



Patient Rights & Responsibilities



Atlantic General Hospital & Health System
9733 Healthway Drive
Berlin, MD 21811

Phone: 410-641-1100
Toll Free: 1-877-641-1100

www.agh.care

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Concerns & Complaints

Atlantic General Hospital & Health System is committed to providing you with the highest quality of care and excellent customer service. We encourage you to voice any concerns or comments you have regarding your care. Your caregiver will help you with any issues that can be addressed promptly. We are always interested in improving.

If you have Questions, Comments or Concerns

From any patient's room dial "0" and ask for:
Patients & Family Relations during the hours of 8:30 a.m. & 4:30 p.m. (M-F) or the Patient Care Supervisor after hours & on the weekend.

After you are discharged, contact:
Patient & Family Relations at 410-629-1500

Office of Health Care Quality at 1-877-402-8218 or
www.dhmd.state.md.us

Joint Commission Accreditation
Safety Line: 1-800-994-6610
www.jointcommission.org: Use the "Report a Patient Safety Event" link in the "Action Center" on the homepage
Fax: 630-792-5636
Mail: The Office of Quality & Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181

If you would like to file a complaint against Atlantic General Hospital for an alleged violation of its financial assistance policy, contact the Health Services Cost Review Commission at
hsrc.patient-complaints@maryland.gov.

Patient Safety

Our hospital works hard to keep you safe. If you suspect that you have received a medication in error or have experienced an unexpected outcome, please notify your physician, nurse or pharmacist. If you are not satisfied, you can notify the State Board of Pharmacy at 410-764-4050 to report a medication error.

The services and facilities of Atlantic General Hospital & Health System are operated on a nondiscriminatory basis. They are subject to the provisions of Title VI of the 1964 Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Hill Burton Act, and Section 1557 of the Affordable Care Act.

These acts prohibit discrimination on the basis of age, race, color, national origin, religion, sex, gender identity or expression, language, sexual orientation, disability, or socio-economic status. This facility's nondiscriminatory position applies to admissions, provisions or services, granting of privileges, accommodations, and opportunity to participate in programs and activities.

Attention: if you speak another language, language assistance services, free of charge, are available to you at 1-410-629-1500.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-410-629-1500.
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-410-629-1500.
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele 1-410-629-1500.
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 1-410-629-1500。
주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-410-629-1500 번으로 전화해 주십시오.
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-410-629-1500.
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-410-629-1500.
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo pang-tulong sa wika nang walang bayad. Tumawag sa 1-410-629-1500.
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-410-629-1500.
ማከታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በእኛ ሊያገኙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-410-629-1500.
Ntj: Q bnyu na asy lbo, asyuy aka qasy n'efu, defu, aka. Call 1-410-629-1500
AKIYESI: Bi o ba nso ede Yorùbú ofé ni iranlọwọ lori edè wa fun yin o. E pe eṣo-ibanisọṣọ yi 1-410-629-1500.
تفصیل تادمخ یک دم یک نابین وک پآ وت، نی عتلوب ودرآ پآ رگا: برادرب خ نی ریرک. 1-410-629-1500 لآک. نی بی ایست سید نی م تر و صرب نی نابین تالی هسرت، دینک یم وگت فنگ یم رراف نابین هب رگا: هجوت دیری گب سراجت اب، دشاب یم مهارف 1-410-629-1500 اجش یارب ناگهار ملحوظة: إذا كنت تتحدث انکر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان . اتصل برقم 1-410-629-1500 (رقم هاتف الصم والبكم).

Our Partnership for Your Care

Patient Rights

When you need hospital care, your doctor and the nurses and other professionals at our hospital want to work with you and your family to meet your health care needs. Our goal is for you and your family to have the same care and attention we would want for our families and ourselves.

This brochure explains how you can expect to be treated in a dignified and respectful manner by skilled professionals during your hospital stay.

Our goal is to partner with you to provide you the care you need.

We respect the privacy of your relationship with your doctor and other caregivers, and the personal information about your health and health care that are part of that relationship. Make sure your doctor, your family and your care team know your wishes.

You and/or support person/surrogate decision maker have a right to:

- Be provided a written copy of the hospital's patient's bill of rights.
- If you do not speak English or require the patient's bill of rights in an alternative format you will be provided a translator, an interpreter, or another accommodation to assist in understanding and exercising the rights included in the patient's bill of rights.
- Appeal early discharge.
- Be told in advance when transfers to another level of care is needed.
- Receive considerate, respectful, and compassionate care.
- Be involved in your plan of care.

- Be provided care in a safe environment free from all forms of abuse and neglect, including: verbal, mental, physical, sexual abuse; harassment and corporal punishment.
- Have a medical screening exam and be provided stabilizing treatment for emergency medical conditions and labor.
- Be free from restraints and seclusion unless needed for safety.
- Be told the names and jobs of the health care team members involved in the patient's care if staff safety is not a concern.
- Have respect shown for your personal values, beliefs, and wishes.
- Be treated without discrimination or deny visitation privileges based on race, color, national origin, ethnicity, age, gender, sexual orientation, sex, gender identity or expression, physical or mental disability, religion, language, or ability to pay/socio economic status.
- Be provided a list of protective and advocacy services when needed.
- Receive information from the doctor or other health care practitioners about your diagnosis, prognosis, test results, possible outcomes of care, and unanticipated outcomes of care.
- Access your medical records in accordance with HIPAA Notice of Privacy Practices within a reasonable timeframe.
- Agree or refuse to take part in medical research studies, without the agreement or refusal affecting your care.
- Allow or refuse to allow pictures of you for purposes other than your care.
- Expect privacy and confidentiality in care discussions, treatments and records.
- Refuse care and be informed of the consequences of your refusal.

- Receive information about hospital and physician charges and ask for an estimate of hospital charges before care is provided and as long as your care is not impeded.
- Receive information in a manner you understand, which may include:
 - Sign and foreign language interpreters;
 - Alternative formats, including large print, braille, audio recordings, and computer files;
 - Vision, speech, hearing, and other temporary aids as needed, without charge
- In accordance with hospital visitation policies, have an individual of your choice remain with you for emotional support during your hospital stay, choose the individuals who may visit you, and change your mind about the individuals who may visit. Flexible open visitation (may be limited due to Justified Clinical Restrictions).
- Appoint an individual of your choice to make health care decisions for you, if you are unable to do so.
- Make or change an advance directive and have these decisions honored.
- 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.
- Be provided a copy of the Health Insurance Portability and Accountability Act Notice of Privacy Practices.
- The right to have a family member or representative of your choice and your physician notified your admission to the hospital.
- Receive calls and visits from spouse, domestic partner, family members and friends, or any other individuals as designated by patient. Have the ability to withdraw or deny consent to calls and visitors at any time.
- The right to personal privacy and to receive care in a safe setting.

- The right to make an informed decision; you or your representative is given the information needed in order to make "informed" decisions regarding care.
- File a complaint about care and have the complaint reviewed without the complaint affecting your care.
- Be screened, assessed, and treated for pain.

The primary care medical home respects the patient's right and provides the patient the opportunity to do the following:

- Obtain care from other clinicians of the patient's choosing within the primary care medical home.
- Seek a second opinion from other clinicians of the patient's choosing.
- Seek speciality care.

We ask that you help us by:

- Providing accurate information about your past health care and medications, including over-the-counter medications.
- Providing a copy of your Advance Directive.
- Asking questions if there are any things you do not understand.
- Following the plan of care.
- Following hospital rules/be in control of your behavior.
- Showing respect and consideration for others.
- Meeting financial obligations.
- Participating in your coordination of care through your patient portal.
- Selecting a capable caregiver for discharge planning.