

Suburban Hospital Behavioral Health Patient Rights and Responsibilities

(Day Hospital or Partial Hospitalization Programs, and Outpatient Psychiatry)

To promote patient safety, we encourage you to speak openly with your health care team, be well informed, and take part in care decisions and treatment choices. Join us as active members of your health care team by reviewing the rights and responsibilities listed below for patients and patient representatives.

You or your designee have the right to:

Respectful and Safe Care

- 1 Be given considerate, respectful and compassionate care that supports a positive self-image and dignity while in the clinical care area.
- 2 Be given care in a safe environment, free from abuse, neglect (verbal, mental, physical or sexual) or financial mistreatment while receiving clinical care.
- 3 Be free from restraints and seclusion unless needed for safety.
- 4 Know the names and jobs of the people who care for you.
- 5 Know when students, residents or other trainees are involved in your care.
- 6 Choose your own advocate, if needed.
- 7 Have your culture and personal values, beliefs and wishes respected.
- 8 Keep and use personal clothing and possessions, unless this affects your or others' rights or safety, or does not support the care plan.
- 9 Request a second opinion.
- 10 Have access to spiritual services.
- 11 Have conversations with the Ethics Service about issues related to your care.
- 12 Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, ethnicity, language or socioeconomic status.
- 13 Be given a list of protective and advocacy services, when needed. These services help certain patients (e.g., children, elderly, disabled) exercise their rights and protect them from abuse and neglect.
- 14 Receive information about hospital and physician charges.
- 15 Ask for an estimate of hospital charges before care is provided.

Effective Communication and Participation in Your Care

- 16 Get information in a way you prefer and clearly understand (examples: sign language, vision assistance, language interpretation). These services will be provided free of charge.
- 17 Get information from your doctor/provider about:
 - your diagnosis
 - your test results
 - possible outcomes of care and unanticipated outcomes of care

- 18 Be involved in your plan of care and discharge plan or request a discharge plan evaluation at any time.
- 19 Involve your family in decisions about care.
- 20 Ask questions and get a timely response to your questions or requests.
- 21 Have your pain managed.
- 22 Refuse care.
- 23 Have someone with you for emotional support, unless that person interferes with your or others' rights, safety or health.
- 24 Ask for and be provided a chaperone during exams, tests or procedures.
- 25 Choose your support person and visitors and change your mind about who may visit.
- 26 Select someone to make health care decisions for you if at some point you are unable to make those decisions (and have all patient rights apply to that person).

End of Life Decisions

- 27 Create or change an advance directive (also known as a living will or durable power of attorney for health care).

Informed Consent

- 28 Give permission (informed consent) before any non-emergency care is provided, including:
 - proposed care
 - goals, risks and benefits of your treatment
 - alternatives to that treatment
 - risks and benefits of those alternatives
- 29 Agree or refuse to be part of a research study without affecting your care.
- 30 Agree or refuse to allow any types of pictures, videos, or voice recordings for any other reason than your personal care.

Work for the Organization

- 31 Receive fair wages for services provided.
- 32 Have work performed benefit your plan of care.
- 33 Refuse to work for or on behalf of the organization.



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Privacy and Confidentiality

- 34 Have privacy and confidential treatment and communication about your care.
- 35 Be given a copy of the HIPAA Notice of Privacy Practices, which includes information on how to access your medical record.

Complaints and Grievances

- 36 Complain and have your complaint reviewed without affecting your care. If you have a problem or complaint, you may talk to your doctor, nurse manager or a department manager.
- 37 You may contact Risk Management or the Nursing Supervisor at 301-896-3100 extension 2000.
- 38 If your issue is not resolved to your satisfaction, other external groups you may contact include:
 - **Quality Improvement Organization (QIO)** for coverage decisions or to appeal a premature discharge:
Livanta/BFCC-QIO
6830 W. Oquendo Rd., Ste 202
Las Vegas, NV 89118
Phone: (888) 396-4646
 - **State Agency:**
Maryland Department of Health & Mental Hygiene
Office of Health Care Quality, Hospital Complaint Unit
7120 Samuel Morse Drive
Second Floor
Columbia, Maryland 21046
Toll free: 1-877-402-8218
 - **Accreditation Agency:**
The Joint Commission Office of Quality and Patient Safety
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
https://www.jointcommission.org/report_a_complaint.aspx
 - **To address discrimination concerns, you may also file a civil rights complaint with the U.S. Department of Health and Human Services:**
Office for Civil Rights
200 Independence Ave., SW, Room 509F
HHH Building, Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)
OCRMail@hhs.gov
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>

You have the responsibility to:

- 1 Provide accurate and complete information about your health, address, telephone number, date of birth, insurance carrier and employer.
- 2 Call if you cannot keep your appointment.
- 3 Be respectful of your health care team, from the doctors, nurses and technicians to the people who deliver your meals and the cleaning crews.
- 4 Be considerate in language and conduct of other people and property, including being mindful of noise levels, privacy and number of visitors.
- 5 Be in control of your behavior if feeling angry.
- 6 Give us a copy of your advance directive.
- 7 Ask questions if there is anything you do not understand.
- 8 Report unexpected changes in your health.
- 9 Follow instructions for your plan of care and express concerns about your ability to follow the proposed plan of care.
- 10 Take responsibility for the consequences of refusing care or not following instructions.
- 11 Follow program rules.
- 12 Leave valuables at home.
- 13 Keep all information about staff or other patients private.
- 14 Do not take pictures, videos or recordings without permission from staff.
- 15 Pay your bills or work with us to find funding to meet your financial obligations.

