develop a plan that you will be able to follow while at OSS Health and after your discharge from OSS Health.

---

Signature

---

Date

---

Time

Name:

MR#:

DOB: