

## Patient Responsibilities

You have the responsibility to:

1. Provide your medical history, to the best of your ability. You may be asked for information about past illnesses, hospitalizations, medications and other matters relating to your health.
2. Provide copies of advance directives and any other documents that designate surrogate decision makers, or direct or limit care, to those responsible for your care while you are in the hospital. If you do not have an advance directive, you have the responsibility to inform your care providers about your requests regarding your plan of care and medical management.
3. Be responsible for your personal items and property during your hospital stay.
4. Not demand medically inappropriate treatments, services or care.
5. Cooperate and communicate appropriately with your health care team. This enables each care team member to work with you to achieve your medically appropriate treatment goals.
6. Be considerate of other patients. Assure that your visitors are considerate as well.
7. Keep appointments. Call the appropriate hospital department when you cannot keep a scheduled appointment.
8. Be respectful of hospital property and the property of others.
9. Inform Holy Cross Health, as soon as possible, if you believe that any of your rights have been, or may be, violated. You may do this anytime by calling Patient and Family Relations at 301-754-7495 for Holy Cross Hospital or 301-557-6495 for Holy Cross Germantown Hospital. To speak with a hospital representative after regular business hours, call the operator at 301-754-7000 for Holy Cross Hospital or 301-557-6000 for Holy Cross Germantown Hospital and ask to speak to the administrative coordinator.

## Notice of Nondiscrimination

Holy Cross Health complies with applicable federal and state civil rights laws and does not discriminate against, exclude, or treat people differently on the basis of age, race, ethnicity, national origin, religion, language, physical or mental disability, ability to pay, sex, sexual orientation, gender identity or expression.

Holy Cross Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Vision, speech, hearing, and other temporary aids as needed, without charge
- Written information in other formats (large print, audio, accessible electronic formats and other formats)

Holy Cross Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please alert a staff member.

If you believe that Holy Cross Health has failed to provide these services or discriminated in another way on the basis of age, race, ethnicity, national origin, religion, language, physical or mental disability, ability to pay, sex, sexual orientation, gender identity or expression, you can file a grievance with:

### Holy Cross Hospital

Director of Patient and Family Relations

1500 Forest Glen Rd., Silver Spring, MD 20910

Phone: 301-754-7495 | TTY: 301-754-7406

Fax: 301-754-7494

Email: SSMD-CustRelations@holycrosshealth.org

### Holy Cross Germantown Hospital

Patient and Family Relations

19801 Observation Dr., Germantown, MD 20876

Phone: 301-557-6495 | TTY: 301-557-7406

Fax: 301-557-5571

Email: ssgtcustomerrelations@holycrosshealth.org

### Holy Cross Health Network

Vice President of Community Care Operations

1500 Forest Glen Rd., Silver Spring, MD 20910

Phone: 301-754-7872 | TTY: 301-754-7406

Fax: 301-754-7172

Email: SSMD-CustRelations@holycrosshealth.org

You can file a grievance in person or by mail, fax or email.

If you need help filing a grievance, the contacts above are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue SW, Room 509F

HHH Building, Washington, DC 20201

Phone: 800-368-1019 | TDD: 800-537-7697

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

**English:** Do you speak [language]? We will provide an interpreter at no personal cost to you.

**Amharic** አማርኛ ይናገሩሉ? እርስዎ በግልጽ ምንም አማርኛ ወጪ ሳያወጡ አስተርጓሚ እናቀርባለን።

**Arabic** هل تتحدث اللغة العربية؟ سوف نوفر لك مترجمًا فوريًا بدون أي تكلفة عليك. اللغة العربية

**Bengali** আপনি কি বাংলায় কথা বলেন? আমরা আপনাকে একজন দোভাষী (ইন্টারপ্রিটার) দেব যার জন্য আপনার ব্যক্তিগতভাবে অর্থব্যয় করতে হবে না।

**Brazil-Portuguese** Você fala português? Nós lhe forneceremos um interprete, sem nenhum custo adicional.

**Cantonese** 您講粵語嗎？我們將免費為您提供粵語翻譯。

**Farsi** فارسی صحبت می کنید؟ یک مترجم شفاهی رایگان در اختیار شما قرار خواهیم داد. فارسی

**French** Parlez-vous français ? Nous vous fournirons gratuitement un interprète.

**Haitian Creole** Èske ou pale Kreyòl Ayisyen? N ap ba ou Kreyòl Ayisyen yon entèprèt gratis.

**Korean** 한국어를 사용하십니까? 무료로 통역 서비스를 제공해 드리겠습니다. 한국어

**Mandarin** 您讲国语吗？我们将免费为您提供中文翻译。

**Pashto** تاسو پښتو خبري کولای شئ؟ مور ستاسو لپاره وړيا ترجمان ټاکو. پښتو

**Russian** Вы говорите по-русски? Мы абсолютно бесплатно предоставим вам переводчика. Русский

**Spanish** ¿Habla español? Le proporcionaremos un intérprete sin costo alguno para usted. Español

**Swahili** Je, unazungumza Kiswahili? Tutakupatia mkalimani bila gharama yoyote kwako. Kiswahili

**Vietnamese** Quý vị nói được tiếng Việt không? Chúng tôi sẽ cung cấp một thông dịch viên miễn phí cho quý vị. Tiếng Việt

HCP-022 | Rev. 09/2020

## Patient Rights and Responsibilities



Holy Cross Health cares for patients in a manner that respects their dignity. We can best care for patients when they understand their medical situation and participate in making decisions about their care. This requires openness, trust and respect among our patients, physicians and health care professionals. The following patient rights describe what patients can expect while they receive care at Holy Cross Health. The patient responsibilities describe how patients should participate in their care at Holy Cross Health. Our collaborative approach contributes to sound decision-making for the benefit and well-being of each patient. Holy Cross Health extends these rights and responsibilities to a patient's health care agent or surrogate decision maker as allowed by law and the patient's situation.

### Patient Rights

You have the right to:

1. Safe care and a secure environment that promotes your emotional and physical health.
2. Personal privacy and considerate, compassionate, and respectful care. We will listen to you and respect your personal beliefs, values, and wishes. You will be able to carry out your beliefs as long as they do not interfere with the wellbeing of others or with the course of treatment you and your physicians have planned.
3. Have an individual of your choice remain with you for emotional support during your hospital stay, choose who may visit, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and you have the right to change your mind about who may visit at any time. Visitors will not be restricted unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated.
4. Participate in the development of your care plan and give informed consent before any nonemergency care is provided, including the benefits and risks of the care, the alternatives to the care, and the benefits and risks of the alternatives to care. We will provide you with information to help you make informed decisions about your care. This information may include your health status, prognosis, test results, treatment options and related risks, and explanations of procedures you may undergo. We will also let you know when your care results in an outcome that was not planned.
5. The name, position and professional status of any

individual who is treating you.

6. Interpretation services or communication assistance free of charge. You will have access to interpretation services and may learn about your medical care and treatment plans in a language other than English. You will also have access to assistive devices that facilitate communication if you have problems with hearing, speech, or vision.
7. Agree or refuse treatment (including medical research studies) as permitted by law, without affecting your care. You can leave the hospital against your physician's advice to the extent permitted by law. If you leave the hospital against your physician's advice, or do not follow the recommended plan of care, the hospital and your physician will not be held responsible for any harm or financial consequences that your action might cause you.
8. Prepare an advance directive that sets forth your wishes should you become unable to make health care decisions. (Holy Cross Health can provide you with sample forms.) You have the right to appoint an individual to make decisions on your behalf. Holy Cross Health will comply with your directives as long as they comply with the law and the mission and philosophy of the hospital.
9. The assessment, reassessment and management of pain.
10. Freedom from physical and chemical restraints and seclusion unless needed for safety or when medically necessary.
11. Freedom from all forms of abuse, neglect, and harassment, including verbal, mental, physical, and sexual abuse. We will not discriminate with regard to age, race, ethnicity, color, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or source of payment for your care.
12. Be provided a copy of the HIPAA Notice of Privacy Practices.
13. Access your medical record within a reasonable time. You can expect privacy and confidentiality in care discussions, treatment, and records about your care. The hospital provides patient information only to those involved in your care or others with a legal right to the information. You or your legal representative may obtain copies of your medical record for a fee. You may make a written request for copies to the Medical Records Department of Holy Cross Health.
14. Have a medical screening exam and receive stabilizing treatment for emergency medical conditions and labor. Transfer your care to another physician and/or facility upon your request, after you have identified an accepting physician and hospital. You also may transfer your care whenever you require a service that Holy Cross Health is unable to provide. The hospital may not be able to provide a service due to lack of capacity or conflict with its mission or philosophy. In these circumstances, prompt efforts will be made to arrange for transfer to another facility that can provide the requested or required service. The hospital will explain to you, your health care agent or surrogate decision maker the reasons for the transfer and other options. The transfer will occur only with your, your health care agent's or surrogate decision maker's consent and when medically appropriate.
15. Information about the relationship of the hospital with other health care and educational institutions.
16. Agree or refuse to allow pictures of yourself for purposes other than your care.
17. Be involved in your discharge plan and appropriate options specific to your care.
18. Receive information about your hospital and physician charges and ask for an estimate of hospital charges before care is provided, as long as care is not impeded. Upon request, you will be given information about the hospital bill, how to seek assistance in paying the bill, or how to seek assistance in filing insurance forms through the Patient Accounting Department at Holy Cross Health.
19. **Contact the nursing director/nursing leadership on your unit if you have any questions or concerns, need clarification about hospital policies, or have any special needs. If you prefer, you may contact the Patient and Family Relations Department: 301-754-7495 at Holy Cross Hospital or 301-557-6495 at Holy Cross Germantown Hospital.**
20. Submit a verbal or written complaint/grievance to the hospital's Patient and Family Relations Department without the complaint/grievance affecting your care if you disagree with or have concerns about your care. Our grievance process provides you, your health care agent, or surrogate decision-maker the right to a timely response, usually within seven days. This includes the steps taken on behalf of the patient to investigate the grievance, the results of any investigation, the date of its completion, and the name of a contact person at the hospital.
21. Be provided a list of protective and advocacy services. Contact the following entities if you, your health care agent

or surrogate decision maker have any concerns about patient care and/or safety in the hospital that have not been addressed:

### The Joint Commission

One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181  
Phone: 800-994-6610  
Fax: 630-792-5636  
Email: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)  
or

### Maryland Department of Health and Mental Hygiene, Office of Health Care Quality

7120 Samuel Morse Drive, Second Floor  
Columbia, Maryland 21046  
Phone: 410-402-8000 or 877-402-8218  
Website: [health.maryland.gov/ohcq](http://health.maryland.gov/ohcq)  
or

### Maryland Board of Pharmacy, Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue, Baltimore, MD 21215  
Phone: 410-764-4755 | TTY: 800-735-2258  
Fax: 410-358-6207  
Email: [Dhnh.mdbop@maryland.gov](mailto:Dhnh.mdbop@maryland.gov)  
Website: [health.maryland.gov/pharmacy](http://health.maryland.gov/pharmacy)  
or

### The CMS Quality Improvement Organization for Maryland

LIVANTA LLC  
BFCC-QIO  
10820 Guilford Road, Suite 202  
Annapolis Junction, MD 20701-1105  
Phone: 888-396-4646 | TTY: 888-985-2660  
Website: [livantaqio.com](http://livantaqio.com)  
or

### Office for Civil Rights Mid-Atlantic Region – DE, DC, MD, PA, VA, WV

U.S. Department of Health and Human Services  
150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111  
Customer Response Center: 800-368-1019  
Fax: 202-619-3818 or 215-861-4431  
TDD: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)  
or

### Holy Cross Health Ethics Advisory Committee

Phone: 301-754-7024