SUBJECT: Patients' Notice and Bill of Rights and Responsibilities
DATE: July 27, 2012

I. POLICY

It is the policy of the UPMC to promote the interests and well-being of patients served in its domestic locations. It has been, and continues to be, the policy to protect the interests of patients by the adoption of a Patients’ Notice and Bill of Rights and Patient Responsibilities.

II. SCOPE

This policy applies to all domestic UPMC acute care hospitals, acute inpatient rehabilitation facilities, licensed outpatient clinics (hospital based), cancer centers, ambulatory surgical centers and behavioral health programs. This policy does not apply to home care, nursing homes and senior living centers.

Each section of this policy applies to the above referenced programs with the following exceptions:

For domestic acute care hospitals, acute inpatient rehabilitation facilities, licensed outpatient clinics and cancer centers, exclude:

V. Patients’ Notice and Bill of Rights Behavioral Health Addendum
VI. Patients’ Notice and Bill of Rights for Ambulatory Surgical Facilities

For behavioral health, exclude:

VI. Patients’ Notice and Bill of Rights for Ambulatory Surgical Facilities.

For ambulatory surgical facilities, exclude:

IV. Patients’ Notice and Bill of Rights
V. Patients’ Notice and Bill of Rights Behavioral Health Addendum.
III. PURPOSE

The Patients’ Notice and Bill of Rights and Patient Responsibilities is made available to patients, their family members and representatives via patient information materials and postings. This information shall be posted in Registration areas and within each service location. Staff is responsible to assure that this information is also made available to patients, families, and their representatives upon request. The following sections of this policy present the information that is provided to patients, family members and their representatives to assure that they are informed of their rights while receiving services at UPMC.

IV. PATIENTS’ NOTICE AND BILL OF RIGHTS

At UPMC, service to our patients and their families or representatives is our top priority. We are committed to making the hospital stay or outpatient service as pleasant as possible. We have adopted the following Patients’ Rights to protect the interest 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.

Plan of Care

You have a right to:

1. Participate in the development and implementation of your plan of care, including pain management and discharge planning.

2. Make informed decision regarding your care, treatment or services, by being:
   a. informed in language or terms you can understand;
   b. fully informed about your health status, diagnosis, and 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;
c. involved in care planning and treatment;
d. informed about the outcomes of care, treatment or services that you need in order to participate in current and future health care decisions;
e. able to have your representative act on your behalf when necessary or desired by you;
f. 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;
g. 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 a 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;
h. able to request treatment. This does not mean that you can demand treatment or services that are medically unnecessary or inappropriate;
i. able to refuse any drugs, treatments, or procedures offered by the facility, to the extent permitted by law, and a physician shall inform you of medical consequences of this refusal.

Privacy, Respect, Dignity and Comfort

You have a right to:

1. Personal privacy, including:
   a. during personal hygiene activities, treatments or examinations;
   b. sharing your personal information only with your consent unless otherwise permitted or required by law;
   c. deciding if you want or do not want involvement of your family in your care;
   d. during clinical discussions between you and your treatment team members.

2. Choose who you would like to have as a visitor.

3. Give or withhold consent for the facility to produce or use recordings, films or other images of you for purposes other than your care.

Staff and Environment

You have a right to:

1. Receive respectful care given by competent personnel in a setting that:
   a. is safe and promotes your dignity, positive self image and comfort;
b. accommodates religious and other spiritual services

c. is free from all forms of abuse, exploitation or harassment or neglect

d. 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;

e. provides services without discrimination based upon race, color, age,
   ethnicity, ancestry, religion, sex, sexual orientation, national origin, source of
   payment, or marital, familial, veteran, or disability status;

f. 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.

**Personal Health Information**

1. You have the right to appropriate management of your personal health
   information as set forth in our Notice of Privacy Practices.

   a. The hospital shall provide the patient, or patient designee, upon request,
      access to all information contained in his medical records, unless access to
      specifically restricted by the attending physician for medical reasons.

**Research and Donor Programs**

1. 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 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.

**Other Healthcare Services**

You have a right to:

1. Emergency procedures to be implemented without unnecessary delay.


3. When medically permissible, be transferred to another facility after you or your
   representative has 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.
4. Be assisted in obtaining consultation with another physician at your request and own expense.

Quality, Support, Advocacy

You have the right to:

1. Be informed of how to make a complaint or grievance.

2. Quality care and high professional standards that continually are maintained and reviewed.

3. Have the facility implement good management techniques that consider the effective use of your time and avoid your personal discomfort.

4. Know which facility rules and regulations apply to your conduct as well as to the conduct of family and visitors.

5. Access to an interpreter on a reasonable basis.

6. Access to an individual or agency that is authorized to act on your behalf to assert or protect your rights.

7. Examine and receive a detailed explanation of your bill.

8. Full information and counseling on the availability of known financial resources for your healthcare.

9. Expect that the facility will provide you information about your continuing healthcare needs at the time of your discharge and the means for meeting those needs.

Licensed Behavioral Health programs will Patients’ Rights specific to those programs.

V. PATIENTS' NOTICE AND BILL OF RIGHTS BEHAVIORAL HEALTH ADDENDUM

You have the right to be treated with dignity and respect.

You shall retain all civil rights that have not been specifically curtailed by order of court.

1. You have the right to unrestricted and private communication inside and outside this facility including the following rights:
a. To a peaceful assembly and to join with other patients to organize a body of or participate in patient government when patient government has been determined to be feasible by the facility.
b. To be assisted by any advocate of your choice in the assertion of your rights and to see a lawyer in private at any time.
c. To make complaints and to have your complaints heard and adjudicated promptly.
d. To receive visitors of your own choice at reasonable hours unless your treatment team has determined in advance that a visitor or visitors would seriously interfere with your or others’ treatment or welfare.
e. To receive and send unopened letters and to have outgoing letters stamped and mailed. Incoming mail may be examined for good reason in your presence for contraband. Contraband means specific property which entails a threat to your health and welfare or to the hospital community.
f. To have access to a telephone designated for patient use.

2. You have the right to practice the religion of your choice or to abstain from religious practices.

3. You have the right to keep and to use personal possessions; unless it has been determined that specific personal property is contraband. The reasons for imposing any limitation and its scope must be clearly defined, recorded and explained to you. You have the right to sell any personal article you made and keep the proceeds from its sale.

4. You have the right to handle your personal affairs including making contracts, holding a driver’s license or professional license, marrying, or obtaining a divorce and writing a will.

5. You have the right to participate in the development and review of your treatment plan.

6. You have the right to receive treatment in the least restrictive setting within the facility necessary to accomplish the treatment goals.

7. You have the right to be discharged from the facility as soon as you no longer need care and treatment.

8. You have the right not to be subjected to any harsh or unusual treatment.

9. If you have been involuntarily committed in accordance with civil court proceedings, and you are not receiving treatment, and you are not dangerous to yourself or others and you can survive safely in the community, you have the right to be discharged from the facility.

10. You have a right to be paid for any work you do which benefits the operation and maintenance of the facility in accordance with existing Federal wage and hour regulations.

The Manual of rights for persons in treatment shall be made available or given to each patient and the rights contained therein shall be explained to the extent feasible to persons who cannot read or understand them. Upon request, a copy of
the *Manual of rights* shall be made available to family, guardian, attorney, and other interested parties.

VI. PATIENTS' NOTICE AND BILL OF RIGHTS FOR AMBULATORY SURGICAL FACILITIES (ASF)

At UPMC, service to our patients and their families or representatives is our top priority. We are committed to making your Ambulatory Surgical visit as pleasant as possible. We have adopted the following Patients’ Rights to protect the interest 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.

1. A patient has the right to respectful care given by competent personnel

2. A patient has the right, upon request to be given the name of his or her attending practitioner, the names of all other practitioners directly participating in his or her care, and the names and functions of other health care persons having direct contact with the patient.

3. A patient has the right to consideration of privacy concerning his or her own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.

4. A patient has the right to have records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.

5. A patient has the right to know what ASF rules and regulations apply to his conduct as a patient.
6. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.

7. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.

8. The patient has 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 to give the information to the patient, the information shall be given on his/her behalf to a responsible person.

9. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.

10. A patient or, if the patient is unable to give informed consent, a responsible person, has the right to be advised when practitioner is considering the patient as part of a medical care research program or donor program, and the patient or responsible person, shall give informed consent prior to actual participation in the program. A patient, or responsible person, may refuse to continue in a program to which he/she has previously given informed consent.

11. A patient has the right to refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient’s refusal of drugs or procedures.

12. A patient has the right to medical and nursing services without discrimination based upon race, color, age, ethnicity, ancestry, religion, sex, sexual orientation, national origin, source of payment, or marital, familial, veteran, or disability status.

13. A patient has access to an interpreter on a reasonable basis.

14. The ASF shall provide the patient, or patient designee, upon request, access to the information contained in his medical records, unless access is specifically restricted by the attending practitioner for medical reasons.

15. The patient has the right to expect good management techniques to be implemented within the ASF. These techniques shall make effective use of the time the patient and avoid the personal discomfort of the patient.

16. When an emergency occurs and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient’s transfer.
17. The patient has the right to examine and receive a detailed explanation of his bill.

18. A patient has the right to expect that the ASF will provide information for continuing health care requirements following discharge and the means for meeting them.

19. A patient has the right to be informed of his/her rights at the time of admission.

VII. PATIENT RESPONSIBILITIES

The healthcare providers of UPMC are committed to working with patients to deliver excellent patient care. UPMC asks that patients work with them to meet the goals related to care and treatment. Patients are asked to assume the following responsibilities:

1. **Provide a complete health history.** Provide information about past illnesses, hospital stays and outpatient services, medicines and supplements, the names of your doctors, and other matters related to your health history. Please tell us about any condition that might cause you to require different treatment or additional help such as allergies or a healing problem.

2. **Participate in your treatment and services.** Cooperate with our staff. Ask questions if you do not understand directions or procedures. You are responsible for your actions if you refuse treatments or don’t follow treatment directions. You will achieve the best outcome if you work together with your treatment team to develop a care plan for your time in the hospital, after you leave, or during your outpatient services.

3. **Communicate with our staff.** Let your team members know about any changes in your symptoms or conditions. If you already have an Advance Directive, Durable POA, Living Will or organ/tissue donation, please provide us with a copy. We encourage you to ask questions and to be an active member of your care team. Please be sure your doctor knows what side or site of your body will be treated or operated on before any procedure. We encourage you to insist staff cleanse their hands before treating you. Please ask our staff to identify themselves before treating you, and remind them to check your identification before treatments or medicines given. Let our staff know if you have any questions or problems or if anything upsets or concerns you. Contact your service location Director or the Patient Relations Representative/Advocate immediately if you have concerns so that we can assist you.

4. **Appoint a health care representative.** UPMC encourages all patients to appoint a health care representative to serve as a medical decision-maker. This should be someone from your family or support network who can make decisions for you if you become unable to do so. If you do not appoint a health care representative and become unable to appoint one, UPMC will select one for you in accordance with
Pennsylvania law. UPMC staff are available to help patients and their families appoint health care representatives and establish a Power of Attorney for Medical Decision-Making.

5. **Comply with your doctor’s or doctors’ medication treatment plan for this hospital stay or encounter.** Provide a complete list of medications, (prescribed, over the counter, or otherwise) that you are taking. Refrain from using illicit drugs or any medication or supplement not ordered by your doctor during this hospital stay or outpatient encounter. Do not take drugs without the knowledge and approval of UPMC staff. These may complicate your care and interfere with the healing process. UPMC reserves the right to search patient rooms and belongings and to remove medications or supplements not prescribed by your doctor, as well as weapons, or illegal substance or other items considered unsafe for the care environment.

6. **Comply with UPMC’s smoke-free policy.** UPMC maintains a smoke-free environment to protect the health of patients, visitors, and staff. Smoking is not permitted on any UPMC property, including buildings, parking lots, and parking garages. You may not smoke in vehicles while on UPMC property. UPMC can provide you with information and strategies to help you quit smoking. If interested, please contact your nurse or team member.

7. **Comply with visitation policies.** Our service locations have visitation policies to ensure a safe, comfortable, and quiet environment for our patients. You are expected to comply with each service location’s policy and can obtain a copy of it from your nurse or team member.

8. **Be courteous to patients and staff.** UPMC strives to maintain an atmosphere that promotes healing. You and your visitors are expected to be considerate of other patients and staff members, control your noise level, limit the number of visitors in your room, manage the behavior of your visitors and your visitor’s noise level, and respect UPMC property. Your visitors are expected to comply with all service location policies, including isolation policies. Failure to comply may result in being asked to leave. UPMC does not tolerate threatening or harassing behavior nor illegal activity.

9. **Accept your room assignments.** UPMC manages the hospital environment for the good of all our patients. We may move you to another room or another unit based on your needs and the needs of our patients. You are responsible to cooperate with all room assignments. We cannot guarantee a private room to any patient.
10. **Accept your physician, nurse, clinician, and other caregiver assignments.** If you have a concern about a caregiver, please notify your service facility Director or Patient Relations Representative/Advocate. We will review your concern within the appropriate department and make any necessary reassignments.

11. **Protect your belongings.** You are responsible for the safety of your belongings during your hospital stay or outpatient encounter. UPMC is not responsible for any lost or stolen patient belongings. We encourage you to send valuables and medications home or to store them with hospital security if you are admitted to the hospital.

12. **Arrange transportation home.** You are responsible to arrange your own transportation home from the hospital and may be responsible to pay some or all of the costs related to your transportation, unless other arrangements have been made with you. We will arrange transportation for you if you are transferred to another facility or have medical needs for special transportation. These services may or may not be paid for by your insurance depending on your coverage and clinical circumstances.

13. **Make payments for services.** You are responsible for payment of all services provided to you by UPMC. Payments may be made through third-party payers (such as your insurance company), by self-payment, or by making other payment arrangements for services not covered by insurance. Financial assistance may be available for those who qualify. UPMC will not withhold or delay emergency medical screening or stabilizing treatment that is provided pursuant to Emergency Medical Treatment and Active Labor Act (EMTALA).

14. **Keep your appointments.** You are responsible to make and keep your outpatient appointments. Your services have been planned with you to maximize your health and wellness by following up on your healthcare needs including periodic screening, assessment and treatment. We ask that you respect the appointments that have been scheduled for you and notify us as soon as possible, if for some reason you are unable to keep a scheduled appointment. Please plan with us in advance, situations that may cause you to have difficulty in keeping an appointment.

**VIII. COMPLAINTS AND GRIEVANCES**

1. Patients who have questions or concerns about this Patient’s Notice and Bill of Rights and Responsibilities should discuss these concerns with their clinician. Often times, individuals who work closely with you may be able to answer questions that you have or resolve concerns quickly. You may also choose to contact the Patient Relations Representative /Advocate or designee at any time.
2. If you wish to make a complaint or grievance or have concerns that your rights as stated in the Patient’s Notice and Bill of Rights have not been respected, contact Patient Relations Representative/Advocate or designee immediately. Complaints will be reviewed and action will be taken, if appropriate.

3. Staff members in your service location will provide you with specific contact information for the Patient Relations Representative/Advocate or designee as well as additional agencies to which you can express any concerns you may have.

4. You are entitled to know the resolution of your complaint or grievance and all grievances receive a written response. However, Patient Relations department files are not available to patients for review.

5. Each licensed behavioral health facility shall incorporate an appeal procedure into the complaint and grievance process. Consumers may appeal grievance resolutions within ten (10) business days of receipt of the resolution by contacting the Patient Relations Representative who will provide additional information as to the process for appeal.

SIGNED: Elizabeth Concordia
Executive Vice President, UPMC, President, Hospital and Community Services Division

APPROVALS:
Policy Review Subcommittee: June 14, 2012
Executive Staff: July 27, 2012

PRECEDE: October 10, 2011

SPONSOR: Director, Corporate Risk Management

* With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.