

# A Statement of the Patient's Rights

Conemaugh Health System is committed to providing quality care to all patients and to make their visit as pleasant as possible. Our concern and respect for you, our patient, is addressed in this Statement of Patient's Rights.

1. You have the right to respectful care given by skilled staff.
2. You have the right to receive care no matter what your age, AIDS or HIV status, ancestry, color, disability, education, gender identity, income, language, marital status, national origin, race religious creed, sex, sexual orientation, union membership, or who will pay your bill.
3. You have the right to treatment of symptoms that may be associated with your illness. You have the right to expect prompt response to your report of pain.
4. You have the right to know the names and duties of all health care team members involved in your care.
5. You have the right to expect privacy and confidentiality with regard to your care.
6. You have the right to have all health records kept private and not be given out unless you give consent, or the law states, or there is a third party agreement.
7. You have the right to know what rules apply to your conduct as a patient.
8. In case of emergency, you can expect emergency treatment without delay.
9. You have the right to quality care and high professional standards that are always kept and reviewed.
10. You have the right to be fully informed, in language you can understand, of your health status, including your current medical condition.
11. Before any procedure (except an emergency), your doctor must obtain informed consent (permission) from you or from someone who can legally give consent. This means your doctor will explain the diagnosis, treatment, possible complications, and tell you about other treatments. You will be asked to sign a consent form in which you confirm that your doctor has given you this information.
12. You have the right to have your spiritual needs addressed.
13. You have the right to agree to, or refuse to, take part in medical research or donor programs. You may at any time refuse to continue in the program.
14. You have the right to refuse any drugs, treatment, or procedures. Your doctor should explain to you what can happen if you refuse. You may be asked to sign a consent form if you do refuse any drugs, treatment, or procedures. You may be asked to sign a consent form if you leave the place of care against medical advice.
15. You have the right to be free from any form of restraints (both physical/drug) that is not medically necessary.
16. You have the right to discuss your care with another doctor. This will be at your own request and expense.
17. If you do not speak English or have special communication needs, the hospital will provide interpreter.
18. If you want to see your records, please discuss it with your doctor. In some cases, a patient's access to these records should be limited for health reasons. If you want a copy of your records, there will be a charge for the copy.
19. You have the right to expect good management techniques to be used, considering good use of your time and to avoid any personal discomfort.
20. Your doctor may decide to move you to another facility for additional medical care. The reason for the move will be explained to you or your family.
21. You have the right to ask for a detailed statement of your bill and to ask for information on financial aid with regard to your care.
22. You have the right to make decisions about your care, treatment and services, including the right to have your family and physician notified of your admission to the hospital.
23. You have the right to request a discharge plan. Upon discharge, you will be given information for your follow-up health care.

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24. You have the right to present your advance directive (living will or durable power of attorney for health care). This will be used in case you are unable to make decisions about your care. You may change or withdraw your advance directive by telling your doctor or nurse.
25. You have the right to voice questions, concerns, or comments to your health care provider, to the Patient Representative at the hospital or you may contact the Pennsylvania Department of Health, Acute and Ambulatory Care Services, Room 532 Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120, complaint hotline, 1-800-254-5164 or (717) 783-8980 (phone) or (717) 705-6663 (fax), or Monday through Friday - Local Field Office between the hours of 8:00 am to 4:30 pm (814) 248-3129. You may also contact the Joint Commission via its website at [www.jointcommission.org](http://www.jointcommission.org), email to [complaint@jointcommission.org](mailto:complaint@jointcommission.org) to file a complaint or write to: The Joint Commission - Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181. Questions on how to file a complaint may be directed to the Joint Commission at 1-800-994-6610. You may also file a complaint to: PA Quality Improvement Organization (QIO), Livanta BFCC, 1-866-815-5440.
26. You have the right to access the hospital's Ethics process.
27. The patient's next of kin, guardian, or other appropriate person may carry out these rights if the patient is unable to do so.
28. You have a right to be informed of your visitation rights, including any clinical restriction or limitations to this right.
29. You have the right to designate your visitors. Visitation privileges will not be denied on the basis of age, AIDS or HIV status, ancestry, color, disability, education, gender identity, income, language, marital status, national origin, race religious creed, sex, sexual orientation, union membership, or who will pay your bill.
30. You have the right to give consent to receive visitors whom you designate, including but not limited to a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend and also your right to withdraw or deny such consent at any time.
31. You have the right to ensure that your designated visitors visitation privileges are no more restrictive than those that an immediate family member would also be granted.
32. You have the right to access protective and advocacy services.
33. You have the right to be informed of your rights at the earliest possible moment in the course of your hospitalization.

## A Statement of the Patient's Responsibilities

### ***As a patient, you are responsible for the following:***

1. You should ask questions if you do not understand any part of your care.
2. You should provide correct health history.
3. You and your visitors should be thoughtful of other patients by following rules and Tobacco Addiction policy.
4. You should provide correct insurance information.
5. You should take an active part in your health care treatment plan.
6. You should report any sensation of pain or discomfort to your nurse or caregiver.
7. You should discuss pain relief options with your doctor and nurses.
8. You should respect the property of other persons and of the facility.
9. You should help the persons caring for you by following their instructions.
10. You should not take drugs that have not been prescribed by your doctor and given to you by hospital staff.
11. You should not consume alcoholic beverages or toxic substances during your stay.

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