

## Fort Washington Medical Center

(Revised April 11, 2013)



# Patient Rights & Responsibilities

### ***PATIENT SAFETY***

Your safety is very important to us. Some mistakes are more serious than others, but most medical mistakes can be prevented.

- The most important way to prevent errors is to TALK with your care workers and SPEAK UP about any questions/concerns.
- Make sure the health care worker checks your wristband and asks your NAME and DATE OF BIRTH prior to medications, lab work, X-Rays, procedures, or surgery.
- It is okay to ask anyone who touches you if they have washed their hands.
- Call for help to get out of bed or chair. CALL, do not FALL.
- Call for help by pressing your call bell or informing any staff member. In an emergency, you may pull the call bell out of the wall.
- Report any side effects from medications.
- If you have concerns about your health care safety, you may call:

Administration: 301-203-2210  
 Joint Commission: 1-800-994-6610  
 Office of Healthcare Quality: 1-877-402-8218

We at Fort Washington Medical Center are committed to providing you with the highest quality of medical care we have available, and to ensure that you are treated with respect and dignity.

As a patient at Fort Washington Medical Center, you are the central part of your health care team. Your understanding of your condition and your participation in your care are important. You have both rights and responsibilities.

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

- Respectful and considerate treatment;
- Know by name the doctors, nurses and staff members who care for you;
- Know the hospital rules and regulations which apply to your conduct as a patient;
- Obtain complete and current information from your doctor concerning your condition and treatment;
- Know the reason you are given various tests and treatments;
- Know the nature and risks of procedures and treatments prescribed for you;
- Have your pain assessed and managed;
- Have visitors or to limit the number of visitors you receive;
- Expect all communications and other records pertaining to your care; including the source of payment to be kept confidential;
- Request an amendment to inaccurate or incomplete medical information contained in your medical record;
- Request an amendment to inaccurate or incomplete medical information contained in your medical record;
- Request an accounting of certain disclosures of your medical information;
- Request to receive communications on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations;
- Request restrictions on medical information we use or disclose about you for treatment, payment or health care operations;
- Refuse release of your medical records, except as required by law;
- Examine your hospital bill and have it explained to you;
- Request a consultation or second opinion from another doctor;
- Change doctors or hospital;
- Have impartial access to the medical resources of the hospital indicated for your care without regard to race, color, creed, national origin, age, sex, handicap, or source of payment;
- Designate an individual to represent you in making decisions regarding your treatment and health care. Please ask your nurse for a copy of our Advance Directive Form;
- Refuse treatment to the extent permitted by law and to be informed of the consequences of your refusal;

- Refuse to participate in research or educational projects;
- Be informed of the services available at this hospital;
- Participate in the planning of your medical treatment through discussions with the health care team; and
- Be given advance notice of transfer or discharge when required for medical reasons or your welfare.

***Notice Under Section 504 Of The Rehabilitation Act Of 1973*** In accordance with the requirement of Section 504 of the Rehabilitation Act of 1973 (Section 504), the Fort Washington Medical Center (FWMC) does not discriminate on the basis of disability in admission to, participation in, or receipt of services and benefits under any FWMC program or activity. FWMC does not retaliate or discriminate against, or coerce, intimidate or threaten any individual who (1) opposes any act or practice made unlawful by Section 504 or (2) files a grievance and/or complaint, testifies, assists, or participates in any investigation, proceeding, or hearing under Section 504.

***Provision of Auxiliary Aids and Effective Communication:*** FWMC will generally, upon request, provide appropriate auxiliary aids leading to effective communication for qualified persons with disabilities so they can participate equally in FWMC services, programs or activities, including qualified sign language interpreters, and other ways of making information and communications accessible to people who

have speech, hearing, or vision impairments. FWMC will not place a surcharge on a particular qualified individual with a disability or any group of qualified individuals with disabilities to cover the cost of measures, such as the provision of auxiliary aids or program accessibility, that are required to provide that individual or group with nondiscriminatory treatment required by Section 504.

Anyone who requires an auxiliary aid for effective communication to participate in an FWMC service, program or activity, should notify their healthcare worker or program coordinator, as soon as possible but no later than 48 hours before the scheduled event.

Grievances alleging that an FWMC service, program or activity is not accessible to persons with disabilities should be directed to the 504 Coordinator, at 301-203-2210. Filing a grievance with the Section 504 Coordinator does not prevent the applicant, resident and/or his family member or guardian from filing a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services.

### **YOU HAVE RESPONSIBILITIES ALSO, AND WE ASK YOU TO:**

#### ***PROVIDE INFORMATION***

Bring with you information about past illnesses, hospitalizations, medications and other matters relating to your health. To the best of your knowledge provide accurate and complete information

including when there are unexpected changes in your condition;

- Provide feedback about services, needs, and expectation. You may be contacted by phone by Health Stream Research, our vendor who conducts patient satisfaction surveys to inquire about your satisfaction with your visit.

### **ASK QUESTIONS**

Cooperate with all hospital personnel caring for you and ask questions if you do not understand the directions given to you;

The hospital has a Patient Representative to answer questions about patient's responsibilities and patient rights, provide information, investigate complaints and act as your advocate. To reach the Patient Representative, please call 301 203-2230.

### **FOLLOW TREATMENT INSTRUCTIONS**

Help your doctors, nurses and other medical personnel in their efforts to care for you by following their instructions;

Follow the treatment recommended by your doctor and notify him or her of any changes.

## **SHOW RESPECT AND CONSIDERATION**

Respect the privacy of your roommate.

Be considerate of other patients and Hospital personnel and see that your visitors are considerate as well, particularly in regard to noise and number of visitors;

Be respectful of others, their property and the Hospital's property.

## **ACCEPT CONSEQUENCES**

Assume the consequences of refusal of treatment and for outcomes if you do not follow the care, service or treatment plan.

## **FOLLOW RULES AND REGULATIONS**

Abide by Hospital rules and regulations and see that your visitors do likewise.

## **MEETING FINANCIAL COMMITMENTS**

Promptly provide information for insurance processing, ask questions concerning medical costs and accept financial obligations associated with your care.

Physician charges are not included in the hospital bill.

Financial Assistance or reduced cost may be available for low-income patients. For application contact Admitting at 301-203-

2154 or Billing 301-203-3456.

## **COMPLAINT OR GRIEVANCE**

If a patient or legal representative would like to make a complaint, they may do so by:

Sending his or her written grievance to: Administration, Fort Washington Medical Center 11711 Livingston Road, Fort Washington, MD 20774

Calling the Patient Representative to file a grievance, 301-203-2230

Contacting the Maryland Department of Health and Mental Hygiene/Office of Healthcare Quality at 410/402-8016 or 201 West Preston Street, Baltimore, Maryland 21201

Contacting the Maryland Board of Pharmacy 4201 Patterson Ave., Baltimore, MD 21215, 410-764-4755

Contacting the Joint Commission at 1-800-994-6610 or by e-mail at [complaint@jointcommission.org](mailto:complaint@jointcommission.org) or Office of Quality Monitoring The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181.

## **ADVANCE DIRECTIVES**

FWMC will make reasonable efforts to comply with the expressed wishes of the patient in an Advance Directive regarding the provision, refusal or discontinuation of medical care or treatments. However, the Hospital is under no obligation to carry out the

wishes of a patient when such wishes would be illegal, unethical or contrary to reasonable medical practices.

An Advance Directive, which demands a treatment, therapy, or procedure that is not medically indicated will not be honored.

Patients cannot be required to write an Advance Directive and shall not be discriminated against in any manner based upon whether or not they have written an Advance Directive. The existence or lack of an Advance Directive will not determine an individual's access to care, treatment or services. Patients have the option to review or revise Advance Directives.