

Patient Bill of Rights & Responsibilities

As a health care facility within Good Shepherd Rehabilitation we are committed to delivering quality medical care to you, our patient, and to making your stay as pleasant as possible. The following, "Statement of Patient's Rights," endorsed by the administration and staff of this facility, applies to all patients. If you are unable to exercise these rights on your own behalf, then these rights are applicable to your designated legally authorized representative. As it is our goal to provide medical care that is effective and considerate within our capacity, mission, and philosophy, applicable law and regulations, we submit these to you as a statement of our policy.

STATEMENT OF PATIENT'S RIGHTS

You have the right to respectful care given by competent personnel which reflects consideration of your cultural and personal values and belief systems and which optimizes your comfort and dignity.

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 roles of other health care personnel, 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 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 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 full information in layperson'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/legally authorized representative. Except for emergencies, the physician must obtain the necessary informed consent as defined by applicable law prior to the start of any procedure or treatment, or both.

You have the right to not be involved in any medical care research or donor program unless you have, or your designated/legally authorized representative has, given informed consent prior to the actual participation in such a program. You or your designated/legally authorized 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 the law, and a physician shall inform you of the medical consequences of such refusal.

You have the right to assistance in obtaining consultation with another physician at your request and expense.

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 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 have the right to seek review of quality-of-care concerns, coverage decisions, and concerns about your discharge.

You cannot be denied the right of access to an individual or agency authorized to act on your behalf to assert or protect the rights set out in this section.

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, gender 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 or health care provider, to make decisions involving your health care. This right applies to the legally authorized representative, parent, and/or guardian of neonates, children, and adolescents. Decisions may include the right to refuse drugs, treatment, or procedure offered by the hospital, to the extent permitted by law. Your health care provider will inform you of the medical consequences of the refusal of such drugs, treatment, or procedure.

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, (for example, if you have been adjudicated incompetent in accordance with the 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 authorized 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 to receive care in a safe setting that is free from abuse, harassment, neglect, exploitation and verbal, mental, physical, and sexual abuse. You have the right to be free from restraint and seclusion that is not medically necessary or that is 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 care, or by individuals authorized by law or regulation.

You have the right to receive written notice that explains how your personal health information will be used and shared with other health care professionals across Good Shepherd Rehabilitation entities and outside of Good Shepherd Rehabilitation. You or your designated/legally authorized representative, may, upon request, have access to information contained in your medical record, unless access is specifically restricted by your practitioner as permitted by law.

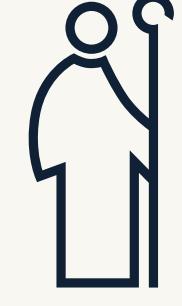
You have the right to be communicated with in a manner that is clear, concise, and understandable. If you do not speak English, you should have access, where possible, free of charge, to an interpreter. This also includes providing you with help if you have vision, speech, hearing, or cognitive impairments.

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, including the right to appoint a health care agent 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.

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

Good Shepherd Rehabilitation



The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

Centralized Case Management Operations

Toll Free Call Center: 1-800-368-1019

TTD Number: 1-800-537-7697

Centralized Case Management Operations

U.S. Department of Health and Human Services 200 Independence Avenue, SW

Room 509F HHH Building Washington, D.C. 20201

Telephone: 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at

<https://www.hhs.gov/ocr/complaints/index.html>

Email complaints: OCRComplaint@hhs.gov

STATEMENT OF PATIENT'S RESPONSIBILITIES

To foster our ability to provide safe, quality care you should act in accordance with Good Shepherd Rehabilitation and the health care facility's policies, rules, and regulations and assume responsibility for the following:

This health care facility expects that you or your designated/legally authorized representative will provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives, and other matters relating to your health history or care for you to receive effective medical treatment.

In addition, you are responsible for reporting whether you clearly understand the planned course of action and what is expected of you.

It is expected that you will cooperate with all hospital personnel and ask questions if directions and/or procedures are not clearly understood.

You are expected to be considerate of other patients and health care personnel, to assist in the control of noise and visitors in your room, and to observe the nonsmoking policy of this institution. You are also expected to be respectful of the property of other persons and the property of Good Shepherd Rehabilitation. Threats, violence, disruption of patient care, or harassment of other patients, visitors, or staff will not be tolerated. You are also expected to refrain from conducting any illegal activity on Good Shepherd Rehabilitation property. If such activity occurs, Good Shepherd Rehabilitation will report it to law enforcement.

To facilitate your care and the efforts of the health care personnel, you are expected to help the physicians, nurses, and other health care personnel in their efforts to care for you by following their instructions and medical orders.

Duly authorized members of your family or designated/legally authorized representative are expected to be available to Good Shepherd Rehabilitation personnel for review of your treatment in the event you are unable to properly communicate with your health caregivers.

It is understood that you assume the financial responsibility of paying for all services rendered either through third-party payers (your insurance company) or being personally responsible for payment for any services which are not covered by your insurance policies.

It is expected that you will not take drugs that have not been prescribed by your practitioner and administered by appropriate staff and that you will not complicate or endanger the healing process by consuming alcoholic beverages or toxic substances during your hospital stay and/or visit.

Our entire Good Shepherd Rehabilitation team thanks you for choosing to receive your care here. It is our pleasure to serve and care for you.

The Leadership Team at:

Good Shepherd Rehabilitation

The Pennsylvania Department of Health Division of Acute and Ambulatory Care

Room 532 Health & Welfare Building

625 Forster Street

Harrisburg, PA 17120-0701

1-800-254-5164

Website:

<http://apps.health.pa.gov/dohforms/FacilityComplaint.aspx>

The Centers for Medicare and Medicaid Services (CMS)

Quality and Appeals 1-866-815-5440

You may complete a Medicare Quality Complaint Form found at: www.bfccqicareal.com/states/pa.html

For concerns related to quality and/or safety of care issues (including premature discharge) or safety of the environment, you may also contact:

The Joint Commission

By website:

<https://www.jointcommission.org/contact-us/> (click on Patient Safety Complaint)

By mail:

The Office of Quality and Patient Safety (OQPS)
The Joint Commission,

One Renaissance Boulevard, Oakbrook Terrace,

Illinois 60181

The Joint Commission Patient Information Line on how to report a complaint, 1-800-994-6610

For complaints/grievances related to civil rights concerns: The United States Department of Justice

950 Pennsylvania Avenue, NW

Civil Rights Division, Disability Rights Section – 1425

NYAV Washington, D.C., 20530

Online complaint forms are available at:

www.ada.gov/complaint/

Information Line: 1-800-514-0301

Facsimile: 202-307-1197