As a patient of this hospital, or as a family member or guardian of a patient at this hospital, we want you to know the rights you have under federal and Pennsylvania state law as soon as possible in your hospital stay. We are committed to honoring your rights, and want you to know that by taking an active role in your health care, you can help your hospital caregivers meet your needs as a patient or family member. That is why we ask that you and your family share with us certain responsibilities.

YOUR RIGHTS

As a patient, you or your legally responsible party, have the right to care without the discrimination due to age, AIDS or HIV status, ancestry, color, culture, disability, education gender identity, income, language, marital status, national origin, race religious creed, sex, sexual orientation, union membership, or who will pay your bill. As our patient, you have the right to safe, respectful, and dignified care at all times. You will receive services and care that are medically suggested and within the hospital’s services, its stated mission, and required law and regulation.

COMMUNICATION

You have the right to:
- Have a family member, another person that you choose, and your doctor notified when you are admitted to the hospital. Receive information in a way that you understand. This includes interpretation and translation, free of charge, in the language you prefer for talking about your health care. This also includes providing you with needed help if you have vision, speech, hearing, or cognitive impairments.
- Designate a support person, if needed, to act on your behalf to assert and protect your patient rights.

INFORMED DECISIONS

You have the right to:
- Receive information about your current health, care, outcomes, recovery, ongoing health care needs, and future health status in terms that you understand.
- Be informed about proposed care options including the risks and benefits, other treatment options, what could happen without care, and the outcome(s) of any medical care provided, including any outcomes that were not expected. You may need to sign your chart before the start of any procedure and/or care. “Informed consent” is not required in the case of an emergency.
- Be involved in all aspects of your care and to take part in decisions about your care.
- Make choices about your care based on your own spiritual and personal values.
- Request care. This right does not mean you can demand care or services that are not medically needed.
- Refuse care, and you have the right to withdraw consent to care at any time, for any reason. You have the right to refuse any care, treatment or procedure against the medical advice of a doctor. There may be times that care must be provided based on the medical need.
- Expect the hospital to get your permission before taking photos, recording, or filming you, if the purpose is for something other than patient identification, care, diagnosis, or therapy.
- Decide to take part or not take part in research or clinical trials, choose your physician, or donor program/will, that may be suggested by your doctor. Your participation in such care is voluntary, and written permission must be obtained from you or your legal representative before you participate. A decision to take part in research or clinical trials will not affect your right to receive care.

VISITATION

You have the right to:
- Decide if you want visitors or not while you are here. The hospital may need to limit visitors to better care for you or other patients.
- Designate those persons who can visit you during your stay. These individuals do not need to be legally related to you.
- Designate a support person who may determine who can visit you if it is necessary.

ADVANCE DIRECTIVES

You have the right to:
- Create advance directives, which are legal papers that allow you to decide how you want to be cared for when you are no longer able to make decisions about your care. You have the right to have 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 have the right to:
- Receive a medical screening exam to determine treatment.
- Participate in the development of your plan of care as long as you are able. You have the right to receive in the hospital.
- Receive instructions on follow-up care and participate in decisions about your plan of care after you are out of the hospital.
- Receive a prompt and transfer to the care of others when this hospital is not able to meet your request or need for care or services.
- Make decisions about the right to know why a transfer to another health care facility might be required, as well as learning about other options for care. The hospital cannot transfer you to another facility against your wishes.

CARE DELIVERY

You have the right to:
- Expect emergency procedures to be implemented without unnecessary delay.
- Receive safe setting free from any form of abuse, harassment, and neglect.
- Receive kind, respectful, safe quality care delivered by skilled staff.
- Know the names of doctors and nurses providing care to you and the names and roles of other health care workers and staff that are caring for you.
- Request a consultation by another health care provider.
- Request an assessment and management of pain, including the right to request or reject any or all options to relieve pain.
- Receive care free from restraints or seclusion unless necessary to provide medical, surgical, or behavioral health care.
- Receive efficient and quality care with high professional standards that are continually maintained and reviewed.

PRIVACY AND CONFIDENTIALITY

You have the right to:
- Limit what is said about your being in the 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 private.
- Receive written notice that explains how your personal health information will be disclosed and shared with other health care professionals involved in your care.
- Review and request copies of your medical record unless restricted for medical or legal reasons.

HOSPITAL BILLS

You 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 your hospital bill.
- Request information about any business or financial arrangements that may impact your care.

Please feel free to ask questions about any of these rights that you do not understand. Come with the hospital’s no smoking policy, please discuss them with your doctor or nurse or the hospital’s Customer Relations Department. You will receive a prompt response.

RESPECT AND CONSIDERATION

As a patient, family member, or guardian, we ask that you:
- Recognize and respect the rights of other patients, families, and staff. Threats, violence, or harassment of other patients and hospital staff will not be tolerated.
- Comply with hospital policies and procedures.
- Refrain from conducting any illegal activity on hospital property.

If such activity occurs, the hospital will report it to the police.

SAFETY

As a patient, family member, or guardian, we ask that you:
- Receive care by hospital staff in a manner that you can understand.
- Report complaints about the hospital staff or equipment.
- Seek review of quality of care concerns, coverage decisions, and concerns about your discharge.
- Expect a timely response to your complaint or grievance from the hospital. Complaints or grievances may be made in writing, by phone, or in person. The hospital has a duty to respond to these complaints or grievances in a manner that you can understand. If you have concerns with the hospital, please contact the hospital’s Customer Relations Department to speak with a Patient Representative.

As a patient:
- You have the right to:
  - Decide to take part or not take part in research or clinical trials.
  - Refuse any care, treatment or procedure against the medical advice of a doctor. There may be times that care must be provided based on the medical need.

As a family or guardian:
- You have the right to:
  - Provide accurate and complete information about current health care problems, past illnesses, hospitalizations, medications, and other matters relating to your hospital stay.
  - Report any condition that puts you at risk (for example, allergies or hearing problems).
  - Report unexpected changes in your condition to the health care professionals taking care of you.
  - Provide a copy of your Advance Directive, Living Will, Durable Power of Attorney for health care, and any organ/tissue donation permissions to the health care professionals taking care of you.
  - Tell us who, if any, visitors you want during your stay.

COMPLAINTS, CONCERNS AND QUESTIONS

You and your family/guardian have the right to:
- Tell hospital staff about your concerns or complaints regarding your care. This will not affect your future care.
- Seek review of quality of care concerns, coverage decisions, and concerns about your discharge.
- Expect a timely response to your complaint or grievance from the hospital. Complaints or grievances may be made in writing, by phone, or in person. The hospital has a duty to respond to these complaints or grievances in a manner that you can understand. If you have concerns with the hospital, please contact the hospital’s Customer Relations Department to speak with a Patient Representative.

Customer Connect: (717) 849-5300

The Pennsylvania Department of Health is also available to assist you with concerns about your hospital stay. You can reach the Department of Health by calling: (800) 254-5164 or writing: Access to Health Care Services, Pennsylvania Department of Health Room 532 Health and Welfare Building 625 Forster Street Harrisburg, PA 17120

You may also contact the Healthcare Facilities Accreditation Program, a hospital accreditation organization at:

Healthcare Facilities Accreditation Program Program, a hospital accreditation organization at:
142 E. Ontario Street
Chicago, IL 60611 or submit online form from


An Important Message from Medicare:

Medicare beneficiaries are encouraged to report any concerns regarding quality of care, coverage decisions, or premature discharge to the Quality Improvement Organization (QIO). You can report these concerns by calling: Livanta at 1-866-815-5440 or TTY at 1-866-868-2289

PRIVATEINFORMATION

As a patient, family member, or guardian, we ask that you:
- Provide accurate and complete information about current health care problems, past illnesses, hospitalizations, medications, and other matters relating to your hospital stay.
- Report any condition that puts you at risk (for example, allergies or hearing problems).
- Report unexpected changes in your condition to the health care professionals taking care of you.
- Provide a copy of your Advance Directive, Living Will, Durable Power of Attorney for health care, and any organ/tissue donation permissions to the health care professionals taking care of you.
- Tell us who, if any, visitors you want during your stay.

You and your family/guardian have the right to:
- Tell hospital staff about your concerns or complaints regarding your care. This will not affect your future care.
- Seek review of quality of care concerns, coverage decisions, and concerns about your discharge.
- Expect a timely response to your complaint or grievance from the hospital. Complaints or grievances may be made in writing, by phone, or in person. The hospital has a duty to respond to these complaints or grievances in a manner that you can understand. If you have concerns with the hospital, please contact the hospital’s Customer Relations Department to speak with a Patient Representative.

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