Patient Rights

St. Mary Medical Center

You have the right to 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 what hospital 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 expect good management techniques to be implemented within the hospital, the avoidance of unnecessary delays and, when possible, the avoidance of personal discomfort through effective pain management.

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

You have the right, in collaboration with your physician, to make decisions involving your healthcare. This right applies to the family and/or guardian of neonates, children, and adolescents.

You have the right to know that, as a Catholic Hospital, we do not engage in the performance of abortions, sterilizations or euthanasia, and such procedures are not recognized as rights of patients to undergo, physicians or staff to perform, in this hospital.

You have the right, upon request, to be given 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 healthcare personnel.

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.

You have the right to request a room transfer if another patient or a visitor in the room is unreasonably disturbing you and another room equally suitable for your care needs is available.

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 to have your medical records read only by individuals directly involved in your care, by individuals monitoring the quality of your care, or by individuals authorized by law or regulation.

The hospital shall provide you, or your designated/legal representative, upon request, 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 be communicated with in a manner that is clear, concise, and understandable. If you do not speak English or are hearing impaired, you may request an interpreter or an auxiliary aid.

You, and/or your designated legal representative, have the right to full information in layman’s terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications.

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 not to be involved in any experimental, research, donor program or educational activities unless you, or your designated/legal representative, have 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 refuse any drugs, treatment, or procedure offered by the hospital, to the extent permitted by law, and a physician shall inform you of the medical consequences of such refusal.

You have the right to an ethical consultation regarding ethical issues surrounding your care within the framework established by this organization.

You have the right to leave the hospital against medical advice and to be informed of the medical consequence of this action.

You have the right to formulate, produce a copy of or request information on advance directives, or to appoint a surrogate to make healthcare decisions on your behalf. These decisions will be honored by this hospital and its healthcare professionals within the limits of the law and this hospital’s mission and values. If applicable, you are responsible for providing a copy of your advance directive to the hospital. You are not required to have or complete an advance directive in order to receive care and treatment at this hospital.

You have the right to assistance in obtaining a consultation with another physician at your cost and expense.

You have the right to 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 alternative 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 healthcare 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 assure or protect the rights set out in this section.

If disabled, you have the right to expect reasonable and equal access to the facilities, services, and programs of this hospital.

Information regarding your rights as a patient should be provided to you during the admission process or at the earliest possible appropriate moment during the course of your hospitalization.

You have the right to be free from verbal or physical abuse or harassment.

You have the right to be free from the use of seclusion and restraints as a means of coercion, convenience, or retaliation by staff. The hospital will impose restraints or seclusion only when necessary to prevent injury to the patient or others and when no alternative means are sufficient to accomplish this purpose.

You have the right to be informed of your visitation rights, including any clinical restriction or limitation of your visitation rights.

You have the right to designate visitors, including but not limited to a spouse, a domestic partner (including same sex), family members, and friends. You may withdraw the consent for visitation at any time. These designated visitors will not be restricted or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. All visitors will enjoy full and equal visitation privileges consistent with any clinically necessary or other reasonable restriction or limitation that the hospital may need to place on such rights.

You have the right to formulate, produce a copy of or request information on advance directives, or to appoint a surrogate to make healthcare decisions on your behalf. These decisions will be honored by this hospital and its healthcare professionals within the limits of the law and this hospital’s mission and values. If applicable, you are responsible for providing a copy of your advance directive to the hospital. You are not required to have or complete an advance directive in order to receive care and treatment at this hospital.

You have the right to assistance in obtaining a consultation with another physician at your cost and expense.

You have the right to 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 alternative 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 healthcare 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 assure or protect the rights set out in this section.

If disabled, you have the right to expect reasonable and equal access to the facilities, services, and programs of this hospital.

Information regarding your rights as a patient should be provided to you during the admission process or at the earliest possible appropriate moment during the course of your hospitalization.

You have the right to be free from verbal or physical abuse or harassment.

You have the right to be free from the use of seclusion and restraints as a means of coercion, convenience, or retaliation by staff. The hospital will impose restraints or seclusion only when necessary to prevent injury to the patient or others and when no alternative means are sufficient to accomplish this purpose.

You have the right to be informed of your visitation rights, including any clinical restriction or limitation of your visitation rights.

You have the right to designate visitors, including but not limited to a spouse, a domestic partner (including same sex), family members, and friends. You may withdraw the consent for visitation at any time. These designated visitors will not be restricted or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. All visitors will enjoy full and equal visitation privileges consistent with any clinically necessary or other reasonable restriction or limitation that the hospital may need to place on such rights.

Patient Grievance Policy

St. Mary Medical Center’s mission urges us to emphasize human dignity and social justice as we move toward the creation of a healthier community. Respect for human dignity includes respecting your rights as a patient in our hospital.

If you feel that any of your rights may have been violated, you may initiate a formal grievance. You may notify the Patient Representative in writing at St. Mary Medical Center, 1201 Langhorne Newtown Road, Langhorne, PA 19047. You may also call and speak with the Patient Representative: The telephone number is 215.710.6976.

The Patient Representative will contact you upon the receipt of the grievance and will investigate the complaint. Every effort will be made to respond to Patient Grievances within 7 days. If the complaint will not be resolved, or if the investigation is not or will not be completed within 7 days, an update will be given to the patient or the patient’s representative informing them that the medical center is continuing to resolve and investigate the complaint. This letter will also have the names of the contact person for any further correspondence.

St. Mary Medical Center is committed to providing the highest quality and safest care for each patient. It is our privilege to serve you. If your concerns cannot be resolved at this level, you may contact The Joint Commission by mail at Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181. By fax to 630.792.5636 or at jointcommission.org, using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website. You may also contact:

Pennsylvania Department of Health, Acute & Ambulatory Care Services
P.O. Box 90, Harrisburg, PA 17108-0090
1.877.724.3258 (1.877.PA.HEALTH)