

As a patient of this hospital, or as a legally authorized representative or guardian of a patient, we want you to know the rights you have under federal and Pennsylvania state law before providing or stopping patient care at any time and as soon as possible during your hospital stay. We are committed to honoring your rights. You can help us meet your needs by taking an active role in your healthcare. We're asking you and your family to share certain responsibilities with us.

Your rights

This hospital complies with applicable federal civil rights laws and does not discriminate on the basis of age, sex, race, ethnicity, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, veteran or military status, socioeconomic status, disability, gender, gender identity or expression, physical or mental ability or disability, or who will pay your bill. You have the right to safe, respectful and dignified care — always. You will receive services and care that have been medically suggested and are within the hospital's services, stated mission and required laws and regulations.

Communication

You or your legally authorized representative or guardian have the right to:

- Have a family member, a person of your choice and your practitioner be promptly notified when you are admitted to the hospital.
- Receive information in a way you understand. This includes qualified interpretation and translation services free of charge in the language you prefer for talking or reading about your healthcare. We will also provide you with help if you have vision, speech, hearing or cognitive impairment needs.
- Choose a support person or agency, if needed, to act on your behalf to assert and protect your patient rights.

Informed decisions

You have the right to designate any person of your choice, including an unmarried partner, same-sex or same-gender partner as a medical decision maker.

You or your legally authorized representative or guardian have the right to:

- Receive information about your current health, care, outcomes, recovery, ongoing healthcare needs and future health status in a way 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. When it is not medically advisable to give such information to you, it will be given on your behalf to your next of kin or other appropriate person. You may need to sign your name before the start of any procedure and/or care. "Informed Consent" (defined in section 103 of the Health Care Services Malpractice Act (40 P.S. §1301.103)) is not required in the case of an emergency.
- Be involved in all aspects of your care and take part in decisions about your care.
- Make choices about your care based on your own cultural, psychosocial, spiritual and personal values, beliefs and preferences.
- Request care. This does not mean you can demand care or services that are not medically needed.
- Refuse care. This includes any treatment, drugs, or procedure against the medical advice of your practitioner.
- Expect the hospital to get your permission before taking images, recordings or filming you, if the purpose is for something other than your care.
- Decide at any time to take part or not take part in research or clinical trials for your condition, or donor programs that may be suggested by your practitioner. Your participation in such care is voluntary. 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.

Advance directives

You or your legally authorized representative or guardian have the right to:

- Create advance directives, or legal papers allowing you to decide now what you want to happen if you are no longer healthy enough to make decisions about your care. You have the right to have the hospital staff comply with these directives.
- Ask about and discuss the ethics of your care, including resolving any conflicts that might arise, such as deciding against, withholding or withdrawing life-sustaining care.

Care planning

You or your legally authorized representative or guardian have the right to:

- Receive a medical screening exam to determine treatment.
- Participate in the care you receive in the hospital. This includes the right to participate in the development and implementation of the plan of care.
- Receive instructions on follow-up care and participate in decisions about your plan of care after you are out of the hospital.
- Request change of providers for certain reasons of personal needs, religion, modesty, or previous psychological trauma, if other qualified providers are available. However, requests to change providers due to providers' personal characteristics will not be granted.

- Receive a prompt and safe transfer to the care of others when this hospital is not able to meet your request or need for care or service. You have the right to know why a transfer to another healthcare facility might be required, as well as learning about other options for care. This hospital cannot transfer you to another hospital unless that hospital has agreed to accept you.
- Request a discharge planning evaluation.

Care delivery

You or your legally authorized representative or guardian have the right to:

- Expect emergency procedures to be implemented without unnecessary delay.
- Receive care in a safe setting free from any form of abuse, neglect, exploitation and harassment.
- Receive kind, respectful, safe, quality care delivered by skilled staff.
- Know the names and roles of practitioners and healthcare workers and staff caring for you.
- Receive assistance in obtaining a consultation by another healthcare provider at your request and expense.
- Receive proper assessment and management of pain, including the right to request or reject any or all options to relieve pain.
- Receive care without restraints or seclusion unless necessary to provide medical, surgical or behavioral healthcare. Use of restraints or seclusion will not be used as a means of corporal punishment, coercion, discipline, convenience or retaliation by staff.
- Receive efficient and quality care with high professional standards that are continually maintained and reviewed.
- Expect good management techniques to be implemented within this hospital considering effective use of your time and to avoid your personal discomfort.
- Information on infection control practices, including handwashing, respiratory (cough) hygiene and contact (isolation) safety measures.
- An environment preserving dignity and contributes to a positive self-image.

Privacy and confidentiality

You or your legally authorized representative or guardian have the right to:

- Personal privacy.
- Limit who knows about your being in this hospital.
- 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 confidential except as otherwise provided by law or third-party contractual arrangements.
- Receive written notice explaining how your personal health information will be used and shared with other healthcare professionals involved in your care.
- Review and request copies of your medical record unless restricted for medical or legal reasons.
- Access, request amendment to and receive an accounting of disclosures regarding your protected health information.
- Your medical record being used for the purposes of treatment, payment and healthcare operations except as otherwise required or permitted by applicable law, rule or regulation. You are entitled to access information in the medical record, including current medical records, upon an oral or written request, in the form or format being asked. Access to medical record will be accomplished following applicable procedures as quickly as its record keeping system allows, unless such access to the medical record is restricted by the practitioner for medical reasons or is prohibited by law. Patient records will only be used or disclosed as referenced in our Notice of Privacy Practices.
- The privacy of your protected health information being maintained as required by law. You have the right to receive the applicable Notice of Privacy Practice brochure indicating privacy practices with respect to your protected health information on your first contact on or after April 14, 2003, and when such brochure is materially changed. To receive a copy, contact any of our employees.

To share your concerns related to these rights, contact our Privacy Office at:
Phone: 570-271-7360
Email: SystemPrivacyOffice@geisinger.edu

Visitation

You or your legally authorized representative or guardian have the right to:

- Decide if you want visitors of your choice while you are here. The hospital may need to limit visitors to better care for you or other patients, but will not restrict, limit or otherwise deny visitation privileges on the basis of age, sex, race, ethnicity, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, veteran or military status, socioeconomic status, disability, gender, gender identity or expression, physical or mental ability or disability, or who will pay your bill.
- Choose who may or may not visit you during your stay. These persons do not need to be legally related to you. Visitors will enjoy full and equal visitation privileges consistent with your preferences.
- Designate a support person who may determine who can visit you if you become incapacitated.
- Access an individual or agency who is authorized to act on your behalf to assert or protect your rights as a patient.

Hospital bills

You or your legally authorized representative or guardian have the right to:

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

Complaints, concerns and questions

You and/or your legally authorized representative or guardian have the right to:

- Tell us about concerns or complaints about your care. Sharing concerns or complaints will not affect your future care.
- Have your concerns or complaints reviewed and resolved, when possible.
- Seek review of quality of care concerns, coverage decisions and concerns about your discharge.
- Expect a timely response and resolution to your complaint or grievance from the hospital in a way you understand.
- Access protective and patient advocacy services.

To share your concerns or file a complaint/grievance, contact our Patient Liaison Office:
Email: PXL@geisinger.edu
Website: geisinger.org/about-geisinger/contact-us
Phone: 570-271-8881

Geisinger Medical Center

Mail: Attn: Patient Liaison
100 N. Academy Ave.
Danville, PA 17822-2112

Geisinger Shamokin Area Community Hospital

Mail: Attn: Patient Liaison
4200 Hospital Road
Coal Township, PA 17866

Geisinger Jersey Shore Hospital

Mail: Attn: Patient Liaison
1020 Thompson St.
Jersey Shore, PA 17740

Geisinger Medical Center Muncy

Mail: Attn: Patient Liaison
255 US Route 220
Muncy, PA 17756

Geisinger Lewistown Hospital

Mail: Attn: Patient Liaison
400 Highland Ave.
Lewistown, PA 17044

Geisinger Community Medical Center

Mail: Attn: Patient Liaison
1800 Mulberry St.
Scranton, PA 18510

Geisinger Wyoming Valley Medical Center/ Geisinger South Wilkes-Barre (including The Pearsall Heart Hospital)

Mail: Attn: Patient Liaison
1000 East Mountain Blvd.
Wilkes-Barre, PA 18711-3472

Geisinger Medical Groups/Clinics:

Call the site where you receive care and ask for the operations manager.

You also have the right to connect with any state survey agency without interference.

Pennsylvania Department of Health Commonwealth of Pennsylvania HUB

Attn: Division of Acute and Ambulatory Care
2525 North 7th Street, Suite 210
Harrisburg, PA 17110
Phone: 717-783-8980
Toll-free: 800-254-5164
File a complaint online: apps.health.pa.gov/dohforms/FacilityComplaint.aspx

Office of Quality and Patient Safety of The Joint Commission

Website: JointCommission.org → "Connect with Us" → "Report Patient Safety Event"
Mail: Office of Quality and Patient Safety
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Quality Improvement Organization

Phone: 888-396-4646
Website: qioprogram.org

Medicare Complaint

Website: medicare.gov → Claims and Appeals

Your responsibilities

As a patient or your legally authorized representative or guardian, we ask you to be aware of and follow all hospital rules and what we expect of you during your hospital stay.

Provide information

As a patient or your legally authorized representative or guardian, we ask that you:

- Provide accurate and complete information about current healthcare problems, past illnesses, hospitalizations, medications and other matters relating to your health.
- Report any condition putting you at risk (e.g., allergies or hearing problems).
- Report any unexpected changes in your condition to the healthcare professionals taking care of you.
- Provide a copy of your advance directive, living will, durable power of attorney for healthcare, and any organ/tissue donation permissions to the healthcare professionals taking care of you.
- Have members of your family authorized to review your treatment, if you are unable to communicate with your care team.
- Tell us what (if any) visitors you want during your stay.

Respect and consideration

As a patient or your legally authorized representative or guardian we expect that you:

- Recognize and respect the rights of other patients, families and staff. Threats, violence, rude communication, discrimination or harassment of other patients and hospital staff will not be tolerated.
- Help control noise and the number of visitors in your room.
- Comply with the hospital's tobacco-free rules. Tobacco products and electronic cigarettes are not permitted on Geisinger campuses.
- Refrain from conducting any illegal activity on hospital property. This includes respecting the property of other people and the applicable facility and avoiding drugs, alcoholic beverages or toxic substances that have not been administered by your provider. If such activity occurs, the hospital will report it to the police.

Safety

As a patient or your legally authorized representative or guardian, we ask that you:

- Promote your own safety by becoming an active, involved and informed member of your healthcare team. Report any safety concerns immediately to your doctor, nurse or any staff.
- Ask questions if you are concerned about your health or safety.
- Use your call light provided for your safety.
- Make sure your provider knows the site/ side of the body being 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 hospital staff to identify themselves.

Refusing care

As a patient or your legally authorized representative or guardian:

- You are responsible for your actions if you refuse care or do not follow care instructions.

Charges

As a patient or your legally authorized representative or guardian:

- You are responsible for providing accurate information needed to process your insurance coverage.
- You are responsible for paying for the healthcare you received as promptly as possible.

Cooperation

As a patient or your legally authorized representative or guardian:

- You are expected to follow the care plans suggested by the healthcare professionals caring for you while in the hospital. You should work with your care team to develop a plan you will be able to follow while in the hospital and after you leave the hospital.
- Sign to acknowledge receipt of the applicable Notice of Privacy Practices.
- Follow policies and procedures set forth by the applicable facility.
- We ask you to assist in the protection of your personal belongings.