The Hospital of the University of Pennsylvania (HUP) is world-renowned for its clinical and research excellence, forging the way for new and better ways to diagnose and treat illnesses and disorders. Its long and rich history of patient care began more than two centuries ago as the nation’s first medical school, the University of Pennsylvania. Since 1765 when it first opened its doors, Penn has been dedicated to the training of physicians and the discovery and implementation of new medical knowledge.

HUP is consistently ranked as one of the top 10 hospitals in the nation.* Many of its clinical specialties are among the nation’s best, including:

- Cardiology and Cardiac Surgery
- Endocrinology, Diabetes and Metabolism
- Gastroenterology
- Geriatrics
- Gynecology
- Nephrology
- Neurology and Neurosurgery
- Oncology
- Orthopaedics
- Otorhinolaryngology (Ear, Nose and Throat)
- Psychiatry
- Pulmonology
- Rheumatology
- Urology

*U.S. News & World Report Best Hospitals Honor Roll
PLANNING FOR THE VISIT

What to bring:
- Photo identification
- Health insurance information
- Copy of any advance directive, durable power of attorney and living will documents
- List of medications with doses and frequency
- List of doctors and relatives with phone numbers and email addresses
- Robe, slippers and toiletries (toothbrush, toothpaste, etc.)
- Eye glasses, hearing aids and dentures (and cases labeled with full name)
- Cane and walker (labeled with full name)
- Medical equipment if absolutely necessary

Personal items
Bring only necessary items. Patients may be moved to different care areas during their hospital stay. Labeling all personal items helps to keep track of them. At times, the nursing staff may need to do an inventory of patient belongings. Please do not bring valuables such as jewelry and electronics.

Medications
Patients’ medication history is very important. Doctors and nurses will ask repeatedly about medications taken at home. Medications taken while in the hospital are prescribed specifically for the hospital stay. Some may be new or different compared to a patient’s medication history. A hospital pharmacist reviews all medications and dispenses them. The nurse explains them and gives them to patients. Always ask about the medications you are given before taking them.

Patients should never take medication from home without discussing this with the doctor or nurse first. If the doctor wants a patient to take their medication from home, a pharmacist will make sure it does not interfere with the other medications they are taking.

Family
Patients are asked to define their family and explain how they will be involved in patient care, care planning and decision making. Patients should plan to keep their family informed about their care—they are advised to identify one person who can communicate with family members. Patients should share their plan with HUP staff.

Support Person(s)
Patients are asked to identify their support person(s) whose presence will provide emotional support, comfort and help alleviate fears. With patient permission, this person may stay throughout the inpatient stay, participate in planning for care and discharge, and provide support by learning new information.

Clinical rounds, patient education sessions and discharge planning will accommodate having the support person(s) present. The support person(s) may be present throughout the stay unless their presence infringes on others’ rights, safety, or is medically or therapeutically contraindicated.
Support persons will receive a blue identification bracelet. They will need to show the bracelet to the information desk, security and other HUP staff. If the support person(s) plans to remain in the hospital overnight, the nursing staff will coordinate while taking into consideration the needs of other patients and families in the area. In situations where there are shared rooms, coordination may include the other patient, his or her family and their support person(s).

Visitors
Visiting hospitalized loved ones is a way of showing support and offering encouragement. Patients should discuss with family and friends when they would like to receive visitors and who should visit.

THE PATIENT EXPERIENCE
Know who is providing care—it’s your right!
All employees and volunteers at the Hospital of the University of Pennsylvania wear photo identification badges and should tell patients their name and role.

The Nurse Team provides direct care to patients and helps coordinate care.
- **Nurse Manager:** Leader of the floor.
- **Charge Nurse:** Works as a problem solver and can address any patient concerns.
- **Clinical Nurse Specialist:** Assists with skilled needs such as wound care.
- **Registered Nurse:** Coordinates patients’ daily schedules, gives medications and provides education; works with the doctors to keep patients and their families updated.
- **Certified Nursing Assistant (CNA):** Assists with bathing, dressing, grooming, eating and other needs.
- **Unit Secretary:** Answers call bell system and assists visitors.
- **Transport Staff:** Takes patients to tests and visits medical equipment, visiting nurses and home therapists, transportation and can help with insurance issues.

The Physician Team performs a daily medical history and physical exam, and orders tests and treatments.
- **Attending:** Doctor in charge of patient care.
- **Fellow:** Doctor receiving advanced training in a specific area.
- **Resident:** Doctor who supervises the intern to direct patient care.
- **Intern:** Doctor responsible for coordinating all aspects of patient care.
- **Medical Student:** Student learning to become a doctor.
- **Consultant:** Doctor with expertise in a particular area; may be called on by the medical team to help with patient care.
- **Clinical Resource Coordinator:** Nurse who sets up home needs (medications, medical equipment, visiting nurses and home therapists), transportation and can help with insurance issues.
- **Social Worker:** Offers support, makes referrals to community support agencies, and arranges patient transfers to nursing homes, rehab centers and other facilities.

Therapist Team:
- **Physical Therapist:** Works with patients to maintain and improve strength, walking and balance.
- **Occupational Therapist:** Works with patients on self-care activities such as feeding, bathing and grooming.
- **Respiratory Therapist:** Evaluates and treats patients with breathing disorders.
- **Speech Therapist:** Helps patients with a variety of speech and swallowing disorders.
- **Nutritionist:** Evaluates and recommends dietary changes that will promote recovery and maintain health.
- **Pharmacist:** Reviews all aspects of patients’ medications, including education about new medications and their side effects.

Advance Practice Provider Team:
- **Nurse Practitioner (NP):** Registered nurse with advanced education and clinical training who provides a wide range of preventive and acute health care services.
- **Physician Assistant (PA):** Trained and licensed to practice medicine under the supervision of a physician.
- **Certified Nurse Midwife (CNM):** Provides counseling and care during preconception, pregnancy, childbirth and the postpartum period.

Other Important Team Members:
- **Phlebotomist:** Collects blood tests ordered by physicians.
- **Transport Staff:** Takes patients to tests and studies around the hospital.
- **Chaplain:** Brings expertise in helping patients and families draw upon their own spiritual resources, values and traditions for healing. Care is provided for all persons, not only those who identify as religious or spiritual.
Emergency Department, Silverstein Building, Centers for Disease Control and Prevention: Ravdin Building, 1st Floor Saturday and Sunday, 9 am to 2 pm American Lung Association: Monday to Friday, 7 am to 5:30 pm Closed major holidays American Heart Association: 215.662.2575 Atrium Lobby, Ground Floor 215.662.2920 Main Lobby, Ground Floor 215.662.2672 Pennsylvania Quitline: 1.877.724.1090 SmokeFree Philly: 1.800.QUIT.NOW, smokefree philly.org Centers for Disease Control and Prevention: cdc.gov/tobacco/quit_smoking American Lung Association: lungusa.org/stop-smoking American Heart Association: heart.org/quitsmoking

Room Accommodations
Room assignments are based on medical needs and bed availability. During hospitalization, patients may be asked to change rooms to accommodate their medical needs or the medical needs of other patients.

Telephone
A telephone is located at every bedside. Local calls are free within area codes 215, 267, 610, 484, 856, 609 and 302. All other calls require operator assistance and are charged to a home phone bill, credit card, calling card (available in the gift shop) or the call recipient (calling collect).

Television
Patients have access to a television with closed captioning free of charge. The unit secretary can provide headphones—to be used while watching TV late at night or at a high volume. Please call 215.662.3900 for repair service.

Pastoral Care
Interfaith chaplains are available to visit with patients and families 24 hours-a-day. They can be reached at 215.662.2591. After 5 pm, please contact the hospital operator for the chaplain on call. An interfaith chapel is located on the first floor of the Dulles building and is open 24 hours-a-day.

Valuables
HUP staff strive to provide a safe and secure environment, but strongly recommend that patients’ valuables be sent home. Valuables that must remain should be secured with the security department. HUP is not responsible for belongings or valuables that are not secured with the security department.

Safety
As part of HUP’s emergency management system, alarms may be activated and announcements made over the loud speaker. Fire and disaster drills are conducted regularly. If an alarm occurs, please follow the direction of HUP staff. The hospital is a fire-resistant building. HUP staff is trained in fire protection, fire safety and disaster response to ensure safety for patients and visitors.

Security
HUP security staff is focused on the safety and welfare of everyone utilizing HUP facilities and services.

Locations:
HUP Security Office
- Emergency Department, Silverstein Building, Ground Floor
Perelman Center Security Office
- Atrium Lobby, Ground Floor
Penn Tower Security
- Main Lobby, Ground Floor

Smoke-free Environment
The Hospital of the University of Pennsylvania discourages smoking and supports a smoke-free environment for patients, staff and visitors. Patients are not permitted to smoke in or near the hospital. Smoking is prohibited in and around all Penn Medicine facilities and property, including sidewalks along 34th Street and 50 feet from any entrance.

Stop Smoking Resources
- Pennsylvania Quitline: 1.877.724.1090
- SmokeFree Philly: 1.800.QUIT.NOW, smokefree philly.org
- Centers for Disease Control and Prevention: cdc.gov/tobacco/quit_smoking
- American Lung Association: lungusa.org/stop-smoking
- American Heart Association: heart.org/quitsmoking

Leaving the Hospital (Discharge)
Planning for discharge begins when patients are admitted to the hospital. Throughout the hospital stay, HUP staff will work with patients, their support person(s), and their family to assess patient needs and identify resources to meet these needs. Patients may meet with a social worker or clinical resource coordinator who will discuss options for discharge, recommend a plan and coordinate the arrangements.

Social workers and clinical resource coordinators are part of the interdisciplinary care team at HUP. Social workers can link patients to community resources (such as skilled nursing and rehabilitation facilities) that meet health-related needs or concerns. They can help patients and families cope with illness or injury during their stay, and provide referrals to agencies at discharge. Clinical resource coordinators work with patients and families to arrange home care such as home nursing care and home medical equipment.

Discharge
The doctor and nurse provide patients with detailed instructions about post-hospital care. Questions about diet, activities or other matters should be directed to the nurse. The entire care team works with patients to support their transition out of the hospital.

Pharmacy
Patients can have their prescriptions filled at the hospital, prior to discharge. The HUP pharmacy accepts most insurance plans.

Location:
- Ravdin Building, 1st Floor

Hours of operation:
- Monday to Friday, 7 am to 6 pm
- Saturday and Sunday, 9 am to 2 pm
- Closed major holidays

Telephone:
- 215.662.2920

PATIENT AND VISITOR RESOURCES

IMPORTANT TELEPHONE NUMBERS
For emergency situations of any type, please call 215.662.2677 (COPS).

Operator..........................215.662.4000 or (0)
Patient room number...215.622.4000 or (0)
Patient and Guest Relations (see page 2)..........................215.662.2575
Security..........................215.662.2677 (COPS)
Admissions office..............215.662.2335
Business office..................215.662.2672
Gift shop..........................215.662.2701
Patient accounts .................215.662.2672
### Parking for Patients and Visitors

**Penn Tower Garage**

- **Self Park**
  - 24 hours-a-day
  - **Patients/Family** | **Non-Patients**
    - Up to 3 hours | $7 | $13
    - 3 to 7 hours | $10 | $18
    - 7 to 24 hours | $11 | $20

**Hospital of the University of Pennsylvania**

- **Valet Parking (main entrance)**
  - 5:30 am to 10 pm, Monday through Friday
  - Closed Saturday and Sunday
  - **Patients/Family** | **Non-Patients**
    - Up to 3 hours | $10 | $15
    - 3 to 7 hours | $13 | $19
    - 7 to 24 hours | $14 | $21

**Perelman Center for Advanced Medicine**

- **Self Park**
  - 5 am to 11 pm, Monday through Friday
  - 7 am to 2 pm, Saturday
  - Closed Sunday
  - **Patients/Family** | **Non-Patients**
    - Up to 3 hours | $7 | $13
    - 3 to 7 hours | $10 | $18
    - 7 to 24 hours | $11 | $20

- **Valet Parking**
  - 5:30 am to 9 pm, Monday through Friday
  - Closed, Saturday and Sunday
  - **Patients/Family** | **Non-Patients**
    - Up to 3 hours | $10 | $15
    - 3 to 7 hours | $13 | $19
    - 7 to 24 hours | $14 | $21

### Long-Term Parking

For patients requiring an extended hospitalization, parking passes are available to family members at a discounted rate:
- **15 day pass**—allows unlimited in/out parking in Penn Tower Garage for 15 consecutive days. (Cost: $80)
- **7 day pass**—permits unlimited in/out parking in Penn Tower Garage for seven consecutive days. (Cost: $45)

There is no reimbursement for days not used or lost/stolen cards.

Long-term parking passes can be purchased at the Penn Tower Garage cashier’s office located on the Bridge Level of the Penn Tower building.

### Public Transportation

**SEPTA regional rail lines**

- Airport, Wilmington-Newark, and Media-Elywn and most Warminster and West Trenton trains provide direct service to the University City Station on the Hospital of the University of Pennsylvania campus. From other regional rail lines, passengers should transfer to the Airport, Wilmington-Newark or Media-Elywn. The train ticket serves as the transfer ticket.

Northeast corridor AMTRAK trains stop at 30th Street Station. From there, the SEPTA regional rail lines Airport, Wilmington-Newark or Media-Elywn travel to the University City Station. Taxi services are available from 30th Street Station.

### Mass Transit Telephone Numbers

- **SEPTA information:** 215.580.7800
- **PATCO information:** 215.922.4600
- **AMTRAK information:** 800.872.7245

### Walking Escorts

HUP Security provides walking escorts to any employee, patient or visitor who requests an escort to parking garages, lots and streets surrounding the hospital perimeter. Escorts are always available—timings depend on security officer availability. Please call 215.662.2677 to request a walking escort.

### Beauty and Grooming Services

A hair stylist provides services for both men and women at bedside or the hospital salon located on the first floor of the Maloney Building. Hair services are available during regular business hours and cash payment is expected at the time of service.

A care provider can assist in scheduling appointments for patients.

### Surgical Family Waiting Area

**Dulles Building, 2nd Floor**

- **Hours:** 6:30 am to 9 pm

The Surgical Family Waiting Area is a quiet, comfortable lounge available for loved ones of patients receiving surgery. Courtesies phones and internet access are provided. Patient progress is displayed on digital displays and a nurse liaison is available for questions and patient status updates.

### The Pavilion

The Pavilion is an inpatient unit designed for patients requesting amenities usually found at deluxe hotels. Amenities include express check-in and check-out, private rooms, chef-prepared meals and a concierge to assist in scheduling personal services.

There are additional fees associated with The Pavilion that are not covered by insurance. To reserve a room, please contact a Pavilion representative by calling 215.662.4141.

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*For ages 62 and over:
$1 discount for up to three hours, $2 discount for three hours or more*
**Patient and Family Education Center**  
**Silverstein Building, 1st Floor**  
The Patient and Family Education Center is an area for patients and families to learn more about their health through access to:  
- Health magazines, pamphlets, videotapes and reference books  
- Computer programs  
- Online health information (including PennMedicine.org and OncoLink®)  
- myPennMedicine  
- Information on local and national support groups and agencies  
- Health education classes  

**Lost and Found**  
Lost and found items are accepted and stored in the Security Operations Center located on the ground floor of the Silverstein building, next to the Emergency Department entrance. Reasonable effort is made to contact owners of lost property and return identifiable items. Employees, patients and visitors can call HUP Security at 215.662.2677 to inquire about lost items.

**After Hours Access**  
On a daily basis, all entrances to the hospital are locked from 11 pm to 5 am. During this time, everyone must enter through the Emergency Department entrance. On a daily basis, all entrances to the hospital are locked from 11 pm to 5 am. During this time, everyone must enter through the Emergency Department entrance.  

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**myPennMedicine**  
**Patient-accessible, online health records**  
Penn’s online health management tool, myPennMedicine, provides patients with secure and confidential access to their personal medical record.  

**FEATURES:**  
- Request an appointment, view future appointments or cancel an existing appointment.  
- Request prescription renewals, physician referrals, and pre-certifications.  
- View lab results, list of medications and health summaries.  
- Communicate with the doctor’s office.  
- Review details of previous appointments.  
- Access discharge instructions.  

To learn more about myPennMedicine, visit myPennMedicine.com.

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**INSURANCE AND BILLING**  
Patients are responsible for providing necessary insurance information and for working with the hospital to make payment arrangements when necessary.

Penn Medicine provides financial counseling and, where appropriate, significant discounts to uninsured and underinsured persons in accordance with the Patient Protection and Affordable Care Act. Patients’ concerns about their ability to pay their hospital bill should be directed to HUP’s Patient Financial Services Office at 877.433.5299.

**Insurance Information**  
Insurance and third party payer information must be provided. Patients should have their insurance cards with them when speaking with a pre-admission representative by phone or when arriving at the hospital. HUP staff contacts insurance carriers to verify patient benefits, co-pay and deductible information and assist with any required approvals and referrals. HUP staff may contact patients to review this information.

**Payment Due Prior to Service**  
Payments of deductibles, co-payments and non-covered services (such as transportation) are expected at or prior to the time of service. Payments can be made by cash, credit card or check.

**Filing an Insurance Claim**  
The Hospital of the University of Pennsylvania files insurance claims on patients’ behalf. This does not release patients from responsibilities for charges billed to their account. Insurance contracts are between patients and insurance companies. Regardless of the type of insurance, bills are ultimately the responsibility of patients. Any portion of the bill not paid promptly by insurance companies is charged directly to patients, such as co-payments and deductibles.

**Understanding the Hospital Bill**  
Shortly after returning home, patients will receive a statement, or bill, listing the charges for the hospital stay. Depending on the services received, there may be more than one bill. In addition to the daily charge for the room, this statement includes charges for such services as anesthesia, X-rays, laboratory work, blood transfusions and the operating room. The initial statement also shows an estimate of payments expected from insurance companies. Later statements show payments received from insurance companies and payments due from the patient, if any.

**Physicians’ Bills**  
Charges for physicians’ services are not included in the hospital bill. Most of the physicians involved in patient care send separate bills for their services. Patients may receive bills from their primary physician, anesthesiologist, radiologist and/or pathologist. Charges for some specialized services are also billed separately. Payments or payment questions about these bills should be directed to the appropriate physician’s office.

**Questions about the Bill?**  
For any questions about the hospital bill prior to or during hospitalization, please contact a business services representative. Please note that explanations of charges for hospital services are available for review in the Business Services office during regular working business hours. After leaving the hospital, patients may call 877.433.5299.
WAYS TO GIVE BACK TO THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA

Patient Survey
Hospital of the University of Pennsylvania staff is interested in patients’ feedback about their stay. When patients share their experiences, HUP staff learns what was helpful and can identify opportunities for improvement. Some patients will receive a formal survey by mail—HUP staff asks that they complete the survey and return as indicated.

Any patients not receiving a survey may send feedback by mail to:
Hospital of the University of Pennsylvania
Patient and Guest Relations
3400 Spruce Street
Silverstein Building, First Floor
Philadelphia, PA 19104

Volunteer
The volunteers at the Hospital of the University of Pennsylvania are an integral part of life in the hospital. These members of the health care team visit patients, as well as staff the Emergency Department, Welcome Center, Surgical Waiting Lounge and various office areas. Volunteers are always welcome to give of their time during the weekday and evenings. For more information, please call 215.662.2376.

Philanthropy – Giving to Penn
Every day, the physicians, nurses and staff at Penn Medicine work tirelessly to improve the health of every patient. The costs of this work can seem staggering, and they are not covered by billing, insurance and government funds alone. From the research that leads to cures and compassionate care that promotes healing, to the technology that saves lives—donations from patients and families make critical advances possible.

Each gift, large or small, to the Penn Medicine Friends Fund makes a difference. Making a gift is also a wonderful way to honor a physician, nurse, friend or family member. To learn more or make a gift, please visit PennMedicine.org/giving, send an e-mail to UPHSgift@upenn.edu or call 215.898.0578.

Blood Donation
Every day, patients at Penn Medicine hospitals require blood transfusions while being treated. One out of every 10 hospital patients needs a blood transfusion. For these patients, there is no substitute for human blood.

The Penn Medicine Blood Donation Center was established to provide the Penn community and visitors with a convenient means of donating blood that will be used for patients at the Hospital of the University of Pennsylvania. This helps to ensure a continuous, uninterrupted supply of blood. Family and visitors can schedule an appointment to donate blood at PennMedicine.org/giveblood.

PATIENT BILL OF RIGHTS AND 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 Right

■ You have the right to respectful care given by competent personnel which reflects consideration of your 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 professional status of other health care personnel, including medical students, residents or other trainees, 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 medical and nursing care.
You have the right to assistance in obtaining consultation.
You have the right to medical and nursing services.
You have the right to appropriate assessment and management of pain.
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.
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 who is authorized to act on your behalf to assert or protect the rights set out in this section.
You have the right to 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, to make decisions involving your health care. This right applies to the family and/or guardian of neonates, children, and adolescents.

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 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 your 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/legal representative, upon request, will 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 receive care in a safe setting, and be free from all forms of abuse and harassment.

You have the right to expect good care.
You have the right to appropriate assessment and management of pain.
You have the right to full information and counseling.
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.
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 who is authorized to act on your behalf to assert or protect the rights set out in this section.
You have the right to 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, to make decisions involving your health care. This right applies to the family and/or guardian of neonates, children, and adolescents.

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 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 your 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/legal representative, upon request, will 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 receive care in a safe setting, and be free from all forms of abuse and harassment.

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/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 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.

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

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 care, please speak with your physician, nurse or other hospital or ambulatory practice representative before you leave the clinical site.

You may also direct your concerns regarding your health care or questions about the Patient Bill of Rights and Responsibilities to the appropriate Patient & Guest Relations Office:

Hospital of the University of Pennsylvania
3400 Spruce Street
1 Silverstein
Philadelphia, PA 19104
215-662-7378

Penn Presbyterian Medical Center
286 Wright Saunders
39th & Market Streets
Philadelphia, PA 19104
215-662-9100

Pennsylvania Hospital
800 Spruce Street
1 Preston
Philadelphia, PA 19107
215-829-8777

If you or a family member thinks that a complaint or grievance remains unresolved, through the hospital process you also have the right to contact one of the following organizations about your care or treatment if it has not been resolved to your satisfaction:

The Division of Acute and Ambulatory Care
Pennsylvania Department of Health (DOH)
P.O. Box 90
Harrisburg, PA 17120
800-254-5164

Centers for Medicare and Medicaid Services (CMS)
800-MEDICARE

The Joint Commission,
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook, Terrace, IL 60181
800-994-6610
Email: complaint@jointcommission.org

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.

STATEMENT OF PATIENT’S RESPONSIBILITIES
As a patient, 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 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 allied medical 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.

Rev. date July 2011

Garry L. Scheib
Executive Director,
Hospital of the University of Pennsylvania

Michele M. Volpe
Executive Director,
Penn Presbyterian Medical Center

Elizabeth Johnston
Executive Director, Clinical Practices of the University of Pennsylvania

R. Michael Buckley, M.D.
Executive Director,
Pennsylvania Hospital
This Notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please read 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 and therefore, we will strive to protect your privacy as required by law. We will disclose your personal health information as allowed by applicable 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. We train our staff and workforce to be sensitive about privacy and to respect the confidentiality of your personal health information.

We are required by law to maintain the privacy of our patients’ personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice of Privacy Practices as necessary and to make the new Notice of Privacy Practices effective for all personal health information maintained by us. You may receive a copy of any revised notice at any of our hospitals or doctors’ offices, or a copy may be obtained by calling a representative of PHP-Penn Medicine, 3rd floor, 3310 Market Street, Philadelphia PA 19104-3329.

The terms of this Notice of Privacy Practices apply to the following entities owned and operated by or affiliated with the Trustees of the University of Pennsylvania: 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, the Clinical Practices of the University of Pennsylvania (CPUP), Clinical Care Associates (CCA), Clinical Health Care Associates of New Jersey, P.C. (CHCA), Surgery Center of Pennsylvania Hospital, Penn Medicine at Radnor, Penn Center for Rehabilitation and Therapy, Wills Eye Hospital, Penn Care at Home, the Ruth and Raymond Perlman Center for Advanced Medicine, Penn Presbyterian Anesthesia Foundation, Perelman Multi-Specialty Group Practice Foundation, the Perelman School of Medicine, Good Shepherd Penn Partners, Good Shepherd Penn Partners Specialty, Good Shepherd Penn Partners Penn Therapy and Fitness, and the physicians, licensed professionals, employees, volunteers, and trainees seeing and treating patients at each of these care settings. This Notice of Privacy Practices does not apply when visiting a non-CPUP, non-CCA or non-CHCA physician in their private medical office.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

The following categories detail the various ways in which we may use and disclose your personal health information as necessary for your care. If you have the right to revoke that authorization in writing, except to the extent we have already relied upon it.

Your Authorization. Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. This form will describe what information will be disclosed, to whom, for what purpose, and when you have the right to revoke that authorization in writing, except to the extent we have already relied upon it.

Uses and Disclosures for Treatment. We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors, nurses, and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include medications, treatments, tests, etc. We may also disclose your personal health information to institutions and individuals outside the University of Pennsylvania Health System and the Perelman School of Medicine that are or will be providing treatment to you.

Uses and Disclosures for Payment. We will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment and your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or the person responsible for payment.

Uses and Disclosures for Health Care Operations. We will use and disclose your personal health information as necessary, and as permitted by law, for health care operations. This is necessary to run the Hospital of the University of Pennsylvania Health System and the Perelman School of Medicine and to ensure that our patients receive high quality care and that our health care professionals receive superior training. For example, we may use your personal health information in order to conduct an evaluation of the treatment and services we provide, or to review the performance of our staff in order to improve our services and operating efficiency.

Other Uses and Disclosures. We are permitted or required by law to make certain uses and disclosures of your personal health information without your consent or authorization. Subject to conditions specified by law:

• We may release your personal health information for any purpose required by law;

• We may release your personal health information to public health authorities as required by law, to report conditions specified by law such as required reporting of disease, injury, and birth and death, and for required public health investigations;

• We may release your personal health information to the military for activities set out by certain military command authorities as required for national security, intelligence, or protective services activities; and

• We may release your personal health information to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime, or for other allowable law enforcement purposes.

• We may release your personal health information to coroners, medical examiners, and/or funeral directors.

• We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you.

• We may release your personal health information if you are a member of the military and necessary to discharge military responsibilities or required to prevent a serious military misbehavior.

• We may release your personal health information if we believe you to be a victim of abuse, neglect, or domestic violence.

• We may release your personal health information to entities regulated by the Food and Drug Administration, such as required to report adverse events, product defects, or to participate in product recalls.

• We may release your personal health information 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 information is disclosed to your employer.

• We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, inspections and related oversight functions.

• We may use or disclose your personal health information in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public.

• We may release your personal health information if required to do so by a court or administrative order, subpoena or discovery request.

• We may release your personal health information to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime, or for other allowable law enforcement purposes.

• We may release your personal health information to coroners, medical examiners, and/or funeral directors.

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• We may use or disclose your personal health information in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public.

• We may release your personal health information if required to do so by a court or administrative order, subpoena or discovery request.
Amendments to Your Personal Health Information. You have the right to request that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. Please note that even if we accept your request, we may not delete any information already documented in your medical record. You may obtain an amendment request form from the doctor's office or Medical Records department of the hospital you visited.

Accounting for Disclosures of Your Personal Health Information. You have the right to receive an accounting of certain disclosures made by us of your personal health information except for disclosures made for purposes of treatment, payment, and healthcare 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 but, in no event will include disclosures prior to April 13, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the doctor's office or Guest Services department of the hospital you visited. The first accounting in any 12-month period is free; you will be charged a fee of $20 for each subsequent accounting you request within a 12-month period.

Restrictions on Use and Disclosure of Your Personal Health Information. You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. For example, you may request that we do not share your health information with a certain family member. A restriction request form can be obtained from the doctor's office or Guest Services department of the hospital you visited. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and 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.

Confidential Communications. You have the right to request communications regarding your personal health information from us by alternative means or at alternative locations and we will accommodate reasonable requests by you. You must request such confidential communication in writing to each department to which you would like the request to apply.

Paper Copy of Notice. As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means. Our Notice may also be obtained on our website at www.uphs.upenn.edu.

ADDITIONAL INFORMATION
Complaints. If you believe your privacy rights have been violated, you may file a complaint in writing with the doctor's office or Guest Services department of the hospital you visited. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. 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 of Privacy Practices, you may contact us in writing at UPHS Privacy Office, Office of Audit, Compliance and Privacy, 3819 Chestnut Street, Suite 214, Philadelphia, PA 19104, or by telephone at (215) 898-7260, or by e-mail at privacy@uphs.upenn.edu.

Effective Date. This Notice of Privacy Practices is effective May 5, 2008.