

Patient Bill of Rights and Responsibilities

We want to encourage you, as a patient at The Johns Hopkins Hospital, to speak openly with your health care team, take part in your treatment choices, and promote your own safety by being well informed and involved in your care. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities during your stay at our hospital. We invite you and your family to join us as active members of your care team.

Your Rights

- YOU HAVE THE RIGHT to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- YOU HAVE THE RIGHT to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- YOU HAVE THE RIGHT to be called by your proper name and to be in an environment that maintains dignity and adds to a positive self-image.
- YOU HAVE THE RIGHT to be told the names of your doctors, nurses, and all health care team members directing and/or providing your care.
- YOU HAVE THE RIGHT to have a family member or person of your choice and your own doctor notified promptly of your admission to the hospital.
- YOU HAVE THE RIGHT to have someone remain with you for emotional support during your hospital stay, unless your visitor's presence compromises your or others' rights, safety or health. You have the right to deny visitation at any time.
- YOU HAVE THE RIGHT to be told by your doctor about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes. You have the right to give written informed consent before any non-emergency procedure begins.
- YOU HAVE THE RIGHT to have your pain assessed and to be involved in decisions about treating your pain.
- YOU HAVE THE RIGHT to be free from restraints and seclusion in any form that is not medically required.
- YOU CAN EXPECT full consideration of your privacy and confidentiality in care discussions, exams, and treatments. You may ask for an escort during any type of exam.
- YOU HAVE THE RIGHT to access protective and advocacy services in cases of abuse or neglect. The hospital will provide a list of these resources.
- YOU, YOUR FAMILY, AND FRIENDS WITH YOUR PERMISSION, HAVE THE RIGHT to participate in decisions about your care, your treatment, and services provided, including the right to refuse treatment to the extent permitted by law. If you leave the hospital against the advice of your doctor, the hospital and doctors will not be responsible for any medical consequences that may occur.
- YOU HAVE THE RIGHT to agree or refuse to take part in medical research studies. You may withdraw from a study at any time without impacting your access to standard care.
- YOU HAVE THE RIGHT to communication that you can understand. The hospital will provide sign language and foreign language interpreters as needed at no cost. Information given will be appropriate to your age, understanding, and language. If you have vision, speech, hearing, and/or other impairments, you will receive additional aids to ensure your care needs are met.
- YOU HAVE THE RIGHT to make an advance directive and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and help you complete one.
- YOU HAVE THE RIGHT to be involved in your discharge plan. You can expect to be told in a timely manner of your discharge, transfer to another facility, or transfer to another level of care. Before your discharge, you can expect to receive information about follow-up care that you may need.



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- YOU HAVE THE RIGHT to receive detailed information about your hospital and physician charges.
- YOU CAN EXPECT that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records. You may add information to your medical record by contacting the Medical Records Department. You have the right to request a list of people to whom your personal health information was disclosed.
- YOU HAVE THE RIGHT to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.
- IF YOU OR A FAMILY MEMBER NEEDS TO DISCUSS an ethical issue related to your care, a member of the Ethics Service is available by pager at all times. To reach a member, dial 410-283-6104. After three beeps, enter your phone number and then the pound sign (#). An Ethics Service member will return your call.
- YOU HAVE THE RIGHT to spiritual services. Chaplains are available to help you directly or to contact your own clergy. You can reach a chaplain at 410-955-5842 between 8am and 5pm weekdays. At other times, please ask your nurse to contact the chaplain on call.
- YOU HAVE THE RIGHT to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your doctor, nurse manager, or a department manager. You may also contact the Patient Relations Department at 410-955-2273 or email patientrelations@jhmi.edu.

If your concern is not resolved to your liking, you may also contact:

Maryland Department of Health & Hygiene

Office of Health Care Quality
Hospital Complaint Unit
Spring Grove Hospital Center
Bland Bryant Building
Catonsville, Maryland 21228
410-402-8000

The Joint Commission

Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
1-800-994-6610
complaint@jointcommission.org

Your Responsibilities

- YOU ARE EXPECTED to provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer when it is required.
- YOU SHOULD PROVIDE the hospital or your doctor with a copy of your advance directive if you have one.
- YOU ARE EXPECTED to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
- YOU ARE EXPECTED to ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care, treatment, and service plan.
- YOU ARE EXPECTED to actively participate in your pain management plan and to keep your doctors and nurses informed of the effectiveness of your treatment.
- YOU ARE ASKED to please leave valuables at home and bring only necessary items for your hospital stay.
- YOU ARE EXPECTED to treat all hospital staff, other patients, and visitors with courtesy and respect; abide by all hospital rules and safety regulations; and be mindful of noise levels, privacy, and number of visitors.
- YOU ARE EXPECTED to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.
- YOU HAVE THE RESPONSIBILITY to keep appointments, be on time, and call your health care provider if you cannot keep your appointments.