Patient Responsibilities

You have the responsibility to:

1. Provide your medical history, to the best of your ability. You may be asked for information about past illnesses, hospitalizations, medications and other matters relating to your health.
2. Provide copies of advance directives and any other documents that designate surrogate decision makers, or direct or limit care, to those responsible for your care while you are in the hospital. If you do not have an advance directive, you have the responsibility to inform your care providers about your requests regarding your plan of care and medical management.
3. Be responsible for your personal items and property during your hospital stay.
4. Not demand medically inappropriate treatments, services or care.
5. Cooperate and communicate appropriately with your health care team. This enables each care team member to work with you to achieve your medically appropriate treatment goals.
6. Be considerate of other patients. Assure that your visitors are considerate as well.
7. Keep appointments. Call the appropriate hospital department when you cannot keep a scheduled appointment.
8. Be respectful of hospital property and the property of others.
9. Inform Holy Cross Health, as soon as possible, if you believe that any of your rights have been, or may be, violated. You may do this anytime by calling Patient and Family Relations at 301-754-7495 for Holy Cross Hospital or 301-557-6485 for Holy Cross Germantown Hospital. To speak with a hospital representative after regular business hours, call the operator at 301-754-7000 for Holy Cross Hospital or 301-557-6000 for Holy Cross Germantown Hospital and ask to speak to the administrative coordinator.

Notice of Nondiscrimination

Holy Cross Health complies with applicable federal and state civil rights laws and does not discriminate against, exclude, or treat people differently on the basis of age, race, ethnicity, national origin, religion, language, physical or mental disability, ability to pay, sex, sexual orientation, gender identity or expression.

English: Do you speak [language]? We will provide an interpreter at no personal cost to you.

Amharic: Mate useni kwetegna? Sibere neegnur? Amharic Interpretation Services are available. Please contact the Patient and Family Relations Department.

Arabic: هل تحتاج اللغة العربية؟ سوف نوفر لك مرشحًا أرمنيًا بدون أي تكلفة إضافية.

Bengali: আপনি কি বাংলা ধারণা করেন? যদি প্রয়োজন হবে তবে আমরা বাংলা ভাষার সহযোগীকে অনুরোধ করব।

Brazil-Portuguese: Você fala português? Nós lhe fornecemos um intérprete, sem nenhum custo adicional.

Cantonese: 您講粵語嗎？我們將免費為您提供翻譯。

Farsi: فارسی صحبت می کنید؟ یک مرشح فارسی در احتمال وجود دارد.


Haitian Creole: Eske ou paule Kreyol Ayisyen? N ap ou yon entèpre gratis.


Mandarin: 您讲国语吗？我们将免费为您提供翻译。

Pashto: تاسو پښتو ته څری کولیږی؟ مور ستاسو له پښتو ته مرستم ته.


Spanish: ¿Habla español? Le proporcionaremos un intérprete sin costo alguno para usted.

Swahili: Je, unaunganuzwa Kiswahili? Tutakupa nyuki mkalimani bila gharama yoyote kwako.

Kiswahili: Kuna mkulima bila gharama yoyote.

Vietnamese: Tiếng Việt không? Chúng tôi sẽ cung cấp một thông dịch viên miễn phí cho quý vị.

HCPR-327 | Nov 29, 2019
Holy Cross Health cares for patients in a manner that respects their dignity. We can best care for patients when they understand their medical situation and participate in making decisions about their care. This requires openness, trust and respect among our patients, physicians and health care professionals. The following patient rights describe what patients can expect while they receive care at Holy Cross Health. The patient responsibilities describe how patients should participate in their care at Holy Cross Health. Our collaborative approach contributes to sound decision-making for the benefit and well-being of each patient. Holy Cross Health extends these rights and responsibilities to a patient’s health care agent or surrogate decision maker as allowed by law and the patient’s situation.

Patient Rights
You have the right to:

1. Safe care and a secure environment that promotes your emotional and physical health.
2. Personal privacy and respectful care. We will listen to you and respect your personal beliefs and values. You will be able to carry out your beliefs as long as they do not interfere with the well-being of others or with the course of treatment you and your physicians have planned.
3. Have an individual of your choice remain with you for emotional support during your hospital stay, choose who may visit, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and you have the right to change your mind about who may visit at any time. Visitors will not be restricted unless the individual’s presence infringes on others’ rights, safety or is medically or therapeutically contraindicated.
4. Participate in the development of your care plan. We will provide you with information to help you make informed decisions about your care. This information may include your health status, prognosis, treatment options and related risks, and explanations of procedures you may undergo. We will also let you know when your care results in an outcome that was not planned.
5. The name, position and professional status of any individual who is treating you.
6. Interpretation services or communication assistance. You will have access to interpretation services and may learn about your medical care and treatment plans in a language other than English. You will also have access to assistive devices that facilitate communication if you have problems with hearing, speech or vision.
7. Agree or refuse treatment (including medical research studies) as permitted by law, without affecting your care. You can leave the hospital against your physician’s advice to the extent permitted by law. If you leave the hospital against your physician’s advice, or do not follow the recommended plan of care, the hospital and your physician will not be held responsible for any harm or financial consequences that your action might cause you.
8. Prepare an advance directive that sets forth your wishes should you become unable to make health care decisions. (Holy Cross Health can provide you with sample forms.) You have the right to appoint an individual to make decisions on your behalf. Holy Cross Health will comply with your directives as long as they comply with the law and the mission and philosophy of the hospital.
10. Freedom from physical and chemical restraints that are not medically necessary.
11. Freedom from all forms of abuse, neglect and harassment. We will not discriminate with regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or source of payment for your care.
12. Be provided a copy of the HIPAA Notice of Privacy Practices.
13. Access your medical record within a reasonable time. You can expect privacy and confidentiality in care discussions, treatment, and records about your care. The hospital provides patient information only to those involved in your care or others with a legal right to the information. You or your legal representative may obtain copies of your medical record for a fee. You may make a written request for copies to the Medical Records department of Holy Cross Health.
14. Have a medical screening exam and receive stabilizing treatment for emergency medical conditions and labor. Transfer your care to another physician and/or facility upon your request, after you have identified an accepting physician and hospital. You also may transfer your care whenever you require a service that Holy Cross Health is unable to provide. The hospital may not be able to provide a service due to lack of capacity or conflict with its mission or philosophy. In these circumstances, prompt efforts will be made to arrange for transfer to another facility that can provide the required or requested service. The hospital will explain to you, your health care agent or surrogate decision maker the reasons for the transfer and other options. The transfer will occur only with your, your health care agent’s or surrogate decision maker’s consent and when medically appropriate.
15. Information about the relationship of the hospital with other health care and educational institutions.
16. Agree or refuse to allow pictures of yourself for purposes other than your care.
17. Be involved in your discharge plan and appropriate options specific to your care.
18. Receive information about your hospital and physician charges and ask for an estimate of hospital charges before care is provided, as long as care is not impeded. Upon request, you will be given information about the hospital bill, how to seek assistance in paying the bill or how to seek assistance in filing insurance forms through the Patient Accounting department at Holy Cross Health.
19. Contact the nursing director/nursing leadership on your unit if you have any questions or concerns, need clarification about hospital policies or have any special needs. If you prefer, you may contact the Patient and Family Relations department 301-754-7495 at Holy Cross Hospital or 301-567-6495 at Holy Cross Germantown Hospital.
20. Submit a verbal or written complaint/grievance to the hospital’s Patient and Family Relations department if you disagree with or have concerns about your care. Our grievance process provides you, your health care agent or surrogate decision maker the right to a timely response, usually within seven days. This includes the steps taken on behalf of the patient to investigate the grievance, the results of any investigation, the date of its completion and the name of a contact person at the hospital.
21. Be provided a list of protective and advocacy services. Contact the following entities if you, your health care agent or surrogate decision maker have any concerns about patient care and/or safety in the hospital that have not been addressed:

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
Phone: 1-800-994-6610
Fax: 630-792-5036
Email: patientsafetyreport@jointcommission.org

Maryland Department of Health and Mental Hygiene, Office of Health Care Quality
7120 Samuel Morse Drive, Second Floor
Columbia, Maryland 21046
Phone: 410-402-8000
Website: www.health.maryland.gov/ohcq

Maryland Board of Pharmacy, Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue, Baltimore, MD 21215
Phone: 410-764-4755 | TTY: 1-800-735-2258
Fax: 410-355-6207
Email: Dmh.mldop@maryland.gov
Website: www.health.maryland.gov/pharmacy

The CMS Quality Improvement Organization for Maryland
LIVANTA LLC
BFCC-QIO
10620 Guilford Road, Suite 202
Annapolis Junction, MD 20701-1106
Phone: 888-396-4648 | TTY: 888-985-2660

Office for Civil Rights Mid-Atlantic Region – DC, DE, MD, PA, VA, WV
U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111
Customer Response Center: 800-365-1019
Fax: 202-619-3818 | TDD: 500-537-7097
Email: sromail@hrsa.gov

Holy Cross Health Ethics Advisory Committee
Phone: 301-754-7024