



Patient Rights and Responsibilities	
Administration > Quality > Patient & Guest Experience	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:*

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| <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 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 checked="" type="checkbox"/> Lancaster Medical Center |

At the Lancaster Medical Center (LMC), our goal is to provide excellent health care to every patient. Our patients have the rights and responsibilities referenced in this policy regardless of a patient’s age, ancestry, color, culture, disability (physical or intellectual), ethnicity, gender, gender identity or expression, genetic information, language, military/veteran status, national origin, race, religious creed, sexual orientation and preference, AIDS or HIV status, union membership, socioeconomic status, or source of payment for your care. The LMC board of directors, administration, providers and staff respect and address the rights of all patients to treatment, care and services within LMC’s mission, and in compliance with applicable federal and state law and regulations. Patients are informed of their rights and responsibilities as early as possible upon arrival. The patient Welcome Guide, distributed upon admission, includes a copy of the Patient Rights and Responsibilities brochure. For outpatients, copies of the Patient Rights and Responsibilities brochure are available in waiting areas and/or upon request. In the event that a patient is unable to exercise his/her rights, these rights then become applicable to their designated/legal representative.

This policy discusses patient rights and patient responsibilities as required by the PA Department of Health, the Centers for Medicare and Medicaid Services and The Joint Commission. Specific processes and procedures related to patient rights can be found in additional LMC policies including but not limited to those referenced in this document.

This Policy pertains to all Lancaster Medical Center Staff

POLICY AND PROCEDURE STATEMENTS

PATIENT RIGHTS

All patients have the right to the following:

Access

The right to receive care without discrimination due to age, ancestry, color, culture, disability (physical or intellectual), ethnicity, gender, gender identity or expression, genetic information, language, military/veteran status, national origin, race, religious creed, sexual orientation and

preference, gender identity/expression, AIDS or HIV status, union membership, socioeconomic status, or source of payment for the patient's care.

Respect and Dignity

The right to considerate, respectful care given by competent personnel, which optimizes the patient's comfort and dignity while contributing to a positive patient self-image.

Communication

The right to:

1. Be informed of Patient Rights and Responsibilities at the earliest possible time of the patient's hospitalization in a manner and form that the patient understands.
2. The right to know what hospital rules and regulations apply to patient conduct.
3. Know the name of the provider who has primary responsibility for the patient's care, and the identity and function of all individuals providing their care, treatment and services.
4. Be communicated with in a manner that is clear, concise and understandable. Information provided will be appropriate to the age and cognition of the patient.
5. Be provided with a qualified interpreter free of charge; either in person or on the phone as deemed appropriate if the patient has limited English proficiency.
6. Be provided with a certified Deaf and Hard of Hearing interpreter for patients with speech, hearing and/or cognitive impairments. (*Interpreter Policy for Deaf/Hard of Hearing and Non-English-Speaking Patients*)
7. Be informed about unanticipated outcomes of care, treatment and services that relate to sentinel events considered reviewable by The Joint Commission. The provider responsible for the patient's care, or the patient's designee, informs the patient about the unanticipated outcome when the patient is not already aware of the occurrence or when further discussion is needed.
8. Have a family member, representative, or physician of the patient's choice notified promptly of the patient's admission to the hospital.
9. Have assistance in accessing and designating a support person or agency to act as needed to assert and protect the patient's rights.
10. Delegate decision making to a specific person/s. The hospital will respect the patient's wishes to the maximum extent practicable, and to the degree permitted by law.
11. Designate a lay caregiver, who is a person chosen by the patient to receive health information about the patient due to their unique role as the patient's primary caregiver if the patient is discharged home. (*Lay Caregiver Policy*)

When a patient is unable to make decisions about care, treatment, and services, a surrogate decision maker will be involved in making those decisions. This includes the surrogate decision maker's right to refuse care, treatment and services on the patient's behalf, in accordance with law and regulation.

Quality Care Delivery

The right to:

1. Receive care in a safe and secure environment which incorporates current standards of practice for patient environmental safety, infection control and security.
2. Expect good management techniques to be implemented to effectively use the patient's time and to avoid the personal discomfort of the patient.
3. Receive high quality care based on professional standards that are continually maintained and reviewed.
4. Expect emergency procedures to be implemented without unnecessary delay.
5. Be free from all forms of mental, physical, sexual, and verbal abuse, neglect and

exploitation.

6. Receive care free from restraints or seclusion unless it is necessary to provide medical, surgical or behavioral healthcare.

Participation in Care

The right to:

1. Participate with the providers in the development, implementation and revision of the patient plan of care—both inpatient and outpatient, including the discharge plan and pain management plan.
2. Receive information about current health status, care needs, outcomes, recovery, ongoing healthcare needs and future health status.
3. Be informed about proposed care options including the risks and benefits, other care options, what could happen without care, and the expected outcome(s) of any medical care provided, including any outcomes that were not expected.
4. Be involved in all aspects of care and to take part in decisions about care.
5. Request care. This right does not mean the patient can demand care or services that are not medically needed nor can the patient request care from a different provider based on that individual's aspect of diversity.
6. Participate in the consideration of ethical issues surrounding his/her care.
7. Receive information upon discharge of continuing healthcare requirements and follow-up care, the plans for meeting them, as well as participate in decisions about the ongoing plan of care. The patient has the right to choose from available Medicare or other payor participating providers such as hospice agencies, home health agencies, rehabilitation hospitals and nursing homes.
8. Receive a prompt and safe transfer to the care of others when LMC is not able to meet the patient's request or need for care or service or when the patient has made a discriminatory request for care from a provider in violation of PSH-ADM-120 *Addressing Patient Bias Toward Health Care Workers*. Patients have the right to know why a transfer to another health care facility might be required, as well as learning about other options for care. LMC cannot transfer someone to another hospital unless that hospital has agreed to accept the patient.
9. Receive assistance to obtain consultation with another provider at the patient's request and own expense.

Pain Management

The right to appropriate assessment, management and relief of pain, including providing feedback on pain control.

Consent

The right to:

1. Give informed consent. Except for in cases of emergencies, the provider must obtain the necessary informed consent prior to the start of any procedure or treatment or both. This information shall include the name of the person performing the procedure or treatment, a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each.
2. Refuse any care, therapy, drug, treatment or procedure that a provider is recommending. The provider will discuss the medical consequences of such refusal. There are times when care must be provided by law or regulation.
3. Give consent prior to the start of any experimental, research, donor program or educational activities in which the patient may be asked to participate. The patient or the

patient's legal representative may, at any time, refuse to continue in any such study/program to which informed consent has previously been given. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.

4. Give consent for LMC providers and/or staff to take photos, make recordings, or film patients if the purpose is for something other than patient identification, care, diagnosis or treatment.

Advance Directive

The right to:

1. Formulate an advance directive, revise an existing advance directive or to appoint a surrogate to make healthcare decisions on the patient's behalf. These decisions will be honored within the limits of the law and LMC's mission. The patient is not required to have or complete an advance directive in order to receive healthcare.
2. Be provided with assistance in developing or revising an advance directive.
3. Make decisions regarding the withholding of resuscitative services or the foregoing or withdrawing of life-sustaining treatment within the limits of the law, regulation and LMC policies.
4. The right to make decisions concerning organ donation. LMC will honor the patient's wishes within the limits of the hospital's capability and in accordance with law and regulation. (*Advanced Directive Policy*)

Privacy

The right to:

1. Be interviewed, examined, treated and have care discussed in places designed to protect privacy.
2. Expect all communications and records related to care to be treated as confidential except as otherwise provided by law or third-party contractual arrangements.
3. Receive written notice that explains how personal health information will be used and shared with other health care professionals involved in the patient's care.
4. Request an accounting of circumstances in which information about the patient has been disclosed or reported due to law or regulation.
5. Limit who can receive information about the patient, including demographic information, the patient's presence or location in the clinical area or information about the patient's medical condition.

Visitation

The right to:

1. Make decisions regarding visitors and designate who can visit LMC. LMC will not discriminate against visitors based on race, color, religion, ethnicity, age, sex, sexual orientation, gender identity or expression, national origin, culture, physical or mental disability, language, genetic information, source of payment or socioeconomic status.
2. Visitors do not need to be legally related to the patient.
3. Designate a support person who may determine who can visit if the patient becomes unable to make their own decisions. (*PSH-ADM-121 Visitation Guidelines for Family/Support Person(s) and Visitors*)

Medical Record

The right to:

1. Access all information contained in the patient's medical record other than psychotherapy

notes, unless access is restricted by the attending provider for medical reasons.

2. Request a copy of the patient's medical record (note: there may be a fee for the copying of the medical record). If the patient feels that the information is incorrect, they may request that the information be amended. LMC may deny the request to amend information under certain specific circumstances as permitted by law.

Financial Charges

The right to:

1. Examine and receive a detailed explanation of the patient's bill.
2. Full information and counseling on the availability of known financial resources to help the patient in payment of healthcare bills.

Complaint/Grievance

The right to:

1. Receive information about how to get assistance with concerns, problems, or complaints about the quality of care and services you receive, and to initiate a formal grievance process with LMC or with state regulatory agencies without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment or services.
2. Speak to providers directly involved in your care. If the issue is not resolved to the patient's satisfaction, or if they would like the help of someone not immediately involved, Patient Relations staff is available to help resolve the problem by calling 1-223-287-8204.

For PA Department of Health or Civil Rights complaints/grievances directly to:

Commonwealth of Pennsylvania HUB
Attn: Division of Acute and Ambulatory Care
2525 North 7th Street, Suite 210
Harrisburg, PA 17110
Phone: (717) 783-8980
Fax: (717) 705-6663
Complaint Hotline: 1-800-254-5164
<http://apps.health.pa.gov/dohforms/FacilityComplaint.aspx>

The Joint Commission, a hospital accreditation organization:

The Office of Quality and Patient Safety (OQPS) The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Patient Safety Event Phone Line: 1 800-994-6610
www.jointcommission.org, using the "Report a Safety Concern" link in the
"Connect With Us" section on the bottom of the home page of the website.
Fax: 1 630-792-5636 **or**
Patients enrolled in Medicare or Medicare insurance contact Livanta-QIO,
1-866-815-5440

PATIENT RESPONSIBILITIES

The following patient responsibilities are presented to the patient and family in the spirit of mutual trust and respect.

Demonstrate Respect and Consideration

Patients, as well as their family members, representatives and visitors, are expected to recognize and respect the rights of our other patients, visitors, and staff. Threats, violence, disrespectful communication or harassment of other patients or of any medical center staff member, for any reason, including because of an individual's age, ancestry, color, culture, disability (physical or intellectual), ethnicity, gender, gender identity or expression, genetic information, language, military/veteran status, national origin, race, religion, sexual orientation, or other aspect of difference will not be tolerated. This prohibition applies to the patient as well as their family members, representatives, and visitors.

In addition, Lancaster Medical Center will not accommodate a patient's or patient family member's bias-related request for caregivers or other medical staff that is based on that individual's race, ethnicity, religion, sexual orientation, gender identity or other characteristics of diversity. In situations where we will not accommodate the patient's request for a different provider because of bias, we will assist the patient in locating care in other facilities.

Patient Request for Care by Staff of Patient's Own Gender. For clinically relevant needs, prior trauma, religious concerns or other extenuating circumstances as defined by the care giving staff, efforts will be made to accommodate a patient's preference for a care team member based on that individual's gender or to provide a chaperone of the patient's own gender for examinations. In all cases, the patient and family members will be advised that the most qualified staff will be provided and may not always meet the requested gender characteristics. In any emergency, all immediately available staff, regardless of aspect of diversity or any commitments which may have been made in response to a patient's request, will respond to provide care.

Responsibility for Addressing Patient Refusal of Care. The manager, attending physician or supervising nurse should discuss with the patient their concerns for refusal of care to understand their reason. A discussion with the patient's primary care or primary specialist physician to better understand the context of the patient's request may be warranted. If the patient's request is based on bias or discrimination, it cannot be honored. Advise the patient that we can promise qualified staff but cannot promise assigning only staff of the requested group when the request is based on bias. Engage risk management and patient relations, and consider a clinical ethics consultation. If the patient is threatening, engage the security staff or the manager/lead physician, using established procedures. Document, factually, in progress notes/electronic medical records, the patient's request/refusal of care and Penn State Health's response, including in the hand off to next care setting, the primary care or primary specialist physician or institutional setting, at the time of discharge and in outpatient records, if relevant.

Patients and their families, representatives and visitors are expected to respect the property of other persons and that of LMC.

Provision of Information

Patients and their families must provide, to the best of their knowledge, accurate and complete information about:

1. Present complaints, past illnesses, hospitalizations, medications, advance directives and

- other matters relating to the patient's health.
2. Report perceived risks in the patient's care
 3. Report any unexpected changes in the patient's condition.
 4. Report any condition that puts you at risk (for example, allergies or hearing problems).
 5. Provide a copy of the patient's Advance Directive, Living Will, Durable Power of Attorney for health care, and any organ/tissue donation permissions to the health care team taking care of the patient.

Asking Questions

Patients and their families must ask questions when they do not understand their care, treatment and service or what they are expected to do. The patients and families are responsible for reporting whether they clearly comprehend a contemplated course of action.

Refusing or Not Following Care Instructions

The patient and their families are responsible for the patient's healthcare outcomes if they refuse care or do not follow the care, treatment and service plan.

Cooperate with Care Plans

Patient and their family members are expected to follow the care plans suggested by the health care team caring for you while in the hospital. The patient and their family members should work with the health care team to develop a plan that the patient will be able to follow while in the hospital and after hospital discharge.

Following LMC Rules and Regulations

1. Patients and their families must follow LMC rules and regulations affecting the patient care and conduct.
2. Patients are expected not to take drugs that have not been prescribed by their provider and administered by hospital staff. In addition, it is expected that patients will not complicate or endanger the healing process by consuming alcoholic beverages or toxic substances during their stay.

Following Safety Policies

Patients and their families or visitors are expected to:

1. Observe the no smoking policy of the organization.
2. To prevent accidental fire due to ignition of a patient's administered oxygen therapy, do not bring any smoking materials (cigarettes/tobacco in any form, electronic cigarettes ["Vaping"], matches, lighters, battery recharger for electronic cigarettes,) into a patient's room.
3. Refrain from conducting any illegal activity on the LMC's property. If such activity occurs, it will be reported to the police.
4. Refrain from recording your experiences in the hospital without the consent of everyone involved including Medical Center physicians, nurses, and other staff. Please note that unauthorized recording violates Pennsylvania state law.

Paying for Care

The patient is responsible for:

1. Assuming financial responsibility of payment for all services rendered through third party payers (insurance companies), as applicable,
2. Being personally responsible for payment of any services that are not covered by his/her insurance.

3. If payment of the patient’s medical bill is a concern, LMC may be able to assist the patient. Financial assistance is based on income, family size and assets for medically necessary and emergent services. Patients who are eligible for financial assistance will not be charged more than the amounts generally billed to patients with insurance.

Patient Financial Services staff is located:

Penn State Health Milton S. Hershey Medical Center
500 University Drive
H1005 and H1006
Hershey, PA 17033
Phone: 717-531-5069 or 1-800-254-2619.

Visit the website, www.pennstatehealth.org, to access our Financial Assistance Policy and financial assistance applications. Documents are translated in various languages and are available on the website or in person.

RELATED POLICIES AND REFERENCES

- PSH-ADM-120 Addressing Patient Bias Toward Health Care Workers
- PSH-ADM-121 Visitation Guidelines for Family/Support Person(s) and Visitors
- Interpreter Policy for Deaf/Hard of Hearing and Non-English-Speaking Patients
- Advanced Directives
- Lay Caregiver

APPROVALS

Approved:	Sr. Director of Quality and Medical Affairs
Approved:	VP/Chief Medical Officer
Approved:	SVP/Chief Operating Officer

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