



Patient Rights & Responsibilities

As a patient of this practice, or as a family member or guardian of a patient of this practice, we want you to know the rights you have under federal and Pennsylvania state law. We are committed to honoring your rights, and want you to know that by taking an active role in your health care, you can help your caregivers meet your needs as a patient or family member. That is why we ask that you and your family share with us certain responsibilities.

Your Rights

As a patient, you or your legally responsible party 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 identify, or who will pay your bill. As our 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 the practice's scope of services, our stated mission, and required laws and regulations. Please feel free to ask questions about any of these rights that you do not understand. If you have questions about these rights, please discuss them with your doctor, nurse, or the practice manager. You will receive a personal response.

Communication

You have the right to:

- Have a family member, another person that you choose, or your doctor notified when you are admitted to the hospital.
- 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 health care. This also includes providing you with needed help if you have vision, speech, hearing, or cognitive impairments.
- Designate a support person, if needed, to act on your behalf to assert and protect your patient rights.

Informed Decisions

You have the right to:

- Receive information about your current health, care, outcomes, recovery, ongoing health care needs, and future health 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 ("informed consent") 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.
- 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 request 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 the practice 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 to take part or not 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.

Care Delivery

You have the right to:

- 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 doctors and nurses providing care to you and the names and roles of other health care workers and staff that are caring for you.
- Receive proper assessment and management of pain, including the right to request or reject any or all options to relieve pain.
- 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 your being in the practice.
- Be interviewed, examined, and discuss your care in places designed 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 records unless restricted for medical or legal reasons.

Medical Bills

You have the right to:

- Review, obtain, request, and receive a detailed explanation of your medical charges and bills.
- Receive information and counseling on ways to help pay for your medical bills.
- Request information about any business or financial arrangements that may impact your care.

Complaints, Concerns, and Questions

You and your family/guardian have the right to:

- Tell practice 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 practice. Complaints or grievances may be made in writing, by phone, or in person. The practice has a duty to respond to these complaints or grievances in a manner that you can understand. To share your concerns with the practice, please contact the manager of your practice.
- The Pennsylvania Department of Health is also available to assist you with any questions or concerns about the care you receive at the practice. You can reach the Department of Health by calling (800) 254-5164 or writing to: Acute and Ambulatory Care Services, Pennsylvania Department of Health, Room 532, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120.

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Patient Rights & Responsibilities *continued*

Your Responsibilities

As a patient, family member, or guardian, you have the right to know all practice rules and our expectations of you during your visit.

Provide Information

As a patient, family member, or guardian, 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, Durable Power of Attorney for health care, and any organ/tissue donation permissions to the health care professionals taking care of you.

Respect and Consideration

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

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

Safety

As a patient, family member, or guardian, 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 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 practice 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.
- Penn State Health is proud of its mission to provide excellent service to all our patients and their families. If payment of your medical bill is a concern, we may be able to assist you.
- We provide financial assistance based on income, family size and assets for medically necessary and emergent services. Patients who are eligible for financial assistance will not be charged more than the amounts generally billed to patients with insurance. Please visit our website at hmc.pennstatehealth.org to access our Financial Assistance Policy and financial assistance applications. Documents are translated in various languages and are available on the website or in person. Patient Financial Services is conveniently located on the campus of the Milton S. Hershey Medical Center, Academic Support Building, 90 Hope Drive, 2nd floor, Suite 2106 or available by phone at 717-531-5069 or 1-800-254-2619.

Cooperation

As a patient:

- You are expected to follow the care plans suggested by the health care professionals caring for you at the practice. You should work with your health care professionals to develop a plan that you will be able to follow.

Nondiscrimination Notice

The Pennsylvania Department of Health complies with and enforces the laws and regulations which prohibit discrimination against employees and persons receiving services in facilities regulated by the Department. Facilities and programs operated by, or services contracted with or paid for with funds provided by, the Commonwealth of Pennsylvania, Medicare or Medicaid, shall be provided without discrimination due to a person's race, color, religious creed, ancestry, union membership, age, gender, sexual orientation, gender identify or expression, national origin, AIDS or HIV status or disability.

CIVIL RIGHTS COMPLAINTS INVOLVING
NURSING HOME RESIDENTS
Division of Nursing Care Facilities
Room 526 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
Phone: (717) 787-1816
Fax: (717) 772-2163
Complaint Hot-line: 1-800-254-5164
www.portal.state.pa.us/portal/server.pt/community/complaint_form/20164

CIVIL RIGHTS COMPLAINTS INVOLVING PATIENTS IN HOSPITALS,
AMBULATORY SURGICAL CENTERS, AND ABORTION FACILITIES:
Division of Acute & Ambulatory Care
Room 532 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
Phone: (717) 783-8980
Fax: (717) 705-6663
Complaint Hot-line: 1-800-254-5164
www.portal.state.pa.us/portal/server.pt/community/complaint_form/20164

CIVIL RIGHTS COMPLAINTS INVOLVING PATIENTS OF HOME HEALTH
AGENCIES, HOME CARE AGENCIES, BIRTH CENTERS PEDIATRIC EXTENDED
CARE CENTERS, HOSPICE AGENCIES/CENTERS, END STAGE RENAL DISEASE
FACILITIES, RURAL HEALTH CENTERS, OUTPATIENT PHYSICAL THERAPY
FACILITIES AND COMPREHENSIVE OCCUPATIONAL REHABILITATION FACILITIES.
Division of Home Health
132 Kline Plaza Suite A
Harrisburg, PA 17104
Phone: (717) 783-1379
Fax: (717) 772-0232
Complaint Hot-line: 1-800-254-5164
www.portal.state.pa.us/portal/server.pt/community/complaint_form/20164