

**If You Have a Compliment,
Complaint or Grievance**

At Mount Auburn Hospital we strive to deliver the best possible care for our patients. If you have any concerns about your stay we encourage you to speak directly with your nurse, your doctor and/or a manager. You can also share your concerns with one of our staff in the Patient Relations Department who will work with the clinical team or department manager to resolve your concerns.

How to contact us:

Patient Relations Department, Division of
Quality and Safety
300 Mount Auburn Street
Cambridge, MA 02138
Phone: 617-499-5100
Email: patientrelations@mah.harvard.edu

Please also tell us if we exceeded
your expectations.

You also may file a formal complaint or a
compliment with the following agencies:

Complaint Unit, MA Department of Public
Health, Division of Health Care Quality
99 Chauncy Street, 11th Floor
Boston, MA 02111
Phone: 617-753-8000 or 800-462-5540
Fax: 617-753-8165

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880 • 781-876-8200

The Joint Commission's Office of
Quality Monitoring:
Phone: 800-994-6610
Email: complaint@jointcommission.org

If you have Medicare:

Livanta LLC, 6830 West Oquendo Road,
Suite 202, Las Vegas, NV 89118
Phone: 866-815-5440

If you have a Blue Cross Blue Shield HMO,
Harvard Pilgrim, or Tufts HMO and a primary
care physician at Mount Auburn and have a
complaint related to referral restrictions or
other limitations of care, please contact our
Patient Relations department with your
concerns, unless the complaint is related to
restrictions that should be addressed by
your health insurer. You have the right to
designate a third party of your choosing to
act on your behalf during the appeals
process. You may also contact:

The Office of Patient Protection:
50 Milk Street, 8th Floor
Boston, MA 01209 • 800-436-7757

If you believe you have experienced
discrimination, you may also contact:

**U.S. Department of Health and
Human Services:**
200 Independence Avenue S.W.,
Room 509F, HHH Building
Washington, DC 20201

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

ATTENTION: If you speak [language], language
assistance services, free of charge, are available to you.
Call 1-617-499-5750 (TTY: 1-617-499-5665 then x3730).

ATENÇÃO: Se fala português, encontram-se disponíveis
serviços linguísticos, grátis. Ligue para 1-617-499-5750

ATENCIÓN: Si habla español, tiene a su disposición
servicios de asistencia lingüística. Llame al 1-617-499-5750

Patient Rights and Responsibilities



MOUNT AUBURN
HOSPITAL

*A Teaching Hospital of
Harvard Medical School*

330 Mount Auburn Street, Cambridge, MA 02138
www.mountauburnhospital.org

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MOUNT AUBURN
HOSPITAL

Mount Auburn Hospital welcomes all members of our community regardless of age, ancestry, color, disability, gender, gender identity or expression, genetic information, handicap, military service, national origin, race, religion, sex, sexual orientation, or source of payment for your care. Mount Auburn Hospital is committed to providing you with the highest quality care and service. We want to partner with you to make sure that your experience here is excellent, comfortable, safe, and respectful. Below is a posting of the Massachusetts law which guarantees you rights and also explains your responsibilities as a patient.

**YOUR RIGHTS:
Communication and Decision Making**

You have the right:

- To know the name, role and specialty of all people who are providing your care.
- To medical confidentiality as provided under the law.
- To have your medical care and treatments explained to you clearly.
- To participate in decisions about your care, including the development and implementation of your in or out patient treatment/care plan, discharge plan, pain management plan and informed consent.
- To be treated with respect.
- To appoint a Health Care Proxy.
- To read your medical record and request a copy of your record.
- To express concerns about your care or safety and receive a prompt response.

**YOUR RIGHTS:
Treatment and Care**

You have the right:

- To privacy during medical treatment within the capacity of the facility.

- To refuse to be examined, observed, or treated by students or hospital staff without jeopardizing your access to care.
- To refuse to participate in medical research studies.
- To a quick response from our medical team when you are in pain.
- To prompt life-saving treatment in an emergency, regardless of your economic status or source of payment.
- If refused treatment because of economic status or the lack of a source of payment, to prompt and safe transfer to a facility which agrees to receive and treat you. We will: ensure your safe transfer; contact a facility willing to treat you; arrange the transportation; accompany you with necessary and appropriate professional staff to assist in the safety and comfort of the transfer, assure that the receiving facility assumes the necessary care promptly, and provide pertinent medical information about your condition; and maintain records of these actions.
- To emergency contraception if you have been sexually assaulted.
- To receive medical care that meets the highest standards at Mount Auburn Hospital regardless of age, ancestry, color, disability, gender, gender identity or expression, genetic information, handicap, military service, national origin, race, religion, sex, sexual orientation, or source of payment for your care.
- If you have breast cancer, you have the right to complete information regarding all treatments that are medically appropriate.
- If you are a maternity patient, you have the right to complete information regarding various types of deliveries.
- To be free from restraint or seclusion imposed as a means of coercion, discipline, convenience or retaliation by staff.

YOUR RIGHTS:

Financial Matters

You have the right:

- To know if your doctor has a financial or other conflict of interest as it relates to your care.
- To request and receive information regarding financial assistance or free care. For more information, visit: <http://www.mountauburnhospital.org/patients-visitors/billing-insurance> or by phone at 617-499-5090.
- To request and receive an itemized bill and an explanation of the bill.

YOUR RIGHTS:

Personal Matters

You have the right:

- To have or refuse visitors, including but not limited to a spouse, domestic partner (including a same sex domestic partner) another family member, or a friend.
- To free interpreter services and/or special devices if you are limited-English speaking, deaf, or hard of hearing and/or visually impaired.*
- To tell us how, if at all, you would like your family (as defined by you) to participate in your care and decision making.
- To access spiritual support while you are in the hospital.
- To review and/or obtain a copy of your hospital medical record. We may deny your request in limited circumstances, but you may request that the denial be reviewed. The hospital may charge a reasonable copy fee, which is limited by state law.

YOUR RESPONSIBILITIES

You have a responsibility:

- To provide complete and accurate information about your medical history.
- To tell a doctor or nurse when you feel better or worse, especially if there is a sudden change in how you feel.
- To work collaboratively with your medical team.
- To speak up if you have a concern about your safety as a patient.
- To be considerate of other patients. This includes helping to control noise.
- To follow the rules of the hospital which are designed to keep you, other patients, and visitors safe and comfortable.
- To provide accurate information about your insurance or lack of insurance.
- To pay your bill to the extent that you can.



The hospital retains medical records for a minimum of twenty years from the date last seen. Any destruction of records will be done in a secure manner to protect the information from unauthorized disclosure.

Secondary records which are normally held in individual departments such as films, scans and other raw testing data, may be destroyed after a minimum of five years. Written reports of these testing materials are kept in the medical record.

* To access special devices/auxiliary aides, please contact your nurse or the Patient Relations Department at 617-499-5100. MAH TTY 617-499-5665 x3730