

OUR RESPONSIBILITIES

As a patient of Sheppard Pratt Health System you can expect . . .

1. Considerate, respectful, and compassionate care regardless of your age, race, gender, religion, spiritual orientation, national origin, sexual orientation, or physical or mental disability.
 - a. Attention when you request help, with the understanding that other patients may have more urgent needs.
 - b. To be addressed by your proper name.
 - c. Care provided in a safe setting.
 - d. Care provided by concerned staff committed to pain prevention and management.
 - e. Coordination of sign language or foreign language interpretation services, if you need them.
2. To be told the names of the physicians, nurses, and other treatment team members directly involved in your care.
3. To be informed of your rights, admission status, the availability of legal services and your right to contact a lawyer of your choice within twelve hours of your admission.
4. Information about your diagnosis, treatment, and expected result to be provided by your attending physician.
 - a. Information on the planned course of treatment, including an explanation about procedures.
 - b. Information on the risks, benefits, and alternatives of your treatment.
 - c. Information about pain and pain relief measures.
 - d. Freedom from the use of seclusion or restraints in any form unless clinically required.
5. To make decisions about your plan of care before and during treatment, when medically possible. To refuse a recommended treatment to the extent permitted by law, and to be informed of the medical consequences of your refusal. You may consult with a specialist at your own request and expense. You may also request an in-house review of the treatment plan.
6. That you have the right to leave the hospital against the advice of your physician. If you choose to do so, the hospital and physicians will not be responsible for any medical consequences which may occur. If you sign a formal voluntary admission agreement, you may request your release. Within 72 hours of this request, the hospital must release you or, if you meet the standards for involuntary admission, may certify you.
7. That if you are asked to participate in a research study related to your illness, you can decline to participate in or withdraw from that study at any time. Your refusal to participate will not affect your hospital care.
8. Within the confines of the law, all communications and records pertaining to your care will be treated as confidential. You have the right to review or obtain a copy of your medical record according to hospital policy, and to have the information explained as needed by a physician. You have the right to add additional information to your medical record by contacting Medical Record Services. You may refuse to be photographed, taped or filmed by any person except as required for an identification photo. You may consent to any photograph, taping or filming in writing.
9. To be able to make health care decisions in advance.
 - a. If you provide us with a copy of your advance directive, we will respect your wishes to the extent permitted by law and hospital policy.
 - b. If you do not have an advance directive, we will provide you with information about an advance directive, and assist you in completing one, if desired.

10. To be informed of care options when hospital care is not indicated. We will help to coordinate options, as necessary.
11. To question the accuracy of your hospital and physician bills. You have the right to request a summarized list of charges and to obtain information about those charges. You can expect to be informed about any payments made to your bills.
12. Assistance from a patient representative in resolving complaints or grievances regarding your treatment.
 - a. You may forward complaints or grievances to the Patient Relations Department at 410-938-3706.
 - b. If you are not satisfied with the outcome of the workings of the formal grievance procedure, you may contact a private attorney or outside groups, such as the Maryland Disability Law Center. The Maryland Disability Law Center's phone number is 1-800-233-7201. You may also contact the Maryland Department of Health and Mental Hygiene, Office of Health Care Quality at 410-402-8016. In addition, you may contact the Joint Commission on the Accreditation of Healthcare Organizations Office of Quality Monitoring at 1-800-994-6610 or email complaints@jointcommission.org.
13. Assistance with an ethical issue by contacting the Ethics Committee at 410-938-3706.
14. Not to be transferred to another facility unless you have received a complete explanation of the need for the transfer and of the alternatives to such a transfer and unless the transfer is acceptable to the other facility.
15. The right to communicate with others by telephone, mail or visits, subject to reasonable Health System regulations or clinically indicated restrictions. Visits by clergy or legal counsel are permitted at all reasonable times.

YOUR RESPONSIBILITIES

As a patient, you and/or your guardian/representative are expected to . . .

1. Provide complete and accurate information about your health, including present condition, past illnesses, hospitalizations, medications, natural products and vitamins, and any other matters that pertain to your health.
2. Provide complete and accurate information including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier, and employer when it is necessary.
3. Provide your physician or the hospital with a copy of your advance directive if you have one and want it to apply during your admission.
4. Ask questions when you do not understand what your physician or other member of your treatment team tells you about your diagnosis or treatment. You should inform your physician if you anticipate problems in following prescribed treatment. Inform your physician if you are considering alternative therapies.
5. Ask your physician or nurse what to expect regarding pain and pain management, and work with them to develop a pain management plan. You should tell your doctor or nurse about any worries you have about taking pain medication.
6. Keep appointments, be on time for your appointments, and call as soon as possible if you cannot keep your appointments.
7. Leave valuables at home and bring only those items necessary during your hospital stay. You or a responsible adult will be asked to sign an agreement stating that if personal belongings are damaged or broken while in the hospital, the responsibility for the repair or replacement will be with the owner.
8. Abide by all hospital rules and regulations.
 - a. Comply with the NO SMOKING policy.
 - b. Comply with the visitor's policy to ensure the rights and comfort of all patients. Be considerate of noise levels, privacy, and safety. Weapons are prohibited on premises.
 - c. Comply with a search of your belongings conducted by a nursing staff member. This is to prevent any articles from being stored in your room which may put you or others at risk.
9. Treat hospital staff, other patients, and visitors with courtesy and respect.
10. Provide complete and accurate information for insurance claims and work with the hospital and physician billing offices to make payment arrangements.
 - a. Know your health insurance coverage and related policies concerning required preapprovals, co-pays, covered services, admissions, and the hospital and doctors covered by your insurance provider.
 - b. Pay your hospital and physician bills in a timely manner.
 - c. Ask questions of your insurance company or hospital and physician billing departments if there is a financial issue that you do not understand.