



Patients' Rights and Responsibilities	ADM-RSK-039
Administration-Risk Management	Effective Date: 9/2025

SCOPE AND PURPOSE *The document is applicable to the people and processes of the following Penn State Health components specified below:*

<input type="checkbox"/>	Penn State Health Shared Services	<input type="checkbox"/>	Penn State College of Medicine
<input type="checkbox"/>	Milton S. Hershey Medical Center	<input type="checkbox"/>	Medical Group - Academic Practice Division
<input checked="" type="checkbox"/>	St. Joseph Medical Center	<input type="checkbox"/>	Medical Group - Community Practice Division
<input type="checkbox"/>	Holy Spirit Medical Center	<input type="checkbox"/>	Penn State Health Life Lion, LLC
<input type="checkbox"/>	Hampden Medical Center	<input type="checkbox"/>	Lancaster Medical Center

To communicate the expectations of hospital personnel regarding patient rights and patient responsibilities.

POLICY

This Statement of Patients' Rights and Responsibilities is pursuant to St. Joseph Regional Health Network's ("SJRHN") or any of its affiliates, including but not limited to St. Joseph Medical Center, St. Joseph Medical Group, and SJ Health Services, corporate obligations, policies, and moral and religious beliefs. It is commensurate with the philosophy and objectives of this institution. SJRHN, its physicians, nurses and entire staff are committed to provide and arrange for quality care for our patients. It has always been our policy to respect our patients' individuality and dignity. This policy will include the parents and/or guardians of minors. It will also include our expectations of our patients' responsibility. (See Addendum A and B)

PROCEDURE

1. Each clinical department will display a notice of the Patients' Rights in both English and Spanish.
2. Upon admission, each patient will receive a copy of the Patient Information booklet. Copies are available in both English and Spanish

APPROVALS

Approved:	Stacey Carr, CHC, CHPS Risk Manager Risk Management
Authorized:	Kimberly Wolf DO VPMA and Patient Safety Officer

DATE OF ORIGIN AND REVIEWS

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CONTENT REVIEWERS AND CONTRIBUTORS

Risk Manager, Risk Management

ADDENDUM A:

A STATEMENT OF THE PATIENT'S RIGHTS

As a healthcare facility, we are committed to delivering quality medical care to you, our patient, and to making your stay as pleasant as possible. The following "Statement of Patient's Rights" was developed by the Department of Health. The administration and staff of SJRHN endorse these rights. It is our goal to provide effective, considerate medical care within our capacity, mission, philosophy, applicable law and regulation. We submit these to you as a statement of our policy.

You have the right to respectful care, given by competent personnel, which reflects consideration of your personal value and belief systems and which optimizes your comfort and dignity.

You have the right to know what hospital rules and regulations apply to your conduct as a patient.

You have the right to expect emergency procedures to be implemented without unnecessary delay.

You have the right to good quality care and high professional standards that are continually maintained and reviewed.

You have the right to expect good management techniques to be implemented within the hospital, the avoidance of unnecessary delays and, when possible, the avoidance of personal discomfort through effective pain management.

You have the right to medical and nursing services without discrimination based upon race, color, religion, gender, sexual preference, age, disability, national origin, or source of payment.

You have the right, in collaboration with your physician, to make decisions involving your health care. This right applies to the family and/or guardian of neonates, children and adolescents.

You have the right to make decisions regarding the withholding of resuscitative service or the forgoing or withdrawal of life-sustaining treatment within the limits of the law and the policy of this institution.

You have the right, upon request, to be given the name of your attending physician, the names of all other physicians or practitioners directly participating in your care, and the names and professional status of other healthcare personnel

You have the right to every consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are considered confidential and should be conducted discreetly, giving reasonable visual and auditory privacy when possible.

You have the right to request a room transfer if another patient or a visitor in the room is unreasonably disturbing you and another room equally suitable for your care needs is available.

You have the right to have all information, including records, pertaining to your medical care treated as confidential, except as otherwise provided by law or third-party contractual arrangements.

You have the right to have your medical records read only by individuals directly involved in your care, by individuals monitoring the quality of your care, or by individuals authorized by law or regulation. The hospital shall provide you, or your designated/legal representative, upon request, access to all information contained in your medical records, unless access is specifically restricted by the attending physician for medical reasons.

You have the right to be communicated with in a manner that is clear, concise and understandable. If you do not speak English or are hearing impaired, you may request an interpreter or an auxiliary aid.

You, and/or your designated legal representative, have the right to full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications.

Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both.

You have the right not to be involved in any experimental, research, donor program or educational activities unless you, or your designated/legal representative, have given informed consent prior to the actual participation in such a program. You or your designated/legal representative may, at any time, refuse to continue in any such program to which informed consent has previously been given.

You have the right to refuse any drugs, treatment, or procedure offered by the hospital, to the extent permitted by law, and a physician shall inform you of the medical consequences of such refusal.

You have the right to an ethical consultation regarding ethical issues surrounding your care within the framework established by this organization.

You have the right to formulate, produce a copy of or request information on advance directives, or to appoint a surrogate to make healthcare decisions on your behalf.

You have the right to assistance in obtaining a consultation with another physician at your cost and expense.

You have the right to be transferred to another facility when medically permissible. Such a transfer should be made only after you or your designated/legal representative has received complete information and explanation concerning the need for, and alternatives to, such a transfer. The transfer must be acceptable to the other institution.

You have the right to examine and receive a detailed explanation of your bill.

You have the right to full information and counseling on the availability of known financial resources for the healthcare.

You have the right to expect that the healthcare facility will provide a mechanism whereby you are informed upon discharge of continuing healthcare requirements following discharge and the means for meeting them.

You cannot be denied the right of access to an individual or agency who is authorized to act on your behalf to assert or protect the rights set out in this section.

If disabled, you have the right to expect reasonable and equal access to the facilities, services, and programs of this hospital.

Information regarding your rights as a patient should be provided to you during the admissions process or at the earliest possible appropriate moment during the course of your hospitalization.

You have the right, without recrimination, to voice complaints regarding your care, to have those complaints reviewed and, when possible, resolved.

You have the right to be free from verbal or physical abuse or harassment.

You have the right to be free from the use of seclusion and restraints as a means of coercion, convenience, or retaliation by staff. The hospital will impose restraints or seclusion only when necessary to prevent injury to the patient or others and when no alternative means are sufficient to accomplish this purpose.

You have the right to appropriate assessment and management of pain.

ADDENDUM B:**A STATEMENT OF THE PATIENT'S RESPONSIBILITIES**

As a patient, you should assume responsibility for the following:

The hospital expects that you or your family and/or Designated/Legal Representative will provide information about past illnesses, hospitalization, medication and other matters relating to your health history in order to effectively treat your illness.

The hospital expects that you will cooperate with all hospital personnel and ask questions if directions and/or procedures are not clearly understood.

You are expected to be considerate of other patients and hospital personnel and to assist in the control of noise, smoking, and the number of visitors in your room at any one time. You are also expected to be respectful of the property of other persons and the property of the health center.

In order to facilitate your care and the efforts of the hospital personnel, you are expected to help the physicians, nurses, and allied medical personnel in their efforts to care for you by following their instructions and medical orders.

Only authorized members of your family and/or your Designated/Legal Representative are expected to be available to hospital personnel for review of your treatment in the event you are unable to properly communicate with the physicians or nurses.

It is understood that you assume the financial responsibility of paying for all services rendered either through third-party payer (your insurance company) or being personally responsible for payment for any services which are not covered by your insurance policies.

It is expected that you will not take drugs which have not been prescribed by your attending physician and administered by hospital staff; and that you will not complicate or endanger the healing process by consuming alcoholic beverages or toxic substances during your hospital stay.