



Patient Rights and Responsibilities Notification to Patients

As a patient at Temple University Hospital, Inc, you have the following rights:

1. To receive considerate, respectful, safe, quality care delivered by competent personnel regardless of gender, gender identity, sexual orientation, race, color, ancestry, nationality, religion, education, income or ability to pay their bill.
2. To know the names and roles of physicians and other healthcare professionals caring for you.
3. To receive private and confidential care and personal information kept private.
4. To comply with hospital rules and policies during your hospital stay.
5. To receive emergency care without unnecessary delay.
6. To receive quality care within the professional standards governing clinical practice.
7. For you or your surrogate decision maker to receive information about health and care planning in terms that are understandable.
8. For you or your surrogate decision maker to be informed about proposed treatments, risks and benefits, other options and outcomes. Before scheduled procedures or treatment plans informed consent includes your signature. Informed consent is not required in the case of an emergency.
9. For you or your surrogate decision maker to decide to be involved in any research, clinical trials, or donor programs and provide written consent.
10. For you or your surrogate decision maker to request and/or refuse treatment.
11. For you or your surrogate decision maker to request consultation with a new physician at your own expense.
12. For you or your surrogate decision maker to have an interpreter, free of charge, if you do not speak or are not fluent in English or are hearing impaired.
13. For you or your surrogate decision maker to review and request copies of your medical record.
14. To receive appropriate assessment and management of your comfort.
15. To receive a prompt transfer to the care of others if necessary.
16. To review and request copies of your medical bills.
17. To receive counseling on ways to help pay your medical bills.
18. To receive appropriate discharge information.
19. To have access to an individual or agency that is authorized to act on your behalf.
20. To know that the hospital has policies, rules and regulations that apply to your conduct as a patient.
21. To expect the hospital to get your authorization before taking photos, recording, or filming if the purpose is for something other than patient identification, diagnosis, or treatment.
22. To participate in the care that you receive in the hospital.
23. To receive respect for your religious and spiritual and cultural beliefs
24. To have visitors with equal visitation privileges, regardless of gender, gender identity, sexual orientation, race, color, ancestry, nationality, religion, education, income or ability to pay their bill.
25. To limit who knows about your being in the hospital and to decide if you want visitors or not while you are here. You also have the right to change your decisions while you are here. The hospital may need to limit or not allow visitors because of your condition or because the presence of a visitor might put in danger the health or safety of another patient or hospital staff or disrupt hospital operations.
26. Have your primary physician and legal representative notified when you are admitted to the hospital.



27. A surrogate decision maker and or family involved in your care plan, and provided all possible outcomes as defined by law.
28. Receive care in a safe setting free from any form of abuse, harassment, exploitation, and neglect.
29. Have access to an environment that preserves dignity and contributes to healing.
30. Access protective or advocacy services, if needed.
31. Voice concerns to hospital staff or Patient Experience without fear of discrimination or retaliation. You should expect a response to your complaint from the hospital. Complaints may be in writing or made face to face. The hospital has an obligation to respond to these complaints. To register your concerns with the hospital, please contact: Patient Experience Department - Temple University Hospital - 3401 North Broad Street - Philadelphia, PA 19140 - 215-707-3320. The Pennsylvania Department of Health is also available to assist you with any question or concerns and can be reached by calling or writing: Acute and Ambulatory Care Services - Pennsylvania Department of Health - PO Box 90 - Harrisburg PA 17108-0090 – 800- 254-5164. You may also contact The Joint Commission at: The Joint Commission - Office of Quality Monitoring - One Renaissance Boulevard - Oakbrook Terrace, IL 60181 - (800) 994-6610 – patientsafetyreport@jointcommission.org. You may also contact the Office for Civil Rights at: U. S. Department of Health & Human Services - 150 S. Independence Mall West, Suite 372 - Philadelphia, PA 19106 - 215-861-4441. You can call your insurance company. Medicare patients should contact Livanta BFCC-QIO at 1-866-815-5440.

As a Temple University Hospital, Inc patient you have the following responsibilities:

1. 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. The responsibility also applies to your designated or legal representative.
2. Report whether or not you clearly comprehend the contemplated course of treatment and what is expected of you.
3. Cooperate with all Hospital personnel and ask questions if directions or procedures are not clearly understood.
4. 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 restricted smoking policy of the Hospital. You are also expected to be respectful of the property of other persons and the property of Temple University Hospital.
5. Help the physicians, nurses, and allied health personnel in their efforts to care for you by following their instructions and medical orders. This will facilitate your care and the efforts of the Hospital personnel.
6. Duly authorized members of your family or your designated or legal representative are expected to be available to Hospital personnel for review of your treatment in the event you are unable to properly communicate with your health care providers.
7. If applicable, you are responsible for providing a copy of your Advance Directive to the Hospital.
8. Assume the financial responsibility of paying for all services rendered either through your insurance policies or by being personally responsible for payment for any services which are not covered by your insurance policies.
9. Not take drugs which have not been prescribed by your physicians and administered by Hospital staff, and the responsibility to not complicate or endanger the healing process by consuming alcoholic beverages or toxic substances during your hospitalization