

Patient rights & responsibilities



As a patient of this ambulatory surgical facility, or as a legally authorized representative or guardian of a patient, we want you to know the rights you have under federal and Pennsylvania state law. We are committed to honoring your rights. You can help us meet your needs by taking an active role in your healthcare. We're asking you and your family to share certain responsibilities with us.

Geisinger Gastroenterology/Endoscopy Montoursville

10 Choate Circle
Montoursville, PA 17754
Phone: 570-368-8881

Your rights

This ambulatory surgical facility complies with applicable federal civil rights laws and does not discriminate on the basis of age, sex, race, ethnicity, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, veteran or military status, socioeconomic status, disability, gender, gender identity or expression, physical or mental ability or disability, or who will pay your bill. You have the right to safe, respectful, considerate, and dignified care — always. You will receive services and care that have been medically suggested and are within the facility's services, stated mission and required laws and regulations.

Communication

You or your legally authorized representative or guardian have the right to:

- Receive information in a way you understand. This includes qualified interpretation and translation services free of charge in the language you prefer for talking or reading about your healthcare. We will also provide you with help if you have vision, speech, hearing or cognitive impairment needs.
- Choose a support person or agency, if needed, to act on your behalf to assert and protect your patient rights.

Informed decisions

You have the right to designate any person of your choice, including an unmarried partner, same-sex or same-gender partner as a medical decision maker.

You or your legally authorized representative or guardian have the right to:

- Receive information about your current health, care, outcomes, recovery, ongoing healthcare needs and future health status in a way you understand.
- Be informed about proposed care options, including the risks and benefits, other care options, what could happen without care, and the outcome(s) of any medical care provided, including any outcomes that were not expected. When it is not medically advisable to give such information to you, it will be given on your behalf to your next of kin or other appropriate person.
- Be involved in all aspects of your care and take part in decisions about your care.
- Make choices about your care based on your own cultural, psychosocial, spiritual, and personal values, beliefs, and preferences.
- Request care. This does not mean you can demand care or services that are not medically needed.
- Refuse care. This includes any treatment, drugs, or procedure against the medical advice of your practitioner.

Informed consent

- You may need to sign your name before the start of any procedure and/or care. "Informed Consent" (defined in section 103 of the Health Care Services Malpractice Act (40 P.S. §1301.103)).
- You may be asked several times during your visit for your name and date of birth. This is per our procedures to ensure your safe care.
- You have the right to give informed consent prior to the commencement of the procedure. This means the physician has explained the diagnosis, the specific procedures and/or treatment, any alternative treatments, the medically significant risks, or complications involved, the prognosis and the probable duration of any incapacitation.
- You have the right to refuse treatment within the confines of the law, to participate in care and/or treatment and to be informed of the medical consequences for refusal of care.
- Your permission will be obtained before taking images, recordings or filming you or the procedure unless the purpose is needed for your care.
- Decide at any time to take part or not take part in research or clinical trials for your condition, or donor programs that may be suggested by your practitioner. Your participation in such care is voluntary. Written permission must be obtained from you or your legal representative before you participate. A decision to not take part in research or clinical trials will not affect your right to receive care.

Advance directives

You or your legally authorized representative or guardian have the right to:

- Have an advance directive. However, know that advance directives will not be followed during surgical events/appointments.
- Create advance directives, or legal papers allowing you to decide now what you want to happen if you are no longer healthy enough to make decisions about your care. You may ask the staff for information on how to create an advance directive for future needs.

Care planning

You or your legally authorized representative or guardian have the right to:

- Participate in the care you receive at the facility. This includes the right to participate in the development and implementation of the plan of care.
- Receive instructions on follow-up care and participate in decisions about your plan of care after your procedure including at home care and follow up instructions.
- Request change of providers for certain reasons of personal needs, religion, modesty, or previous psychological trauma, if other qualified providers are available. However, requests to change providers due to providers' personal characteristics will not be granted.
- Be informed of provisions for after-hour and emergency coverage.

Care delivery

You or your legally authorized representative or guardian have the right to:

- Expect emergency procedures to be implemented without unnecessary delay.
- Expect that referral or transfer will occur if necessary, but only after your or your representative have been made aware of such need. In an emergency, you may be transferred to a hospital for emergent/continued care.
- Expect continuity of care among your interdisciplinary healthcare team. This includes the "handing off" communication within the facility, but also the information passed upon discharge or transfer to other healthcare providers as needed or requested, such as your primary care physician.
- Receive care in a safe setting free from any form of abuse, neglect, exploitation and harassment.
- Receive kind, respectful, safe, quality care delivered by skilled and credentialed staff.
- Know the names and roles of practitioners and healthcare workers and staff caring for you.
- Receive assistance in obtaining a consultation by another healthcare provider at your request and expense.
- Receive proper assessment and management of pain, including the right to request or reject any or all options to relieve pain.
- Receive efficient and quality care with high professional standards that are continually maintained and reviewed.

Privacy and confidentiality

You or your legally authorized representative or guardian have the right to:

- Personal privacy.
- Limit who knows about your being in the facility.
- Be interviewed and examined, as well as discuss your care, in places designed to protect your privacy.
- Be advised why certain people are present and to ask others to leave during sensitive talks or procedures.
- Expect all communications and records related to care, including who is paying for your care, to be treated as confidential except as otherwise provided by law or third-party contractual arrangements.
- Receive written notice explaining how your personal health information will be used and shared with other healthcare professionals involved in your care.
- Review and request copies of your medical record unless restricted for medical or legal reasons.
- Access, request amendment to and receive an accounting of disclosures regarding your protected health information.
- Your medical record being used for the purposes of treatment, payment, and healthcare operations except as otherwise required or permitted by applicable law, rule or regulation. You are entitled to access information in the medical record, including current medical records, upon an oral or written request, in the form or format being asked. Access to medical record will be accomplished following applicable procedures as quickly as its record keeping system allows unless such access to the medical record is restricted by the practitioner for medical reasons or is prohibited by law. Patient records will only be used or disclosed as referenced in our Notice of Privacy Practices.
- Privacy of your protected health information be maintained as required by law. You have the right to receive the applicable Notice of Privacy Practice brochure indicating privacy practices with respect to your protected health information on your first contact on or after April 14, 2003, and when such brochure is materially changed. To receive a copy, contact any of our employees.

To share your concerns related to these rights, contact our Privacy Office at:
Phone: 570-271-7360
Email: SystemPrivacyOffice@geisinger.edu

Visitation

You or your legally authorized representative or guardian have the right to:

- Decide if you want visitors of your choice while you are here. The facility may need to limit visitors to provide better care for you or other patients, but will not restrict, limit or otherwise deny visitation privileges on the basis of age, sex, race, ethnicity, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, veteran or military status, socioeconomic status, disability, gender, gender identity or expression, physical or mental ability or disability, or who will pay your bill.
- Choose who may or may not visit you during your stay. These persons do not need to be legally related to you. Visitors will enjoy full and equal visitation privileges consistent with your preferences.
- Appoint an individual or agency who is authorized to act on your behalf to assert or protect your rights as a patient.

Facility bills

You or your legally authorized representative or guardian have the right to:

- Be informed of fees for services and payment policies, as well as any charges above what insurance will pay
- Review, obtain, request and receive a detailed explanation of the charges and facility bills.
- Receive information and counseling on ways to help pay for the facility bill.
- Request information about any business or financial arrangements that may impact your care.

Complaints, concerns and questions

You and/or your legally authorized representative or guardian have the right to:

- Tell us about concerns or complaints about your care. Sharing concerns or complaints will not affect your future care.
- Have your concerns or complaints reviewed and resolved, when possible.
- Seek review of quality of care concerns, coverage decisions and concerns about your discharge.
- Expect a timely response and resolution to your complaint or grievance from the hospital in a way you understand.
- Access protective and patient advocacy services.

To share your concerns or file a complaint/grievance, contact our Patient Liaison Office:
Email: PXL@geisinger.edu
Website: geisinger.org/about-geisinger/contact-us
Phone: 570-271-8881

You also have the right to connect with any state survey agency without interference.

**Pennsylvania Department of Health
Commonwealth of Pennsylvania HUB**
Attn: Division of Acute and Ambulatory Care
2525 North 7th Street, Suite 210
Harrisburg, PA 17110
Toll-free: 800-254-5164
File a complaint online: apps.health.pa.gov/dohforms/FacilityComplaint.aspx

Quality Improvement Organization
Phone: 888-396-4646
Website: qioprogram.org

Medicare Complaint
Website: medicare.gov → Claims and Appeals

Your responsibilities as a patient

As a patient or your legally authorized representative or guardian, we ask you to be aware of and follow all facility rules and what we expect of you while you receive treatment at this facility. Patient's and legally authorized representatives/guardians' actions can directly impact the outcomes of the care delivered.

1. Informing the facility truthfully regarding the presence or absence of an adult care person to be in attendance for the patient postoperative instructions and transportation.
2. Ensuring home care, either through a friend, family member or home healthcare, and for advising the facility of issues surrounding this subject in a timely manner such that alternatives can be arranged.
3. Following preoperative and postoperative instructions and of asking questions or seeking clarification where understanding of such instructions is questionable.
4. Provide information about past illnesses, hospitalizations, medications, allergies, sensitivities, and other matters relating to their health — and to answer all questions concerning these matters to the best of their ability.
5. Advise the facility of barriers to their learning, such as visual, auditory or other deficits to include language barriers. This is important so that the facility can make arrangements to support the patient in the identified area.
6. Report changes in their condition and status to the facility representative and their physician in a timely manner.
7. Considerate and respectful to members of the organization's staff and healthcare workers. It is, furthermore, their responsibility to ensure that their family members or care persons are equally considerate and respectful.
8. Respectful of the organization's property.
9. Paying promptly or making arrangements for the payment of their bills and for providing all required information for insurance processing.
10. Keeping all appointments at their scheduled time, or for contacting the facility as soon as possible should circumstances change.
11. Advising the facilities staff members regarding pain needs, issues, or special requests and for asking for pain relief when the pain first begins. They should also follow alternative methods for pain relief taught to them by the staff.

Provide information

As a patient or your legally authorized representative or guardian, we ask that you:

- Provide accurate and complete information about current healthcare problems, past illnesses, hospitalizations, medications and other matters relating to your health.
- Report any condition putting you at risk (e.g., allergies or hearing problems).
- Report any unexpected changes in your condition to the healthcare professionals taking care of you.
- Provide a copy of your advance directive, living will, durable power of attorney for healthcare, and any organ/tissue donation permissions to the healthcare professionals taking care of you.
- Have members of your family authorized to review your treatment if you are unable to communicate with your care team.
- Tell us what (if any) visitors you want during your stay.

Respect and consideration

As a patient or your legally authorized representative or guardian we ask that you:

- Recognize and respect the rights of other patients, families and staff. Threats, violence, rude communication, discrimination or harassment of other patients and facility staff will not be tolerated.
- Help control noise and the number of visitors in your room.
- Comply with the facility's tobacco-free rules. Tobacco products and electronic cigarettes are not permitted on Geisinger campuses.
- Refrain from conducting any illegal activity on facility property. This includes respecting the property of other people and the applicable facility and avoiding drugs, alcoholic beverages or toxic substances that have not been administered by your provider. If such activity occurs, the facility will report it to the police.

Safety

As a patient or your legally authorized representative or guardian, we ask that you:

- Promote your own safety by becoming an active, involved and informed member of your healthcare team. Report any safety concerns immediately to your doctor, nurse, or any staff.
- Ask questions if you are concerned about your health or safety.
- Use your call light provided for your safety.
- Make sure your provider knows the site/side of the body being operated on before a procedure.
- Remind staff to check your identification before medications are given, blood/blood products are administered, blood samples are taken, or before any procedure.
- Remind caregivers to wash their hands before taking care of you.
- Be informed about which medications you are taking and why you are taking them.
- Ask all hospital staff to identify themselves.

Refusing care

As a patient or your legally authorized representative or guardian:

- You are responsible for your actions if you refuse care or do not follow care instructions.

Charges

As a patient or your legally authorized representative or guardian:

- You are responsible for providing accurate information needed to process your insurance coverage.
- You are responsible for paying for the healthcare you received as promptly as possible.

Cooperation

As a patient or your legally authorized representative or guardian:

- You are expected to follow the care plans suggested by the healthcare professionals caring for you while receiving care from this facility. You should work with your care team to develop a plan you will be able to follow before and after you leave this facility.
- Sign to acknowledge receipt of the applicable Notice of Privacy Practices.
- Follow policies and procedures set forth by the applicable facility.
- We ask you to assist in the protection of your personal belongings. Do not bring/leave any valuable(s) with you or ask your family member/other appropriate person to take possession of them while at the facility.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by the provider.

Notes

¹ASF means the ambulatory surgery facilities listed on the front of this brochure. ASFs are licensed by the Department of Health.

Geisinger facilities are accredited by either Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC)