

Hospital Patient and Visitor Signs and Notices
Federal Requirements

<i>SIGNS</i>	<i>Placement</i>	<i>Authority</i>	<i>Additional Information</i>
HIPAA Notice of Privacy sign	"...in a clear and prominent location..."	Notice of Privacy Practices for Protected Health Information, 45 CFR 164.520(c)(2)(iii)(A)	Must also provide the notice in a form that individuals may request to take with them. (and see Notices below)
EMTALA sign	"...conspicuously in any emergency department...and places likely to be noticed by persons waiting for examination (entrance, admitting area, waiting room, treatment area..)	Basic Commitments, 42 CFR 489.20(q)	The requirements used to say the sign must be readable from 20 feet away.
Medicaid participation under a State plan approved under Title XIX	"conspicuously"	Basic Commitments, 42 CFR 489.20(q)	The Illinois Hospital Association sells EMTALA signs that meet the requirements above and includes a check box for this statement. See http://www.ihatoday.org/issues/legal/emtala.html
<i>NOTICES</i>	<i>When to Give</i>	<i>Authority</i>	<i>Additional Information</i>
Notice of Patient's Rights	"...in advance of furnishing or discontinuing patient care whenever possible..."	Condition of Participation: Patient's Rights, 42 CFR 482.13	Must include the name of a person to contact to file a grievance. Written notice of the hospital's decision after an investigation of the grievance is required. see also Illinois Medical Patient Rights Act
Notice of Patient's Privacy Rights	On the date of the first service delivery or as soon as reasonably practicable after emergency treatment	Notice of Privacy Practices for Protected Health Information, 45 CFR 164.520(c)(2)(i)(A-B)	
Initial "Important Message from Medicare" (IM) to all hospital inpatients with Medicare	At or near admission but no later than 2 calendar days after date of admission	Notifying beneficiaries of hospital discharge appeal rights, 42 CFR 405.1205	Obtain the beneficiary's signature on the initial IM and keep a copy to give to patient as the follow-up notice (see below) See "Hospital Discharge Appeal Notices" at http://www.cms.hhs.gov/BNI for standardized forms
Follow-up copy of the signed IM (not necessary if stay is less than 2 days)	No more than 2 days before discharge	Notifying beneficiaries of hospital discharge appeal rights, 42 CFR 405.1205	Illinois law also requires that patients be given 24 hours notice of discharge.

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<i>NOTICES</i>	<i>When to Give</i>	<i>Authority</i>	<i>Additional Information</i>
Detailed Notice of Discharge to Medicare beneficiaries who request an expedited QIO review	as soon as possible but no later than noon of the day after the QIO notifies the hospital of patient's request	Expedited determination procedures for inpatient hospital care, 42 CFR 405.1206	See "Hospital Discharge Appeal Notices" at http://www.cms.hhs.gov/BNI for standardized forms
Hospital-Issued Notice of Non-coverage (HINN) to any beneficiary when services are not covered by Medicare or when a patient disagrees with discharge but fails to request QIO review.	"...prior to admission, at admission, or at any point during inpatient stay..."	Limitations on charges to beneficiaries, 42 C.F.R. § 412.42	See "Hospital Discharge Appeal Notices" at http://www.cms.hhs.gov/BNI for standardized forms
Advanced Beneficiary Notice (ABN) for non-covered outpatient services	Before providing the items or services that are the subject of the notice	Social Security Act, Section 1842, Provisions relating to the administration of Part B	Beginning Sept. 3, 2008, all providers under Part B must use a revised ABN in place of ABN-G and ABN-L. See "Hospital Discharge Appeal Notices" at http://www.cms.hhs.gov/BNI for standardized forms
Written notice to patients if there is no doctor present in the hospital 24/7	At the beginning of an inpatient stay or outpatient visit	Basic Commitments, 42 CFR 489.20(v)	The notice must also indicate how the hospital will meet the medical needs of any patient who develops an emergency medical condition.
Written notice to a patient that the hospital is physician-owned.	At the beginning of an inpatient stay or outpatient visit	Basic Commitments, 42 CFR 489.20(u)	The list of physician owners or investors must be available upon request.
Inform patient or the patient's family of their freedom to choose among participating Medicare providers of posthospital care services and any hospital financial interest in a posthospital provider		Condition of Participation: Discharge Planning, 42 CFR 482.43	