

**SCA Health observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, gender identity, national origin, religion, culture, physical or mental disability, personal values or belief systems.**

## **YOU HAVE THE RIGHT TO:**

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, gender identity, age, mental disability or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of health care providers and, if applicable, the lack of malpractice coverage.
- Expect the facility to disclose, when applicable, physician financial interests or ownership in the facility.
- Receive assistance when requesting a change in primary or specialty physicians, dentists or anesthesia providers if other qualified physicians, dentists or anesthesia providers are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with laws and regulations.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, films or other images for purposes other than care and to request cessation of production of the recordings, films or other images at the time.
- Be informed of and permit or refuse any human experimentation or other research.
- Confidentiality of all information pertaining to care and stay in the facility, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for health care and be informed as to the facility's policy regarding advance directives/requests and where applicable.
- Obtain information concerning fees for services rendered and the facility's payment policies.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Be free from all forms of abuse or harassment.
- Access to language assistance services, free of charge, by a qualified interpreter for individuals with limited English proficiency or individuals with a disability.
- Expect the facility to establish a process for prompt resolution of patients' grievances, complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

**If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient will be exercised by the person appointed under State law to act on the patient's behalf.**

**If a State court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.**



## YOU ARE RESPONSIBLE FOR:

- Behaving respectfully toward visitors and being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the facility.
- Identifying any patient safety concerns.
- Observing prescribed rules of the facility during your stay and treatment.
- Providing a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your provider.
- Following the agreed-upon treatment plan and reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment or service, or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations and medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities, unexpected changes in your condition or any other patient health matters. Notifying the facility and physician when unable to keep appointments for any reason.
- Promptly fulfilling your financial obligations to the facility, including charges not covered by insurance.
- Payment to the facility for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney or other advance directive that could affect your care.

You may contact the following entities to express any concerns, complaints or grievances you may have:

FACILITY	STATE AGENCY	MEDICARE	ACCREDITING ENTITY	OFFICE OF CIVIL RIGHTS
Pennsylvania Eye and Ear Surgery Center  1 Granite Point Drive, Suite 200  Wyomissing, PA 19610-1986	Pennsylvania Department of Health  625 Forster Street  Health and Human Services Building - 8th Floor West  Harrisburg, PA 17120  Phone: +1 (877) 724-3258  <a href="https://www.pa.gov/agencies/health">https://www.pa.gov/agencies/health</a>	<u><a href="#">Office of the Medicare Beneficiary Ombudsman</a></u>	AAAHC (Accreditation Association for Ambulatory Health Care)  3 Parkway North, Suite 201  Deerfield, IL 60015  847-853-6060  <a href="http://www.aaahc.org">www.aaahc.org</a>	<u><a href="#">US Department of Health and Human Services Office of Civil Rights</a></u>  200 Independence Avenue SW, Room 509F, HHH Building, Washington D.C. 20201  800-368-1019; 800-537-7697 (TDD)