Patient rights

As a patient at the MedStar Georgetown University Hospital, you have the right:

- To receive considerate, respectful, and compassionate care in a safe setting, free from all forms of abuse, including verbal, mental, physical, and sexual abuse, harassment, neglect, retaliation, humiliation or exploitation from staff, students, volunteers, other patients, visitors, and family members.
- To be treated without discrimination or regard to race, color, national origin, ethnicity, age, religion, physical or mental disability, pregnancy, sex, sexual orientation, sexual stereotyping, marital status, gender, gender identity or expression, language, ability to pay, or socioeconomic status. To be treated consistent with your personal values, beliefs, wishes, and/or gender identity in all activities associated with the treatment you receive.
- To have a medical screening exam and be provided stabilizing treatment for emergency medical conditions and labor.
- To have access to programs and activities provided through electronic and information technology and physical access to new or altered areas of this facility.
- To be screened, assessed, and treated for pain.
- To have a family member/representative and your doctor notified promptly of your admission to the hospital, if contact information is available.
- To participate in your plan of care. To discuss information about your medical diagnosis, condition or illness, prognosis, test results, treatment choices, and possible outcomes of care and unanticipated outcomes of care with a qualified provider, in a language and manner that you understand.
- To be told the names and jobs of the health care team members involved in your care if staff safety is not a concern.
- To give informed consent before any nonemergency care is provided, including the benefits and risks of the care, alternatives to the care, and the benefits and risks of the alternatives to the care.
- To consent, request, or refuse any treatment, as permitted by law, including to consent or refuse to take part in research affecting your care. If you refuse any treatment, or choose not to participate in a research study, you will continue to receive the most appropriate care the hospital may otherwise provide.
- To be provided an appropriate means of communication through auxiliary aids and services to ensure your understanding of your care when you do not speak the predominant language of the community or are visually or hearing impaired, without charge.
- To be provided a list of protective and advocacy services when needed.
- To have an Advance Directive, such as a Living Will or the appointment of a healthcare agent to speak on your behalf, to communicate your wishes regarding treatment, and to

expect that your Advance Directive will be followed. To make or change your Advanced Directive while in the hospital. To not be discriminated against if you choose not to have an

- To designate a person to make healthcare decisions for you, if you are unable to do so.
- To have visitors and a support person that you designate, including, but not limited to, a spouse, domestic partner (including a same sex spouse), other family member(s) or friends for emotional support, without regard to race, color, national origin, age, religion, physical or mental disability, sexual orientation, gender identity or economic status during the course of your hospital stay, per hospital visitation policy, unless the visitor's presence infringes on others' rights or safety or is medically or therapeutically contraindicated, or you change your mind on who may visit.
- To designate someone to help with your care at home, if you are admitted to the hospital.
- To remain free from restraints and seclusion unless medically or behaviorally necessary to ensure a safe environment of care for you and others and to have care givers who are appropriately trained regarding the use of restraints or seclusion.
- To consent or refuse to allow pictures of you for purposes other than your care.
- To be provided privacy and confidentiality with respect to your personal identity and dignity in care discussions and treatment.
- To have your health information treated confidentially, so that only individuals involved in your care, monitoring your quality of care, or otherwise allowed by law will be allowed to access your medical record.
- To access, request to amend or receive an accounting of disclosures of your medical record, as allowed by law and in accordance with Health Insurance Portability and Accountability Act (HIPAA). To receive a Notice of Privacy Practices explaining these rights.
- To receive a written statement of those services that may be provided only when medically necessary, and of charges for services not covered by Medicare or Medicaid.
- To be made aware that, if you are a low-income patient who lacks health insurance or whose insurance does not cover the full cost of your care, you may be eligible for this MedStar Health facility's financial assistance program that provides certain types of care free of charge or at a reduced fee.
- To be made aware of your right to appeal if you disagree with a determination that you are not eligible for the financial assistance program.
- To request an estimate of hospital charges before care is provided and as long as patient care is not impeded and receive a written explanation of your bill, regardless of source of payment.
- To know about and access hospital resources such as social work, pastoral care, other spiritual services, or the Ethics Committee that can help resolve questions and concerns about your hospital stay and care.
- To have access at any time to a telephone where you may speak without being monitored by the hospital.

- To file a grievance or a complaint about the hospital without the fear of retaliation. You may contact the MedStar Georgetown University Hospital Patient Advocacy staff at 202-444-2273. In addition, you may contact the District of Columbia, The Joint Commission, or the Department of Health and Human Services Office for Civil Rights.
    - District of Columbia Department of Health
      Address: 899 North Capitol St., NE, Washington, DC 20002
      Phone:202-442-5955
      Website: dchealth@dc.gov
    - The Joint Commission Office of Quality and Patient Safety
      Address: One Renaissance Blvd. Oakbrook Terrace, IL 60181
      Phone: 1-800-994-6610
      Fax: 630-792-5636
      Website: www.jointcommission.org
    - Department of Health and Human Services Office for Civil Rights
      Address: 200 Independent Ave, S.W., Room 509F, HHH Building, Washington, DC 20201
      Phone: 800-368-1019or 800-537-7697 (TDD)
      Office for Civil Rights Compliant Portal available at: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- To file a grievance or a complaint with your healthcare insurance or payer.

Patient responsibilities

As a patient at the MedStar Georgetown University Hospital, you have the responsibility:

- To treat staff and others with respect.
- To follow the treatment plan developed with your physician. To ask if you do not understand the consequences of alternative treatment and/or if you refuse treatment. To let your caregivers know if you do not understand any written or verbal information given to you.
- To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters related to your health.
- To inform your caregivers about any pain or discomfort you may be experiencing.
- To inform your caregivers about any changes to your Advance Directive.
- To actively participate in your discharge planning with your physician and other members of your healthcare team as early as practical during your hospital stay.
- To promptly meet all financial commitments for the care you receive at this MedStar Health facility.
- To not keep valuables with you while you are in the hospital.
- To not use personal electronic devices (mobile or smart phones, cameras, other video or audio recording devices) to take photographs, videos or audio recordings within the hospital.
- To be respectful of the property of other persons and of the hospital.

- To be considerate of the rights of other patients, to assist with noise control and to ask family and friends to visit only during visiting hours. To not discuss any information regarding another patient that you may have overheard.
- To be considerate of the facility staff and to refrain from abusive behavior, actions, or comments.
- To make arrangements for transportation home upon your discharge.
- To comply with all the rules and regulations of the hospital, including infection control, medication administration, dietary plans, life safety and security policies, and procedures
- To remember that this MedStar Health facility is a tobacco-free campus and that you may not smoke or use electronic smoking devices **anywhere** in or on the campus.

Attention

If you speak a non-English language, language assistance services, free of charge, are available to you.

Call 1-443-777-7547 1-443-777-2771.



Amharic	አማርኛ	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርድሮች፣ በነጻ ሊያገለግሎት ተዘጋጅተዋል። ወደ ማስተናገጃ ቁጥር ይደውሉ 1-443-777-7547/1-443-777-2771.
Arabic	العربية	ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-443-777-7547/1-443-777-2771.
Bengali	বাংলা	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-443-777-7547/1-443-777-2771.
Chinese	繁體中文	注意！如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-443-777-7547/1-443-777-2771.
French	Français	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-443-777-7547/1-443-777-2771.
French Creole (Haitian Creole)	Kreyòl Ayisyen	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-443-777-7547/1-443-777-2771.
German	Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-443-777-7547/1-443-777-2771.
Gujarati	ગુજરાતી	ધ્યાનમાં: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-443-777-7547/1-443-777-2771.
Hindi	हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-443-777-7547/1-443-777-2771.
Ibo	Igbo asusu	Ige nri: O buru na asu Ibo asusu, enyemaka dieri gi site na call 1-443-777-7547/1-443-777-2771.
Italian	Italiano	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-443-777-7547/1-443-777-2771.
Japanese	日本語	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-443-777-7547/1-443-777-2771まで、お電話にてご連絡ください。
Korean	한국어	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-443-777-7547/1-443-777-2771 번으로 전화해 주십시오.
Kru (Bassa)	Wàsɔ̀-wadja-po-nyɔ̀	Dɛ dɛ nia ke dyedɛ ybo: Ɔ yi kɛ́ m Wàsɔ̀-wadja-po-nyɔ̀ yi ni, nii, à wudju kà kò dɔ po-poo fein m gbo kpàa. Dù 1-443-777-7547/1-443-777-2771.
Persian (Farsi)	فارسی	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-443-777-7547/1-443-777-2771 تماس بگیرید.
Portuguese	Português	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-443-777-7547/1-443-777-2771.
Russian	Русский	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-443-777-7547/1-443-777-2771.
Spanish	Español	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-443-777-7547/1-443-777-2771.
Tagalog	Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-443-777-7547/1-443-777-2771.
Thai	ภาษาไทย	ถ้อยความภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-443-777-7547/1-443-777-2771.
Urdu	اردو	خبردار: اگر آپ اردو بولتے ہیں تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-443-777-7547/1-443-777-2771.
Vietnamese	Tiếng Việt	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-443-777-7547/1-443-777-2771.
Yoruba	ède Yorùbá	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro si 1-443-777-7547/1-443-777-2771.