

Nemours Children’s Hospital, Delaware

Notice of Patient Rights and Responsibilities

As a patient of this facility, you, or your parents and/or guardians, have the following rights:

- To be informed at time of admission or outpatient treatment about patient rights and responsibilities.
- To have a family member or representative of choice and his/her own physician notified promptly at the time of admission to the hospital if requested.
- To be treated with respect and courtesy in an environment that preserves dignity, fosters a positive self-image, and is free from mental, physical, sexual or verbal abuse, neglect and exploitation.
- To be granted access to treatment or accommodations that are available or medically necessary, regardless of race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expressions, or sources of payment for care.
- To receive care that supports his/her emotional, educational, spiritual, and developmental needs.
- To have your parent/guardian or an adult member of the health care team present as a chaperone at all times when the patient is examined or treated.
- To be together. Parents and legal guardians are welcome to be with their children 24 hours a day. Family and friends are welcome with the legally responsible adult’s approval. Parents and legal guardians may also designate other “Partners in Care” to be with the patient to provide support and promote healing. “Partners in Care” are defined as “any individual that a patient or parent/legal guardian identifies as important to the patient and family and for whom they would like unlimited access to aid in the support and recovery of the patient. Nemours Children’s Hospital, Delaware will not restrict or deny visitation on the basis of race, national origin, religion, sex, sexual orientation, gender identity/ expression, or disability.
- To receive complete and current information concerning your diagnosis, treatment and prognosis and proposed future health care needs from the patient’s care provider in understandable language.
- To expect case discussion, consultation, examination and treatment to be confidential and conducted discretely and to limit persons not directly involved in your care to be present during such discussions, examinations and treatments.
- To know the names and qualifications of the patient’s caregivers and to expect reasonable continuity of care from your care team.
- To receive effective communication about the potential risks, alternatives and benefits, including nontreatment, associated with proposed procedures, care, treatment and services. The patient and/or legal guardian will be provided with the opportunity to ask questions and have questions answered to their satisfaction.
- To participate in the planning of your medical treatment, including attendance at treatment plan meetings, and to give written informed consent prior to participation in any experimental research after a complete disclosure of the goals, possible effects on the patient, and whether you can expect any benefits or alleviation of the condition.
- To refuse treatment in accordance with the law and to be informed of the medical consequences of that refusal.
- To be informed about the outcomes of care, treatment and services, including unanticipated outcomes.
- To have your pain assessed and to participate in how pain is managed.
- To have your wishes addressed related to end-of-life decisions and be informed about advance directives, if 18 years of age older.
- To request an ethics consult if ethical issues arise in the care of the patient.
- To be cared for without restraint or seclusion, unless it is needed to protect your immediate physical safety, or the safety of a staff member or others.
- To expect your medical records to be treated confidentially and not to be shared without your consent except as required for transfer to another health care institution or as required by law or third-party payment contract. No personal or medical records shall be released to any person inside or outside the hospital who has no demonstrable need for such records. No personal or medical records shall be released to any person inside or outside the hospital who has no demonstrable need for such records.
- To see your medical records in a form and format that you request, unless for a medical reason your physician asks that the information be kept private.
- To not be transferred to another facility unless the need for transfer and the alternatives to the transfer are completely explained to the patient/legal guardian. The transfer should occur only if acceptable to patient/legal guardian and the receiving facility.
- To be provided with information as to any relationship Nemours Children’s, Delaware has with other health care and related institutions and/or service providers, including, but not limited to, pharmacy and rehabilitation services, to the extent you are offered care and/or services from these related entities.
- To be informed and give written consent regarding the production of the recordings, films or other images that may be used for purposes other than the patient’s care, and to request the production of these images be stopped at any time or your consent withdrawn before recording, film or image is used.

- To examine and receive an explanation of charges related to the patient’s care regardless of payment source.
- To receive a written statement of the services provided by the hospital, including those required to be offered on an “as needed” basis, and a statement of related charges for services not covered under Medicare or Medicaid or not covered by the hospital’s basic per diem rate.
- To be informed about access to child and adult protective services if the need for those services is apparent.
- To expect a courteous, timely and reasonable response to requests, and for the hospital to make prompt efforts to resolve grievances. Responses to requests and grievances shall be made in writing upon written request by the patient.

You, and your parents and/or legal guardian, have the following responsibilities:

- To comfort and support the patient, as much as possible, in the special way that only families can provide.
- Work with the health care team to ensure the best possible treatment, rehabilitation and discharge planning.
- Provide, to the best of their ability, accurate and complete information about past and present matters related to the health of the patient.
- Be available to the patient’s health care team either personally or by telephone.
- Voice any concerns about the patient’s care to the health care team or Patient Relations department.
- Let the patient’s health care team know if health care instructions are not understood or cannot be followed.
- Follow the prescribed treatment plans and keep appointments. If the patient is unable to keep the appointments, the patient, or parent/guardian must notify the hospital or office.
- The patient or parent/guardian is responsible for the medical consequences if treatment is refused or the prescribed treatment plan is not followed for the patient.
- Recognize that the needs of other patients and families may sometimes be more urgent.
- Treat staff and other families in a considerate, courteous and cooperative manner.
- Respect the culture, values, beliefs, privacy and confidentiality of other patients and families receiving care.
- Ensure that their behavior, as well as the behavior of the patient and visitors, is reasonable, responsible and considerate of the rights of other patients and staff.
- Follow hospital and location rules affecting patient care and conduct.
- Understand the role of Nemours Children’s Health hospitals and locations as teaching and research facilities and to cooperate with the staff in their training of health care professionals.
- Take care of his/her personal property and valuables and to respect the property of the hospital or practice location.
- Provide complete and accurate insurance information at the time of the patient’s visit or hospital admission.
- Assure the financial obligations are fulfilled as promptly as possible.

Complaints, Concerns and Questions

If you have a concern about the quality and safety of your care, please talk about this with your nurse, nursing supervisor, doctor or other care team member.

- If you still are concerned, please talk with:
Patient Relations
Phone: 302.651.4799
Email: patientrelationsDV@nemours.org
Hours: Monday–Friday, 8 a.m. to 4:30 p.m.
- You may also contact:
The Delaware Department of Health
Delaware Office of Health Facilities Licensing and Certification
258 Chapman Road, Chopin Building, Suite 101, Newark, DE 19702
Telephone: 800.942.7373
Complaint Hotline
Telephone: 800.282.8611 or 302.674.7310
The Centers for Medicare and Medicaid Services
medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
Telephone: 800.MEDICARE (800.633.4227)
- As a Joint Commission-accredited hospital, quality or safety concerns can also be addressed to: **The Joint Commission**
Contact the Joint Commission’s Office of Quality Monitoring to report any concerns or to register complaints about a Joint Commission-accredited health care organization.
The Joint Commission
The Office of Quality and Patient Safety
One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
jointcommission.org
Telephone: 800.944.6610

I read and understand this form, and all of my questions have been answered. I agree with the information on this form.

Signature of Responsible Party (Patient/Legal Representative)

Relationship to Patient

Date

Time
a.m./p.m.

Printed Name of Responsible Party