



Label Area

GENERAL CONSENT FORM

Thank you for choosing Penn Medicine. Penn Medicine is part of the University of Pennsylvania and its Health System. The care you receive at Penn Medicine may include care by (the "Hospital"), the Clinical Practices of the University of Pennsylvania, Clinical Care Associates, and/or other affiliated practices or facilities, and each of their authorized agents, employees, and designees (all together, "Penn Medicine").

I have read and understood each paragraph below, and by signing give consent voluntarily.

If signing electronically: I accept and I intend the signature(s) below to be legally binding and the equivalent of my handwritten signature.

Patient Signing:

Patient Printed Name

Patient Signature

Date

Time

Legally Authorized Representative Signing

Print Name

Signature

Date

Time

Relationship to Patient

Penn Medicine Representative Signing:

Print Name

Signature

Date

Time

Entity

CONSENT TO CARE: I present myself for outpatient care and/or admission to the Hospital or another Penn Medicine provider. I voluntarily consent to care including routine tests and treatment. I know that no guarantees have been made to me about the results of the care provided. I understand that Penn Medicine is part of the University of Pennsylvania, which is a teaching institution. I agree that those in training programs may take part in my care. I understand that for the purpose of my care, certain of my tissue(s), bodily substances and/or fluids may be removed and used, modified, disposed of, or transferred by Penn Medicine. I agree that any remaining tissue(s), bodily substances, and/or fluids may be used for education and research not specifically related to my care. If such material identifies me, research use will occur only with my permission. I understand that video, audio, and/or digital recordings/images of my treatment by Penn Medicine may be taken, and may be used for:

- Quality improvement and education, in which case the recordings/images will not become part of my medical record and will be erased after review. I have the right to decline the recording or image collection or its use for purposes of quality improvement and education; and
- Consultative services and treatment by healthcare providers at a distant site, such as another hospital, authorized by Penn Medicine, which may include interactive video, audio, and telecommunications technology (also known as "telemedicine"). Details of my health history, examinations, x-rays, tests and medical record may be reviewed by and discussed with these other healthcare providers at these distant sites and other hospitals.

Penn Medicine routinely suspends the resuscitative aspects of living wills, and Do Not Attempt Resuscitation Orders, during the pre-procedure, procedural and post-procedural period, unless I specifically tell my Penn Medicine providers otherwise. This applies to all invasive and operative procedures.

CONSENT TO USE AND DISCLOSE PERSONAL HEALTH INFORMATION: I understand and consent that Penn Medicine is permitted to use and disclose health information about me in any form including electronic for **treatment, payment, and healthcare operations** and as otherwise allowed by law. This includes sharing my health information with:

- Penn Medicine or outside providers involved in my care, and family members or friends involved in my care.
- People or parties responsible for payment for the care I receive, such as insurance companies, managed care companies, government programs and agencies such as Medicare, and each of their agents or auditors.

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SPECIFIC CONSENT TO USE AND DISCLOSE SPECIAL RECORDS:

I understand that Federal and state law specially protect health information and records relating to treatment for mental illness, HIV or AIDS, and/or drug or alcohol abuse ("Special Records"). Such laws allow Penn Medicine to use and share Special Records for my care and treatment and for other specific purposes. In other circumstances, Penn Medicine will obtain special patient consent to release records. Questions on privacy issues may be directed to privacy@uphs.upenn.edu.

NOTICE OF PRIVACY PRACTICES: I acknowledge receipt of Penn Medicine's Notice of Privacy Practices, which explains in more detail how my health information may be used and/or disclosed.

PATIENT RIGHTS AND RESPONSIBILITIES: I have been informed of the Patient Bill of Rights and Responsibilities that explains my rights and responsibilities as a patient in a language and manner that I understand and a copy has been made available to me. Penn Medicine provides translated Patient Bill of Rights and Responsibilities to assist patients and families on its website, <http://www.pennmedicine.org/for-patients-and-visitors/patient-information/patient-rights-and-safety/patient-rights> and language interpretation services are available, as needed.

ASSIGNMENTS OF BENEFITS: In exchange for the care and services I am receiving from Penn Medicine, I hereby give and assign to Penn Medicine, including its Hospitals and providers, the right to receive payment directly for all insurance and other health benefits to which I am entitled, and/or which may be payable on my behalf. I understand that this is called an "assignment of benefits" and that Penn Medicine, its Hospitals, and/or providers may be called my "assignees." I agree that they can sue anyone in their own names as my assignee and obtain payment for charges relating to my care and payment for lawyers' fees resulting from collection efforts. I understand that I may be required to pay for charges for my care that others do not pay on my behalf.

MEDICARE BENEFITS: I request that payment of Medicare benefits be made on my behalf to the Hospital, Penn Medicine or its providers for any care or services provided to me. I authorize them to give the Centers for Medicare & Medicaid Services and its agents any information about me (or the person I signed for) needed to determine Medicare benefits. I have provided accurate information about Medicare secondary payors.

FINANCIAL RESPONSIBILITY: Even if I have insurance, I may be responsible for charges for my care that others do not pay on my behalf. I agree that within forty-five (45) days after Penn Medicine provides care to me (or the person I signed for), or the bill for such care is given to me or whomever is responsible for payment, I will pay Penn Medicine any unpaid charges. If the matter is sent to a collection agency or lawyer for collection, I will pay the outstanding charges and all lawyers' fees and collection expenses.

RIGHT OF SUBROGATION AND LIEN: I understand and agree that the Hospital, Penn Medicine or its providers are "subrogated" to (substituted for me) and have the right to recover from any person or company legally responsible (whether by contract, tort, or some other way) for paying the charges for care provided to me. Also, if I make a legal claim against any person or company for compensation for the injuries or illness for which I am being treated, I agree that, to the extent permitted by law, Penn Medicine shall have a "lien" against (right to) any money I recover and I direct that any lawyers representing me pay this lien from the funds recovered before they distribute any funds to me. This right of subrogation and this lien will not include any money already paid to Penn Medicine. I agree to take, and to assist Penn Medicine in taking, whatever action is necessary to protect their subrogation rights (rights of substitution) and liens.

SEVERABILITY: If any part of this consent form is declared to be invalid, illegal or unenforceable, the rest of this consent form will not be invalid. This does not take away any rights I, my employer, or my insurance company may have under any existing contracts with Penn Medicine, or any statutory rights I may have.

VALUABLES: I have been advised not to bring money or other valuables to the Hospital, excluding required co-insurance fees, or to send any such items that I have brought home with family or friends. I understand that the Hospital maintains facilities for the safekeeping of money and valuables. I understand that Penn Medicine is not responsible for any loss or damage to personal property (including dentures, glasses and prosthetic devices) unless deposited with the Hospital for safekeeping, and I hereby release Penn Medicine from any such responsibility.



HIPAA: Notice of Privacy Practices – June 2016

This Notice Describes How Health Information
About You May Be Used and Disclosed
and How You Can Get Access To This Information.
Please Review It Carefully.
Changes On This Notice Will Not Be Honored.

**YOU WILL BE ASKED TO ACKNOWLEDGE THAT YOU HAVE
RECEIVED OUR NOTICE OF PRIVACY PRACTICES.**

We understand that information about you and your health is very personal.

Therefore, we strive to protect your privacy as required by law. We will only use and disclose your personal health information ("PHI") as allowed by law.

We are committed to excellence in the provision of state-of-the-art health care services through the practice of patient care, education, and research. Therefore, as described below, your health information will be used to provide you care and may be used to educate health care professionals and for research purposes. We train our staff and workforce to be sensitive about privacy and to respect the confidentiality of your PHI.

We are required by law to maintain the privacy of our patients' PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice ("Notice") so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new notice effective for all PHI maintained by us. You may receive a copy of any revised notice at any of our hospitals, doctors' offices, or ambulatory care facilities.

The terms of this Notice apply to Penn Medicine, consisting of the Perelman School of Medicine at the University of Pennsylvania and the University of Pennsylvania Health System and its subsidiaries and affiliates, including but not limited to the Hospital of the University of Pennsylvania, Pennsylvania Hospital, Penn Presbyterian Medical Center, Chester County Hospital, Lancaster General Hospital, the Clinical Practices of the University of Pennsylvania ("CPUP"), Clinical Care Associates ("CCA"), Penn Home Care and Hospice, Good Shepherd Penn Partners, Clinical Health Care Associates of New Jersey, and the physicians, licensed professionals, employees, volunteers, and trainees seeing and treating patients at each of these care settings. This Notice does not apply when visiting a non-CPUP or non-CCA physician in their private medical office.

If you have questions regarding the coverage of this Notice, or if you would like to obtain a copy of this Notice, please contact the Penn Medicine Privacy Office as described below.

USES AND DISCLOSURES OF YOUR PHI

The following categories describe the ways we may use or disclose your PHI without your consent or authorization. For each category, we will give you illustrative examples.

Uses and Disclosures for Treatment, Payment and Health Care Operations.

Treatment: We use and disclose your PHI as necessary for your treatment. For instance, doctors, nurses, and other professionals involved in your care – within and outside of Penn Medicine – may use information in your medical record that may include procedures, medications, tests, etc. to plan a course of treatment for you.

Payment: We use and disclose your PHI as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. Also, we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Health Care Operations: We use and disclose your PHI for health care operations. This is necessary to operate Penn Medicine, including by ensuring that our patients receive high quality care and that our health care professionals receive superior training. For example, we may use your PHI to conduct an evaluation of the treatment and services we provide, or to review the performance of our staff. Your health information may also be disclosed to doctors, nurses, staff, medical students, residents, fellows, and others for education and training purposes.

The sharing of your PHI for treatment, payment, and health care operations may happen electronically. Electronic communications enable fast, secure access to your information for those participating in and coordinating your care to improve the overall quality of your health and prevent delays in treatment.

Health Information Exchanges: Penn Medicine participates in initiatives to facilitate this electronic sharing, including but not limited to Health Information Exchanges (HIEs) which involve coordinated information sharing among HIE members for purposes of treatment, payment, and health care operations. Patients may opt-out of some of these electronic sharing initiatives, such as HIEs. Penn Medicine will use reasonable efforts to limit the sharing of PHI in such electronic sharing initiatives for patients who have opted-out. If you wish to opt-out, please contact your patient services associate.

Our Facility Directory. We use information to maintain an inpatient directory listing your name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation, may be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the clergy, even if they don't ask for you by name. If you wish to have your information excluded from this directory, please contact your patient services associate.

Persons Involved In Your Care. Unless you object, we may, in our professional judgment, disclose to a member of your family, a close friend, or any person you identify, your PHI, to facilitate that person's involvement in caring for you or in payment for your care. We may use or disclose your PHI to assist in notifying a family member, personal representative or any person responsible for your care of your location and general condition. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member or other persons who may be involved in some aspect of caring for you.

Fundraising. We may contact you, at times in coordination with your physician, to donate to a fundraising effort on our behalf. If we contact you for fundraising purposes, you have the right to opt-out of receiving any future solicitations.

Appointments and Services. We may use your PHI to remind you about appointments or to follow up on your visit.

Health Products and Services. We may, from time to time, use your PHI to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.

Research. We may use and disclose your PHI, including PHI generated for use in a research study, as permitted by law for research, subject to your explicit authorization and/or oversight by the University of Pennsylvania Institutional Review Boards (IRBs), committees charged with protecting the privacy rights and safety of human subject research, or a similar committee. In all cases where your specific authorization has not been obtained, your privacy will be protected by confidentiality requirements evaluated by such a committee. For example, the IRB may approve the use of your health information with only limited identifying information to conduct outcomes research to see if a particular procedure is effective.

As an academic medical center, Penn Medicine supports research and may contact you to invite you to participate in certain research activities. If you do not wish to be contacted for research purposes, please inform your patient services associate. In such case, we will use reasonable efforts to prevent this research-related outreach. This will not apply to the use of your PHI for research purposes as described above and will not prevent your care providers from discussing research with you.

Business Associates. We may contract with certain outside persons or organizations to perform certain services on our behalf, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. In such cases, we require these business associates, and any of their subcontractors, to appropriately safeguard the privacy of your information.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your consent or authorization. Subject to conditions specified by law, we may release your PHI:

- for any purpose required by law;
- for public health activities, such as required reporting of disease, injury, birth and death, and for required public health investigations;
- to certain governmental agencies if we suspect child abuse or neglect, or if we believe you to be a victim of abuse, neglect, or domestic violence;
- to entities regulated by the Food and Drug Administration, if necessary, to report adverse events, product defects, or to participate in product recalls;
- to your employer when we have provided health care to you at the request of your employer for purposes related to occupational health and safety. In most cases you will receive notice that your PHI is being disclosed to your employer;
- if required by law to a government oversight agency conducting audits, investigations, inspections, and related oversight functions;
- in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public;
- if required to do so by a court or administrative order, subpoena, or discovery request. In most cases you will have notice of such release;
- to law enforcement officials, including for purposes of identifying or locating suspects, fugitives, witnesses, or victims of crime, or for other allowable law enforcement purposes;
- to coroners, medical examiners, and/or funeral directors;
- if necessary, to arrange an organ or tissue donation from you or a transplant for you;
- if you are a member of the military for activities set out by certain military command authorities as required by armed forces services. We may also release your PHI, if necessary, for national security, intelligence, or protective services activities; and
- if necessary for purposes related to your workers' compensation benefits.

Your Authorization. Except as outlined above, we will not use or disclose your PHI for any other purpose unless you have signed a form authorizing the use or disclosure. The form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke your authorization in writing, except to the extent we have already relied upon it. These situations can include:

- uses and disclosures of psychotherapy notes;
- uses and disclosures of PHI for marketing purposes, including marketing communications paid for by third parties;
- uses and disclosures of PHI specially protected by state and/or Federal law and regulations;
- uses and disclosures for certain research protocols;
- disclosures that constitute a sale of PHI.

Confidentiality of Alcohol and Drug Abuse Patient Records, HIV-Related Information, and Mental Health Records. The confidentiality of alcohol and drug abuse treatment records, HIV-related information, and mental health records maintained by us is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances.

RIGHTS THAT YOU HAVE

Access to Your PHI. Generally, you have the right to access, inspect, and/or receive paper and/or electronic copies of certain PHI that we maintain about you. Requests for access must be made in writing and be signed by you or, when applicable, your personal representative. We will charge you for a copy of your medical records in accordance with a schedule of fees under federal and state law. You may obtain the appropriate form from the doctor's office or any entity where you received services. You may also access much of your health information using the org patient portal.

Amendments to Your PHI. You have the right to request that PHI that we maintain about you be amended or corrected. Requests for amendment must be made in writing and signed by you or, when applicable, your personal representative and must state the reasons for the amendment/correction request.

We are not obligated to make all requested amendments but will give each request careful consideration. If we grant your amendment request, we may also reach out to other prior recipients of your information to inform them of the change. Please note that even if we grant your request, we may not delete information already documented in your medical record. You may obtain the appropriate form from the doctor's office or entity where you received services.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI, except for disclosures made for purposes of treatment, payment, and health care operations or for certain other limited exceptions. This accounting will include only those disclosures made in the six years prior to the date on which the accounting is requested. Requests must be made in writing and signed by you or, when applicable, your personal representative. The first accounting in any 12-month period is free; you will be charged a reasonable, cost-based fee for each subsequent accounting you request within a 12-month period. You may obtain the appropriate form from the doctor's office or entity where you received services.

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree to your restriction request, unless otherwise described in this notice, but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination. The appropriate form can be obtained from the doctor's office or entity where you received services and must be signed by you or, when applicable, your personal representative.

Restrictions on Disclosures to Health Plans. You have the right to request a restriction on certain disclosures of your PHI to your health plan. We are required to honor such requests for restrictions only when you or someone on your behalf, other than your health plan, pays for the health care item(s) or service(s) in full. Such requests must be made in writing and signed by you and, when applicable, your personal representative. You may obtain the appropriate form from the doctor's office or entity where you received services.

Confidential Communications. You have the right to request communications regarding your PHI from us by alternative means or at alternative locations and we will accommodate reasonable requests by you. You, or when applicable, your personal representative must request such confidential communication in writing to each department to which you would like the request to apply. You may obtain the appropriate form from the doctor's office or entity where you received services.

Breach Notification. We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay, but in any event, no later than 60 days after we discover the breach.

Paper Copy of Notice. As a patient, you have the right to obtain a paper copy of this Notice. You can also find this Notice on our website at: <http://www.pennmedicine.org/health-system/about/organization/policies/notice-of-privacy-practices.html>.

ADDITIONAL INFORMATION

Complaints. If you believe your privacy rights have been violated, you may file a complaint in writing with the doctor's office, ambulatory care facility, or Guest Services department of the hospital/facility you visited. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, DC. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

For Further Information. If you have questions or need further assistance regarding this Notice, you may contact the Penn Medicine Privacy Office in the Office of Audit, Compliance and Privacy by telephone at (215) 573-4492 or by e-mail at privacy@uphs.upenn.edu.

This Notice is effective June 27, 2016

Patient Bill of Rights & Responsibilities

As a health care facility within the University of Pennsylvania Health System (UPHS), 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," endorsed by the administration and staff of this facility, applies to all patients. In the event that you are unable to exercise these rights on your own behalf, then these rights are applicable to your designated legally authorized representative. As it is our goal to provide medical care that is effective and considerate within our capacity, mission, and philosophy, applicable law and regulations, we submit these to you as a statement of our policy.

STATEMENT OF PATIENT'S RIGHTS

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

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 roles of other health care personnel, having direct contact with you.

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. This includes the right, if requested, to have someone present while physical examinations, treatments, or procedures are being performed, as long as they do not interfere with diagnostic procedures or treatments. This also includes the right to request a room transfer if another patient or a visitor in the room is unreasonably disturbing you and if 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 know what hospital policies, 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 full information in layperson's terms, concerning diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable that such information be given to you, the information shall be given on your behalf to your designated/legally authorized representative. 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 to not be involved in any experimental, research, or donor program unless you have, or your designated/legally authorized representative has, given informed consent prior to the actual participation in such a program. You or your designated/legally authorized 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 accept medical care or to refuse any drugs, treatment, or procedure offered by the institution, to the extent permitted by the law, and a physician shall inform you of the medical consequences of such refusal.

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

You have the right to expect good management techniques to be implemented within this health care facility considering effective use of your time and to avoid your personal discomfort.

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 your health care.

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

You have the right to seek review of quality of care concerns, coverage decisions, and concerns about your discharge.

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

You have the right to have a family member or representative of your choice and your physician notified promptly of your admission to the hospital.

You have the right to medical and nursing services without discrimination based upon age, sex, race, color, ethnicity, religion, gender, disability, ancestry, national origin, marital status, familial status, genetic information, gender identity or expression, sexual orientation, culture, language, socioeconomic status, domestic or sexual violence victim status, source of income, or source of payment.

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

You have the right, in collaboration with your physician or health care provider, to make decisions involving your health care. This right applies to the family and/or guardian of neonates, children, and adolescents. Decisions may include the right to refuse drugs, treatment, or procedure offered by the hospital, to the extent permitted by law. Your health care provider will inform you of the medical consequences of the refusal of such drugs, treatment, or procedure.

While this health care facility recognizes your right to participate in your care and treatment to the fullest extent possible, there are circumstances under which you may be unable to do so. In these situations (for example, if you have been adjudicated incompetent in accordance with the law, are found by your physician to be medically incapable of understanding the proposed treatment or procedure, are unable to communicate your wishes regarding treatment, or are an unemancipated minor) your rights are to be exercised to the extent permitted by law, by your designated representative or other legally authorized person.

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

You have the right to receive care in a safe setting, and be free from all forms of abuse and harassment.

You have the right to be free from restraint and seclusion not medically necessary or used as a means of coercion, discipline, convenience or retaliation by staff.

You have the right to have your medical record read only by individuals directly involved in your care, by individuals monitoring the quality of care, or by individuals authorized by law or regulation.

You have the right to receive written notice that explains how your personal health information will be used and shared with other health care professionals included in your care. You or your designated/legally authorized representative, may, upon request, have 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, you should have access, where possible, free of charge, to an interpreter. This also includes providing you with help if you have vision, speech, hearing or cognitive impairments.

You have the right to access protective services.

You have the right to be free from neglect, exploitation, and verbal, mental, physical and sexual abuse.

You have the right to participate in the consideration of ethical issues surrounding your care, within the framework established by this organization to consider such issues.

You have the right to formulate an advance directive, including the right to appoint a health care agent to make health care decisions on your behalf. These decisions will be honored by this facility and its health care professionals within the limits of the law and this organization's mission, values and philosophy. If applicable, you are responsible for providing a copy of your advance directive to the facility or caregiver.

You are not required to have or complete an "advance directive" in order to receive care and treatment in this facility.

When this facility cannot meet the request or need for care because of a conflict with our mission or philosophy or incapacity to meet your needs or request, you may be transferred to another facility when medically permissible. Such a transfer should be made only after you or your designated/legally authorized representative have received complete information and explanation concerning the needs for, and alternatives to, such a transfer. The transfer must be acceptable to the other institution.

You have the right to decide whether you want visitors or not during your stay here. You may designate those persons who can visit you during your stay. These individuals do not need to be legally related to you. They may include, for example, a spouse, domestic partner, including a same sex partner, another family member, or a friend. The hospital will not restrict, limit, or deny any approved visitor on the basis of race, color, national origin, religion, sex, gender identity or expression, sexual orientation or disability. The hospital may need to limit or restrict visitors to better care for you or other patients. **You have the right** to be made aware of any such clinical restrictions or limitations.

You have the right to designate a family member, friend, or other individual as a support person during the course of your stay or during a visit to a physician or other ambulatory care treatment.

You have the right to give or withhold informed consent to produce or use recordings, films or other images of you for purposes other than your own care, treatment or patient identification.

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

FOR FURTHER INFORMATION

If you have questions or problems concerning your healthcare please speak with your physician, nurse or other hospital or ambulatory practice representative before you leave the clinical site.

Chester County Hospital 701 East Marshall Street West Chester, PA, 19380 (610) 431-5457	Good Shepherd Penn Partners 1800 Lombard Street Philadelphia, PA 19146 (215) 893-6533
Hospital of the University of Pennsylvania 1 Silverstein, 3400 Spruce Street Philadelphia, PA 19104 (215) 662-2575	Lancaster General Hospital 555 North Duke Street, P.O. Box 3555 Lancaster, Pennsylvania 17604-3555 (717) 544-5050
Penn Presbyterian Medical Center 185 Wright Saunders, 39 th & Market Streets Philadelphia, PA 19104 (215) 662-9100	Pennsylvania Hospital 1 Preston, 800 Spruce Street Philadelphia, PA 19107 (215) 829-8777

You may direct questions or concerns regarding the Health Insurance Portability and Accountability Act (HIPAA) / privacy related matters to the UPHS Privacy Office:

Electronic Mail: privacy@uphs.upenn.edu

Telephone: (215) 573-4492

You may direct questions or concerns regarding accessibility or accommodations to the **University of Pennsylvania Health System Disability Access Officer** at (215) 615-4317.

If you or a family member thinks that a complaint or grievance remains unresolved through the hospital resolution process, or regardless of whether you have used the hospital's grievance process, **you have the right** to contact the following organizations about your concerns:

The Pennsylvania Department of Health

Division of Acute and Ambulatory Care

P.O. Box 90

Harrisburg, PA 17120

(800) 254-5164

The Centers for Medicare and Medicaid Services

(800) 633-4227

For concerns related to quality and/or safety of care issues (including premature discharge) or safety of the environment, contact:

The Joint Commission

Office of Quality and Patient Safety

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Fax: 630-792-5636

E-mail: patientsafetyreport@jointcommission.org

For concerns related to disability accessibility or accommodations, contact:

The United States Department of Justice

950 Pennsylvania Avenue, NW

Civil Rights Division, Disability Rights Section – 1425 NYAV

Washington, D.C., 20530

Facsimile: (202) 307-1197

E-mail: ADA.complaint@usdoj.gov

For concerns related to discrimination or any civil rights concerns, contact:

The U.S. Department of Health and Human Services, Office for Civil Rights,
electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

or by mail or phone at:

Centralized Case Management Operations

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F,

HHH Building Washington, D.C. 20201

Telephone: 1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

STATEMENT OF PATIENT RESPONSIBILITIES

To foster our ability to provide safe, quality care you should act in accordance with UPHS policies, rules, and regulations and assume responsibility for the following:

This health care facility expects that you or your designated/legally authorized representative will provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives, and other matters relating to your health history or care in order for you to receive effective medical treatment.

In addition, you are responsible for reporting whether you clearly understand the planned course of action and what is expected of you.

It is expected 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 health care personnel, to assist in the control of noise and visitors in your room, and to observe the non-smoking policy of this institution. You are also expected to be respectful of the property of other persons and the property of the University of Pennsylvania Health System. Threats, violence, disruption of patient care or harassment of other patients, visitors or staff will not be tolerated. You are also expected to refrain from conducting any illegal activity on UPHS property. If such activity occurs, UPHS will report it to law enforcement.

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

Duly authorized members of your family or designated/legally authorized representative are expected to be available to UPHS personnel for review of your treatment in the event you are unable to properly communicate with your health caregivers.

It is understood that you assume the financial responsibility of paying for all services rendered either through third-party payers (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 appropriate staff and that you will not complicate or endanger the healing process by consuming alcoholic beverages or toxic substances during your hospital stay and or visit.

Our entire Penn Medicine team thanks you for choosing to receive your care here. It is our pleasure to serve and care for you.