



# DREXEL UNIVERSITY COLLEGE OF MEDICINE

## **Drexel Center for Digestive Health, Ambulatory Endoscopy Center**

### **Bill of Rights: Rules and Regulations**

*Drexel University College of Medicine is committed to delivering quality medical care to you, our patient, and to making your experience with us 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/legal representative. As it is our goal to provide medical care that is effective and considerate within our capacity, mission, and philosophy, applicable law and regulation, we submit these to you as a statement of our policy.*

### **STATEMENT OF PATIENTS RIGHTS**

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

**You have the right to know 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 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.

**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, 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. This includes, if requested, the right to involve a family member or significant other in the treatment and decision-making processes.

**You have the right to refuse treatment** to the extent permitted by law and to be informed of all possible consequences of the refusal.

**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 (e.g., 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 un-emancipated minor) your rights are to be exercised, to the extent permitted by law, by your designated representative or other legally designated 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 know what 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 terms you understand,** 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/legal 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, donor program, or education activities** unless you have, or designated/legal representative has, given informed consent prior to the actual participation in such a program. You or your designated/legal 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 law, and a physician shall inform you of the medical consequences of such refusal.

**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 assistance in obtaining consultation** with another physician at your request and expense.

**You have the right to medical and nursing services** without discrimination based upon race, color, religion, gender, sexual preference, handicap, national origin, or source of payment.

**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, to an interpreter.

**You have the right to have your medical record** read only by individuals authorized by law or regulation. 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 expect good management techniques** to be implemented within this health care facility considering effective use of your time and to avoid your personal discomfort.

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 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 healthcare.

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

**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.

**You have the right to appropriate assessment and management of pain.** You can expect to receive information about pain and pain-relieving measures. Our team of health professionals will address your pain to the greatest extent possible utilizing all available modalities.

**You have the right to received 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 access protective services.**

**You have the right to formulate an “advance directive”** or to appoint a surrogate 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.

**You have the right to know that Drexel University college of Medicine is a teaching** institution and that resident physicians, medical students, nursing students, and other supervised health care provider –in-training may become involved in your care and treatment.

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

*If you or a family member think that a complaint or grievance remains unresolved through the Drexel University Physician grievance process, you also have the right to contact the Division of Acute and Ambulatory Care, PA Department of Health, P.O. Box 90, Health and Welfare Building Harris burg, PA 17180-0090, (800) 254-5164*

**ADDITIONAL GRIEVANCE NUMBERS:**

**AAAHC 847-853-6060**

**DREXEL CENTER FOR DIGESTIVE HEALTH 215-255-7353**

*There is also a website available for the Office of the Medicare Beneficiary Ombudsman that can be used for complaints and or questions.*

[www.medicare.gov](http://www.medicare.gov)

**Scroll down to “NEED HELP” AND CLICK ON “OMBUDSMAN”. THIS WILL DIRECT YOU IF YOU HAVE ANY QUESTIONS OR COMPLAINTS.**

## **STATEMENT OF PATIENTS RESPONSIBILITIES**

As a patient, you should act in accord with Drexel University Physicians policies, rules, and regulations, and assume responsibility for the following:

You are expected to act in a considerate and cooperative manner.

You have the responsibility to keep your scheduled appointments or cancel your appointments in advance whenever possible.

You have the responsibility to supervise your children and be responsible for their safety when they accompany you to your appointment.

You or your designated/legal representative have the responsibility to provide accurate and complete information about all matters pertaining to your health including 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.

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. If treatment is refused or instructions are or advice is not followed, you must accept the consequences of your decisions.

You are responsible for reporting whether you clearly comprehend a contemplated course of action and what is expected of you.

You have the responsibility to report changes in your condition or symptoms, including pain, to your health care provider.

You have the responsibility to inform your health care provider if you are not satisfied with any aspect of your care.

You have the responsibility to be considerate of other patients and health care personnel, to assist in the control of noise and visitors, and to observe the smoking policy of this institution.

You have the responsibility to be respectful of the property, rights, and privacy of other persons, and the property of this health care facility.

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

You have the responsibility to provide correct and timely information regarding your health insurance.

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 visit.

It is expected that you will ask your health care professional what to anticipate regarding pain and its management. We also expect you to consult with the health care professionals to develop a pain management plan that will meet your needs. If you do experience pain, you should report it to your health care provider, and if that pain is not relieved after treatment, inform your health care provider so that appropriate steps can be taken to relieve your pain.