

Patient's Rights and Responsibilities & Notice of Privacy Practices



Patient's Rights

Bayhealth is dedicated to providing quality medical care while preserving patients' dignity and importance as individuals. You have the right to reasonable access to care. We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, and talk openly with your doctors and other health professionals you are promoting your own safety and making your care as effective as possible. Your rights as a patient are an important element of our care for you.

While you are a patient we respect your rights including the following:

NOTIFICATION OF ADMISSION

- To expect that a family member or representative and your physician will be notified promptly of your admission to the hospital. Please provide your nurse with the name of the family member or representative and physician you wish to have notified.

CONSIDERATE AND RESPECTFUL CARE

- To a patient-centered environment and communication free from discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression (The Joint Commission RI.01.01.01, EP 29).
- To considerate and respectful care of your personal values and beliefs, at all times and under all circumstances, provided within a safe and comfortable environment.
- To care that responds to your psychological, social, emotional, spiritual, and cultural needs.
- To have a family member, friend, or other individual of your choice be present with you for emotional support throughout your stay unless it compromises

safety or if it is medically or therapeutically contraindicated for your support person to be present (The Joint Commission RI.01.01.01, EP 28).

- To be informed in advance of receiving care of your rights as provided under federal and state rules and regulations.
- To know the identity of physicians, nurses, and others involved in your care, as well as when those involved are students, residents, trainees or volunteers.
- To have the opportunity to understand, discuss and request information related to specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the risks and benefits of medically reasonable alternatives (unless in an emergency where the need for treatment is urgent and you lack the ability to make decisions).
- To ask all personnel involved in your care to introduce themselves, state their role in your care, and explain what they are going to do for you.
- To be free from restraints imposed as a means of coercion, discipline, convenience or retaliation by staff.

COMMUNICATION AND INFORMATION ABOUT TREATMENT

- To participate in the development and implementation of your inpatient treatment/care plan, outpatient treatment/care plan, your discharge plan, and your pain management plan.
- To have effective communication about your care and treatment.
- To obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment and prognosis.
- To obtain your informed consent before the start of a procedure or treatment (other than in a medical emergency). The physician is responsible for explaining the treatment or procedure to you or your legal representative and obtaining your consent before the start of a procedure or treatment.

- To be informed if the hospital proposes to engage in research affecting care and to have a full explanation prior to consent. You have the right to refuse to participate and to be assured that care won't be negatively affected by such a refusal.
- To ask and be informed of the existence of business relationships among the hospitals, educational institutions, and other healthcare providers or payers that may influence your treatment or care.
- To be informed by your physician about outcomes of care, treatment and services provided, including unanticipated outcomes.
- To be billed only for those services provided as allowed by law and regulation. Regardless of the source of payment, you have the right to request a summarized list of charges and to obtain information about those charges.

PARTICIPATION IN DECISIONS ABOUT YOUR CARE

- To make decisions about care and treatment prior to and during the course of treatment; to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy, and to be informed of the medical consequences of this action. If the refusal of treatment prevents the hospital from providing appropriate care in accordance with professional standards, the hospital and/or physician may terminate its relationship with you after reasonable notice and may make other arrangements for transfer, discharge or continuing care as necessary.
- To designate a decision-maker in case you are incapable of understanding a proposed treatment or procedure or are unable to communicate your wishes regarding care.
- To have family participate in care decisions or to exclude any or all family members from participating in your care decisions.
- To have help in obtaining consultation with another physician at your request.
- If you are a minor, your family and/or legal guardian will be involved in all treatment decisions for you, unless otherwise provided by law.
- To have help with learning more about your health, treatment and educational programs available to you upon discharge from the hospital.
- To be given information about realistic care alternatives when hospital care is not indicated.
- To be cared for by staff who have been educated about patient rights and their role in supporting those rights.
- To access protective services.
- To have Bayhealth extend these same rights, including sharing of essential information, to your legally

designated decision-maker or representative if you are unable to exercise these rights.

ADVANCE DIRECTIVES

- To receive written information regarding Advance Directives utilizing our Five Wishes (Living Will instructions regarding care) and appointment of an Agent for making healthcare decisions.
- To receive assistance in making an Advance Directive.
- To expect that you will receive appropriate medical care regardless of whether you have made an Advance Directive.
- To have care at the end of life.
- To receive timely information about hospital policy that may limit its ability to fully implement a legally valid Advance Directive.
- To provide a copy of your Advance Directive, if you have one, to be placed in your medical record.

PRIVACY AND SECURITY

- To be interviewed, examined and treated in surroundings designed to give reasonable visual and auditory privacy.
- To not remain disrobed any longer than necessary and to expect that staff will use privacy curtains and doors to ensure your privacy.
- To refuse to talk with or see anyone not directly involved in your care.
- To request confidential status to protect your identity as a hospitalized patient.
- To be in a safe and secure patient environment free from abuse and/or harassment.
- To have a chaperone (all patients). To be advised of the right to a third party or chaperone (for minors 15 years of age or younger) to be present during certain portions of a physical examination (Reference 24Del.C. § 1769B).

MEDICAL RECORDS AND CONFIDENTIALITY

- To security, personal privacy and confidentiality of your information.
- To obtain information in your medical record while in the hospital or after discharge, or after services at one of the Bayhealth ambulatory service sites, upon request, unless such information is specifically restricted by your attending physician for medical reasons. Your medical record belongs to Bayhealth but you may request a copy of your record after discharge by contacting Health Information Services at Bayhealth Hospital, Kent Campus at 302-744-7041 or at Bayhealth Hospital, Sussex Campus at 302-430-5787. A nominal fee may be charged.



- To expect that all communication and records pertaining to your care will be treated as confidential by Bayhealth and all employees, unless you have given permission for release of information, or reporting is permitted or required by law.
- To OPT OUT of electronic information transfer to the Delaware Health Information Network (DHIN).
- To expect only the individuals directly involved in your treatment, individuals with responsibility for monitoring the quality of care, or individuals authorized by law or regulations to have access to your medical record.
- To review the medical records pertaining to your medical care and to have the information explained or interpreted as necessary, except when restricted by law.

REASONABLE RESPONSE TO REQUESTS AND NEEDS

- To a reasonable response to the request for appropriate and medically indicated care and services regardless of race, creed, age, sex, sexual orientation, national origin, or sources of payment for care. The hospital will provide evaluation service and/or referral as indicated by the urgency of the case.
- To be transferred upon your request and/or if your condition requires a level of care not provided by the hospital. The receiving hospital and receiving physician must first accept you for transfer. In some instances, you or your family may be asked to make initial contact with the receiving physician and/or hospital.

GRIEVANCES

- To voice concerns or have complaints/grievances reviewed and, when possible, resolved. Care won't be conditioned or compromised as a result of a grievance/complaint.
- To voice a grievance/complaint using the hospital's internal process, write or call the Patient Advocacy department at Bayhealth at 302-744-7085.
- To contact the following external state licensing and certification agencies if your grievances/complaints have not been resolved by Bayhealth:

Delaware Department of Health & Social Services, Division of Health Care Quality, Office of Health Facilities Licensing and Certification:
Mail to 261 Chapman Rd., Suite 200, Stockton Building, Newark, DE 19702; Call 302-292-3930; Fax to 302-292-3931; or Hotline 800-942-7373.

Unresolved quality of care and/or patient safety concerns may be reported to The Joint Commission: *Online at JointCommission.org,*

Nondiscrimination Policy

As a recipient of Federal financial assistance, Bayhealth does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Bayhealth directly or through a contractor or any other entity with which Bayhealth arranges to carry out its programs and activities.

The statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91, and the Joint Commission's standard on discrimination, RI.01.01.01, EP 29.

In case of questions, please contact:

Bayhealth Medical Center
Jo Ann Davis 302-744-7405

*TDD # (Bayhealth Hospital, Kent Campus):
1-866-237-0174 (and give ID on TDD card
attached to the machine)*

*TDD # (Bayhealth Hospital, Sussex Campus):
1-866-237-0174 (and give ID on TDD card
attached to the machine)*

using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website; *Fax to 630-792-5636*; or *Mail to Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.*

For patients with Medicare, grievance/complaints can be addressed through KEPRO: at their *Helpline 844-455-8708*; *Fax to 844-834-7129*; or *Mail to KEPRO, Attention Beneficiary Complaints, 5201 West Kennedy Blvd., Suite 900, Tampa, FL 33609.*

Patients with TRICARE can address grievances/complaints: *Online at Tricare.mil/ContactUS/FileComplaint/Grievance* and follow the instructions for mailing a written complaint to Regional Grievance Coordinator, Humana Military, 8123 Datapoint Dr., Suite 400, San Antonio, TX 78229.

ETHICAL DECISIONS

- To express and have addressed ethical questions that arise in the course of your care. This includes issues of conflict resolution, withholding resuscitative services, forgoing or withdrawal of life-sustaining treatment, and participation in investigational studies or clinical trials.
- To have ethical concerns brought before the Bayhealth Ethics Committee. This can be arranged through your physician, nurse, social worker, or the Patient Advocacy department.

Ethics Consultation

Bayhealth’s physicians and employees are committed to serving our patients and families with the highest ethical standards. You have the right to participate in your healthcare decisions and to be treated with competence, care and respect.

Our basic goal is to act in the best interests of our patients.

Healthcare decisions are not always simple or easy to make. You may accept or refuse any tests or treatments that are offered or recommended. Physicians and nurses try to provide information as clearly and sensitively as possible. Decisions are often made with the help of staff and family that are based on the patient’s values and beliefs.

Sometimes it may be hard to decide what choice is truly in the patient’s best interest. Sometimes, values and beliefs about proper treatments differ from person to person. Ethics consultations can be helpful in resolving these differences.

When should I seek ethics assistance?

Some people think of ethics in relation to end-of-life decisions made by or for very sick patients. However, ethical issues impact much more of day-to-day healthcare than people realize. Our Ethics Program can help address:

- Disagreements on healthcare decisions
- Decisions about Advance Directives
- Decisions about life-sustaining treatments (such as ventilators, feeding tubes, CPR, or other “heroic” measures like dialysis)
- Questions about patient’s rights
- Questions about how to share medical information and with whom

Bayhealth’s Ethics Committee is a resource for patients, families and staff. Ethics consultations are forums for the discussion of difficult treatment decisions in an atmosphere that is nonjudgmental, supportive and respectful of the personal, cultural and spiritual values of all participants.

Education and support for those involved in the situation are provided informally as well as formally. Discussions may include patients and/or family members, primary care doctors, members of the care team such as nurses, therapists, etc., and members of Bayhealth’s Ethics Committee. For an ethics consultation, ask your physician, nurse, social worker, or patient advocate.

How do I access the Ethics Committee for assistance?

Bayhealth’s Ethics Committee is available for consultation through the patient’s physician, nurse, the Patient Advocacy department, social worker, Pastoral Care staff or the Administrator-on-Call.

Who is on the Medical Ethics Committee?

The Bayhealth Ethics Committee includes professionals from across the organization that have open attitudes, knowledge of ethical and legal standards as they apply to patient care, and the capacity for critical thinking. Experts in other areas are invited as needed for case reviews or projects.

The Ethics Program at Bayhealth exists because conscientious individuals sometimes make different value judgments about what is best to do and that sometimes talking it out in the right setting can help.

The Ethics Program at Bayhealth also reflects our conviction that good decisions are not focused on money or sophisticated equipment, but on caring for the good of each patient.

Visit Bayhealth.org/Ethics-Committee for more information.

Patient's Responsibilities

Patients must be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. Hospital rules and regulations are designed to help the hospital meet this obligation.

RESPECT AND CONSIDERATION

You're responsible for being considerate of other patients and hospital personnel by:

- Using television, telephone, radio, and lights in a manner that does not disturb others
- Honoring the confidentiality and privacy of other patients
- Respecting the property of others
- Reminding visitors to maintain a quiet atmosphere

PRIVACY

You or your family are responsible for giving items containing identifying information that you wish to be discarded to your nurse, if you are concerned about the privacy of such information. The nurse will make sure these items are discarded in a manner to ensure confidentiality.

PROVIDING INFORMATION

You are responsible to:

- Be honest about your health, and provide accurate and complete information about present and past grievances, illness, hospitalizations, medications, allergies, and other matters relating to your health.
- Tell your doctor or nurse about unexpected changes in your condition, or if you have questions or do not understand your plan of care and what is expected of you in terms of participating in your care. Please don't be afraid or ashamed to tell us when you do not understand something.
- Inform your physician and other caregivers if you anticipate problems in following the prescribed treatment.
- Let your nurse and your family know if you feel you are receiving too many visitors or telephone calls.
- Notify the Patient Advocacy department if you have a complaint or grievance or feel your rights are being violated.

HOSPITAL CHARGES

You are responsible for providing complete and accurate information for payment, including insurance claims.

Billing inquiries and questions can be addressed to the Billing Customer Service Representatives at 877-744-7081.

FOLLOWING INSTRUCTIONS

You are responsible for your actions if you refuse treatment or don't follow the instructions of physicians or other healthcare personnel. You're responsible for keeping appointments and for giving notice if unable to do so.

RULES AND REGULATIONS

You're responsible for following hospital rules and regulations affecting patient care and conduct and acquainting yourself with the patient handbook and safety guide.

PATIENT PROPERTY

You or your family are responsible for the safekeeping of valuable items not placed in the hospital safe. Patients are encouraged to leave or send valuables home.

SMOKING

You're responsible for following and ensuring that your visitors follow the no smoking policy and state law.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct or amend your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Restrict disclosure of your health information if you pay out of pocket
- Have confidential communications about your mental health diagnosis and treatment disclosed with your permission

- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your paper or electronic medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct or amend your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communication

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment or our operations. We aren't required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or healthcare item out of pocket, and request that we not disclose that information, we won't disclose it to your health insurer for purposes of payment or our operations, unless we are required to do so by law.
- We will not disclose your confidential communications with a physician or licensed mental health practitioner about your mental health diagnosis or treatment without your permission, unless that disclosure is necessary to prevent imminent harm, further your interest in treatment, or we're permitted or required to do so by law.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, of who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the Privacy Officer at 302-744-6155 or 567 S. Governors Ave., Dover, DE 19901
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting www.hhs.gov.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Market our services and sell your information
- Provide mental healthcare
- Raise funds

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

For certain health information, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, you will be opted in. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we do not share your information unless you give us permission or we are permitted to do so by law:

- Marketing purposes
- Sale of your information
- Psychotherapy notes, which are notes by a mental health professional about the contents of your conversations during a counseling session that are separated from the rest of the medical record.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our medical center, improve your care and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

HEALTH INFORMATION EXCHANGES:

Bayhealth takes part in health information exchanges (HIE) to ensure the optimal coordination of patient care. Some disclosures described above may be carried out through an HIE. Other entities may access your health information through an HIE for treatment purposes or other permitted uses.

Example: An outside provider who needs information to treat you may securely access your health information through an HIE to ensure the best treatment possible and avoid unnecessary delays.

Visit Bayhealth.org/Health-Information-Exchange and view the Health Information Exchange FAQs for more information about HIEs or to learn how you can opt out of having your information shared through an HIE.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. Visit www.hhs.gov for more information.

We can share health information about you for certain situations such as to:

Help with public health and safety issues

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement and other government requests

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We're required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We won't use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Visit www.hhs.gov for more information.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice is available at Bayhealth.org, upon request or in our registration areas. *Effective date of this Notice: April 1, 2018.*

THIS NOTICE OF PRIVACY PRACTICES APPLIES TO THE FOLLOWING:

Organizations that will follow this Notice are part of an organized healthcare arrangement (OHCA) with Bayhealth Medical Center and include all Bayhealth Medical Center healthcare providers who provide healthcare to the public and all of their delivery sites including, but not limited to:

Bayhealth Kent Campus

Bayhealth Sussex Campus

Bayhealth Emergency Center, Smyrna

Bayhealth Outpatient Centers:

Eden Hill, Harrington, Middletown, Milford, Milton, Smyrna

Bayhealth Sleep Centers:

Smyrna, Newark, Dover, Middletown, Milford, Georgetown

Bayhealth Women's Center, Dover

Bayhealth Medical Group:

Multiple office locations

Other:

Occupational Health Centers, Walk-in Medical Care, High School Wellness Centers.

CONTACT US

Privacy Officer
302-744-6155
567 S. Governors Ave.
Dover, DE 19901