

UPMC Horizon

Your Rights as a Patient

At UPMC Horizon, service to our patients and their families or representatives is our top priority. We are committed to making the hospital stay or outpatient services 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, or 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 representatives 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 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 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 or 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 a 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 necessary 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 an interpreter on a reasonable basis;
- to access an individual or agency that is authorized to act 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 with information about your continuing health care needs at the time of your discharge and the means for meeting those needs.

Any questions or concerns you may have should be discussed with the staff directly involved in your care. If, however, you encounter a problem that you feel has not been resolved by our staff or if you or your representative believe that UPMC Horizon has violated any of the Patient Rights outlined in the Patient Rights and Responsibilities Guide, you should contact the hospital's Patient Relations Department and ask to speak to the Patient Advocate. The Patient Advocate can be reached by dialing 1836240 from your bedside telephone or by dialing "0" and asking the operator to put you in contact with the Patient Advocate. UPMC Horizon will make every effort to address the concern and respond to you in a prompt and fair manner.

The Patient Advocate for UPMC Horizon is:

LuAnn King, RN, BSN, MSN

Concerns may also be addressed to:

Pennsylvania Department of Health
Division of Acute and Ambulatory Care
Room 532 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
1-800-245-5164

Joint Commission Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, Ill. 60181
Phone: 1-800-994-6610
Fax: 1-630-792-5636
patientsafetyreport@jointcommission.org

Healthcare Facilities Accreditation Program
Quality/Patient Safety Services Department
c/o Susan Lautner
142 E. Ontario Street
Chicago, Illinois 60611
E-mail: slautner@hfap.org
Fax: 312-202-8367

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