

If you need additional information about your rights, responsibilities, or want to file a complaint, you may contact Sheppard Pratt's Patient Advocates at 410-938-3706.

You also have the right to file a complaint with:

Office of Health Care Quality, DHMH
7120 Samuel Morse Drive, 2nd Floor
Columbia, MD 21046
410-402-8015; 1-877-402-8218

OR

Disability Rights Maryland
1-800-233-7201 or 410-727-6352

OR

The Joint Commission
complaint@jointcommission.org



Sheppard Pratt

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Sheppard Pratt is the largest private, nonprofit provider of mental health, substance use, special education, developmental disability, and social services in the country.

sheppardpratt.org

Patient Rights and Responsibilities



Sheppard Pratt

Subject to certain provisions of law (DHMH 10-701-10), you have a right to:

- Receive considerate, respectful, and compassionate care.
- Be provided care in a safe environment free from all forms of abuse and neglect, including verbal, mental, physical, and sexual abuse.
- Have respect shown for your personal values, beliefs, and wishes.
- Receive care that respects your cultural and spiritual needs.
- Be informed about your rights.
- Know the names of the doctors, nurses, and other staff directly involved in your care.
- Be involved in your plan of care.
- Receive information about your diagnosis and understand the risks, benefits, and alternatives of recommended treatment or medication.
- Give informed consent before any nonemergency care is provided, including the benefits and risk of the care, alternatives to the care, and the benefits and risk of the alternatives to the care.
- Have a medical screening exam and be screened, assessed, and treated for pain.
- Refuse a recommended treatment to the extent permitted by law, and to be informed of the medical consequences of your refusal.
- Agree or refuse to take part in medical research studies, without the agreement or refusal affecting your care.
- Be free from restraints or seclusion, except when you are dangerous to yourself or others, and when ordered by physician.
- The protection of your privacy and confidentiality in care discussions and treatments in addition to your medical records.
- Request information about hospital and physician/nurse practitioner charges and ask for an estimate of hospital charges with the understanding that this information may not be available at the time of admission.
- Except for medical reasons that are specified by a physician/nurse practitioner:
 - Send and receive mail.
 - Reasonable use of the telephone.
 - Receive visitors during reasonable visiting hours.
 - Allow or refuse to allow your picture to be taken.

- Talk with your attorney or clergyman at reasonable hours.
- In accordance with hospital visitation policies, a person of your choice may provide additional emotional support on the premises as permitted. You may change your mind about the person who may visit.
- Refuse medication except:
 - When you are dangerous to yourself or others, or
 - If you are an involuntary patient, after approval of the medication by a clinical review panel.
- Make or change an advance directive, as clinically appropriate. Appoint an individual of your choice to make health care decisions for you, if you are unable to do so.
- File a complaint or initiate a grievance and have the complaint or grievance reviewed without the complaint affecting your care.
- Receive information in a manner that is understandable, which may include: i) sign and foreign language interpreters; ii) Alternative formats, including large print, braille, audio recordings, computer files; and iii) vision, speech, hearing, and other temporary aids as needed without charge.
- Access to your medical records in accordance with HIPAA Notice of Privacy Practices.
- Be assisted by a mental health advocate. Be provided a list of protective and advocacy services when needed.
- Receive attention when you request help, with the understanding that other patients may have more urgent needs.
- Any person who presents for and/or inquires about possible services will be screened to determine the appropriate level of care and/or treatment available in the least restrictive environment regardless of sex, age, race, spiritual orientation, color, national origin, language, gender identity, gender expression, sexual orientation, source of payment for care, or nature or severity of disabling condition.

Your responsibilities as a patient are:

- To treat your doctors, health care providers, other patients, and visitors with dignity and respect.
- To participate in treatment recommendations and understand possible outcomes for not following recommendations.
- To ask questions when prescribed treatment is unclear.
- To follow facility guidelines for safety and voice any concerns for your safety or care.

Your rights are explained at length in the Patient and Family Handbook.