

Hospital Patient and Visitor Signs and Notices

Federal Requirements

Required to Post	Placement	Authority	Additional Information
<p>Affordable Care Act – Language Assistance Service.</p>	<p>In significant publications and significant communications targeted to beneficiaries, enrollees, applicants, and members of the public, except for significant publications and significant communications that are small-sized, such as postcards and tri-fold brochures;</p> <p>In conspicuous physical locations where the entity interacts with the public; and</p> <p>In a conspicuous location on the covered entity's website accessible from the home page of the covered entity's website.</p>	<p>Notice requirement, 45 C.F.R. §§ 92.8(d)(1)-(2).</p>	<p>HHS Translated Resources for Covered Entities: https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html.</p>
<p>Affordable Care Act – Participation in Shared Savings Program. Provide notice to beneficiaries at point of care of the participation in the Shared Savings Program and of the opportunity to decline claims data sharing under § 425.708. Notice is carried out when signs are posted.</p>	<p>Post signs in the facility in settings in which beneficiaries receive primary care.</p>	<p>42 C.F.R. § 312(a)(2).</p>	<p>Standardized written notices must be made available upon request.</p> <p>Must use template language developed by CMS and must meet marketing material requirements per 42 C.F.R. § 425.310.</p> <p>CMS has provided template poster language in the ACO Marketing Toolkit on the Shared Savings Program ACO Portal, accessible to ACO participants, available at: https://portal.cms.gov.</p>

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<p>Community Health Needs Assessment (CHNA). Final Community Health Needs Assessment Report as adopted by an authorized body of the hospital facility, as defined by § 501(r)-3(b)(6).</p> <p>Applies to hospital organizations and hospital facilities as defined in §§ 501(r)-1(17) & (18) that are tax exempt under § 501(c)(3).</p>	<p>a) must make widely available to the public, including website where policy is readily accessible to the public, without requiring a login or other restriction, at least until the date the hospital facility has made its two subsequent CHNA reports widely available on its website, and</p> <p>b) paper copies available for public inspection upon request and without charge at least until the date the hospital facility has made its two subsequent CHNA reports widely available in paper copy.</p>	<p>26 C.F.R. §§ 1.501(r)-3(b)(6)-(7)(i).</p>	<p>See § 501(r)-3(b)(6) for details on CHNA report: https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf.</p> <p>See also subparagraph (7)(i) for regulations on draft CHNA reports.</p>
<p>Comprehensive Care for Joint Replacement (CJR) Program Participants. If hospital is a participant in the CJR program, list of all current and past CJR collaborators, including names and addresses, and written policies for selecting collaborators required by § 510.500(a)(3).</p>	<p>Publicly post on participant hospital's website; update quarterly (at a minimum).</p>	<p>Sharing arrangements under the CJR model, 42 C.F.R. § 510.500(d)(1)(ii).</p>	

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<p>EMTALA sign. Specify the rights of individuals, under 42 U.S.C. § 1395dd, to examination and treatment for emergency medical conditions and women in labor.</p>	<p>“conspicuously” in any emergency department or in places likely to be noticed by individuals waiting for examination and treatment in areas other than traditional emergency departments (e.g., entrance, admitting area, waiting room, treatment area).</p>	<p>Basic Commitments, 42 C.F.R. § 489.20(q)(1). 42 U.S.C. §§ 1395cc(a)(1)(N)(iii)-(iv).</p>	<p>IHA provides examples of the language that can be used for both English and Spanish EMTALA signs: https://www.team-iha.org/advocacy-policy/legal-issues/emtala-signage-requirements.</p>
<p>Hill-Burton Community Service Obligation Notice sign. State that the hospital must provide services without discrimination on the ground of race, national origin, creed, or any other ground unrelated to an individual’s need for the service or the availability of the needed service in the facility.</p>	<p>“...in appropriate areas of the facility, including not limited to the admissions area, the business office and the emergency room.”</p>	<p>Grants, Loans and Loan Guarantees for Construction and Modernization of Hospitals and Medical Facilities, Community Service, 42 C.F.R. § 53.113. Medical Facility Construction and Modernization, 42 C.F.R. §§ 124.603, 124.604.</p>	<p>A Hill-Burton facility must post notices informing the public of its community service obligations in English and Spanish. If 10% or more of the households in the service area usually speak a language other than English or Spanish, the facility must translate the notice into that language and post it as well.</p>

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<p>Hill-Burton Uncompensated Services Obligation Notice sign. Must inform patients or potential patients that the criteria for eligibility and applications for the Hill-Burton Free or Reduced-Cost Care Program are available upon request.</p>	<p>“...in appropriate areas of the facility, including not limited to the admissions area, the business office and the emergency room.”</p>	<p>Grants, Loans and Loan Guarantees for Construction and Modernization of Hospitals and Medical Facilities, Services for Persons Unable to Pay, 42 C.F.R. § 53.111</p> <p>Medical Facility Construction and Modernization, 42 C.F.R. § 124.504.</p>	<p>A Hill-Burton facility must post notices informing the public of its community service obligations in English and Spanish. If 10% or more of the households in the service area usually speak a language other than English or Spanish, the facility must translate the notice into that language and post it as well.</p> <p>Signs in English and Spanish can be obtained from https://www.hrsa.gov/gethealthcare/affordable/hillburton/index.html.</p> <p>Notice must be posted in substantially the same form as provided in 42 C.F.R. § 53.111(i). Facilities must also publish notice in a newspaper of general circulation in its area regarding its uncompensated services obligation before the beginning of each fiscal year.</p> <p>Individual written notice must also be provided to each person who seeks services on behalf of him/herself or another.</p>
<p>Medicaid participation under a State plan approved under Title XIX sign. Sign must indicate whether the hospital or rural primary care hospital participates in Medicaid.</p>	<p>“conspicuously.”</p>	<p>Basic Commitments, 42 C.F.R. § 489.20(q)(2).</p>	

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<p>Notice if physician is not present in a dedicated emergency department 24/7.</p>	<p>post “conspicuously in a place or places likely to be noticed by all individuals entering the dedicated emergency department.”</p>	<p>Basic Commitments, 42 C.F.R. § 489.20(w)(5).</p>	<p>Sign must state that the hospital does not have a doctor of medicine or doctor osteopathy present in the hospital 24 hours per day, 7 days per week, and must indicate how the hospital will meet the medical needs of any patient with an emergency medical condition.</p> <p>See also “Written notice to patients if there is no doctor present in the hospital 24/7 to assist patients in making informed decisions regarding their care.” under notices below.</p>
<p>Section 1557 of the ACA – Nondiscrimination Notice and Taglines in top 15 languages in Significant Publications and Communications.</p>	<p>“a conspicuously-visible font size:</p> <ul style="list-style-type: none"> (i) In significant publications and significant communications targeted to beneficiaries, enrollees, applicants, and members of the public...; (ii) In conspicuous physical locations where the entity interacts with the public; and (iii) In a conspicuous location on the covered entity’s website accessible from the home page of the covered entity’s website.” 	<p>Nondiscrimination under ACA, 45 C.F.R. §§ 92.8(b)(1), (d)(1) and (f).</p>	<p>The notice must convey the information in paragraphs (a)(1) through (7) of section 92.8.</p> <p>The Taglines must be “in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant State or States.”</p>

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Section 1557 of the ACA – Nondiscrimination Statement and Tagline in top 2 languages in Small Sized, Significant Publications and Communications.	“in a conspicuously-visible font size, in significant publications and significant communications that are small-sized, such as postcards and tri-fold brochures.”	Nondiscrimination under ACA, 45 C.F.R. §§ 92.8(a)(1), (b)(2), (d)(2), and (g).	<p>The Statement must “convey” that the “covered entity does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities.”</p> <p>The Taglines must be “in at least the top two languages spoken by individuals with limited English proficiency of the relevant State or States.”</p>

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<p>Notice of Patient’s Rights.</p>	<p>“...in advance of furnishing or discontinuing patient care whenever possible.”</p>	<p>Condition of Participation: Patient’s Rights, 42 C.F.R. § 482.13.</p>	<p>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.</p> <p>See regulation for the specific patient rights & required grievance decision contents.</p> <p><i>See also</i> Illinois Medical Patient Rights Act, 410 ILCS 50/5.</p>
<p>Notice of Patient’s Privacy Rights. A covered entity must provide notice of uses and disclosures of protected health information, of the patient’s privacy rights written in plain language, and of the covered entity’s legal duties with respect to protected health information.</p>	<p>“No later than the date of the first service delivery... or as soon as reasonably practicable after emergency treatment situation.”</p>	<p>Notice of Privacy Practices for Protected Health Information, 45 C.F.R. §§ 164.520(c)(2)(i)(A)-(B).</p>	<p>A covered entity is required to promptly revise and distribute its notice whenever it makes material changes to any of its privacy practices. <i>See</i> 45 C.F.R. § 164.540(b)(3).</p> <p>A covered entity must prominently post and make available its notice on any web site it maintains that provides information about its customer services or benefits. <i>See</i> 45 C.F.R. § 164.540(c)(3). <i>See</i> 45 C.F.R. § 164.520(b) for the required contents.</p>
<p>Initial “Important Message from Medicare” (IM) to all hospital in patients with Medicare. Deliver valid, written notice of beneficiary’s rights as a hospital inpatient, including discharge appeal rights.</p>	<p>“at or near admission, but no later than 2 calendar days following beneficiary’s admission...”</p>	<p>Notifying Beneficiaries of Hospital Discharge Appeal Rights, 42 C.F.R. § 405.1205(b).</p>	<p>Obtain the beneficiary’s signature on the initial IM and keep a copy to give to patient as the follow-up notice (see below).</p> <p>Must use CMS standardized notice. <i>See</i> “Hospital Discharge Appeal Notices” at https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html?redirect=/BNI for standardized forms.</p>

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<p>Follow-up copy of the signed IM. Present a signed copy of the IM regarding beneficiary rights as a hospital inpatient.</p>	<p>“as far in advance of discharge as possible but no more than 2 calendar days before discharge.”</p>	<p>Notifying Beneficiaries of Hospital Discharge Appeal Rights, 42 C.F.R. § 405.1205(c).</p>	<p>Follow-up not necessary if stay is less than 2 days. Illinois law also requires that patients be given 24 hours’ notice of discharge. See 210 ILCS 85/6.09(c).</p>
<p>Detailed Notice of Discharge to Medicare beneficiaries who request an expedited QIO review.</p>	<p>“as soon as possible but no later than noon of the day after the QIO’s notification [of beneficiary’s request for expedited determination].”</p>	<p>Expedited Determination Procedures for Inpatient Hospital Care, 42 C.F.R. § 405.1206(e).</p>	<p>See regulation for specific content requirements.</p>
<p>Hospital-Issued Notice of Non-coverage (HINN) to any beneficiary when inpatient hospital care services are not covered by Medicare.</p>	<p>Not specified.</p>	<p>Limitations on Charges to Beneficiaries, 42 C.F.R. §§ 412.42(c)–(d).</p>	<p>See “Hospital Discharge Appeal Notices” at https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html?redirect=/BNI for standardized forms.</p> <p>Written notice of discharge rights consistent with 42 C.F.R. § 412.1205 when inpatient hospital care is medically unnecessary.</p> <p>Notice consistent with 42 C.F.R. § 412.1206 that the beneficiary no longer requires inpatient hospital care.</p> <p>Notice to patient, who requires continued inpatient hospital services, that medically unnecessary diagnostic and therapeutic services are not covered by Medicare.</p>

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<p>Advanced Beneficiary Notice (ABN) for non-covered outpatient services.</p>	<p>Before providing the items or services that are the subject of the notice.</p>	<p>Social Security Act, Provisions Relating to the Administration of Part B, 42 U.S.C. § 1395u.</p>	<p>See “Hospital Discharge Appeal Notices” at https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html?redirect=/BNI for standardized forms.</p>
<p>Written notice to patients if there is no doctor present in the hospital 24/7 to assist patients in making informed decisions regarding their care.</p>	<p>Furnished at the beginnings of an inpatient stay or outpatient visit.</p>	<p>Basic Commitments, 42 C.F.R. § 489.20(w)(1).</p>	<p>The notice must state that hospital does not have a doctor of medicine or a doctor of osteopathy present in the hospital 24 hours per day, 7 days per week, and must also indicate how the hospital will meet the medical needs of any patient who develops an emergency medical condition.</p> <p>See “Notice if physician is not present in a dedicated emergency department 24/7.” under required to post signs above.</p>
<p>Written notice that the hospital is physician-owned. Notice that the hospital meets the definition of a physician-owned hospital and that the list of owners and investors is available upon request.</p>	<p>“at the beginning the patient’s hospital stay or outpatient visit...”</p>	<p>Basic Commitments, 42 C.F.R. § 489.20(u).</p>	<p>The list of physician owners or investors must be available upon request.</p>

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<p>Written and oral notice to each individual entitled to Medicare benefits when such individual receives observation services as an outpatient for more than 24 hours.</p>	<p>“not later than 36 hours after observation services are initiated or sooner if the individual is transferred, discharged, or admitted.”</p>	<p>Basic Commitments, 42 C.F.R. § 489.20(y).</p>	<p>Notice may be provided before such individual receives 24 hours of observation services as an outpatient.</p> <p>Written notice explaining status as an outpatient receiving observation services and implications of such status.</p> <p>Oral explanation of the written notice is required.</p>
<p>Inform patient or the patient’s family of their freedom to choose among participating Medicare providers of post-hospital care services and any hospital financial interest in a post-hospital provider.</p>	<p>“as part of the discharge planning process...”</p>	<p>Condition of Participation: Discharge Planning, 42 C.F.R. § 482.43(c)(7).</p>	
<p>IRS 501(r) Financial Assistance Policy (FAP) website notice. Hospital facility must widely publicize the FAP, including by making FAP documents available in print and electronic copies.</p>	<p>“widely available on a website;” and</p> <p>Paper copies of FAP documents “available upon request and without charge, both by mail and in public locations in the hospital facility, including, at a minimum, in the emergency room (if any) and admissions areas.”</p>	<p>IRS 501(r) Financial Assistance Policy and Emergency Medical Care Policy, 26 C.F.R. §§ 1.501(r)-4(b)(1)(ii) and (b)(5)(i)(A)-(B).</p>	<p>“FAP documents” include the FAP, FAP application form, and plain language summary of the FAP.</p> <p>To “widely publicize” the FAP, the hospital facility must accommodate all significant populations that have limited English proficiency by translating the FAP documents into the primary language(s) spoken by such populations.</p> <p>See 26 C.F.R. § 1.501(r)-4(b)(5)(ii) for the full translation requirements. For specific examples of the notices, see 26 C.F.R. § 1.501(r)-4(b)(5)(v).</p>

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<p>IRS 501(r) FAP Community Notice. Hospital facilities widely publicize the FAP, including by notifying and informing members of the community served by the hospital facility about the FAP.</p>	<p>“in a manner reasonably calculated to reach those members who are most likely to require financial assistance from the hospital facility.”</p>	<p>IRS 501(r) Financial Assistance Policy and Emergency Medical Care Policy, 26 C.F.R. §§ 1.501(r)-4(b)(1)(ii) and (b)(5)(i)(C).</p>	<p>To “widely publicize” the FAP, the hospital facility must accommodate all significant populations that have limited English proficiency by translating the FAP documents into the primary language(s) spoken by such populations. See 26 C.F.R. § 1.501(r)-4(b)(5)(ii) for the full translation requirements.</p> <p>“A measure will notify and inform members of a community ... about the hospital facility’s FAP if the measure, at a minimum, notifies the reader or listener that the hospital facility offers financial assistance under a FAP and informs him or her about how or where to obtain more information about the FAP and FAP application process and to obtain copies of the” FAP documents.</p> <p>See 26 C.F.R. § 1.501(r)-4(b)(5)(iii).</p> <p>For specific examples of the notices, see 26 C.F.R. § 1.501(r)-4(b)(5)(v).</p>
<p>IRS 501(r) FAP Patient Notice. Hospital facility must widely publicize the FAP, including by notifying and informing individuals who receive care from the hospital facility about the FAP.</p>	<p>By: (1) offering a paper copy of the plain language summary of the FAP to patients as part of the intake or discharge process;</p> <p>(2) including a conspicuous written notice on billing statements that notifies and</p>	<p>IRS 501(r) Financial Assistance Policy and Emergency Medical Care Policy, 26 C.F.R. §§ 1.501(r)-4(b)(1)(ii) and (b)(5)(i)(D).</p>	<p>“A measure will notify and inform ... patients about the hospital facility’s FAP if the measure, at a minimum, notifies the reader or listener that the hospital facility offers financial assistance under a FAP and informs him or her about how or where to obtain more information about the FAP and FAP application process and to obtain copies of the” FAP documents.</p> <p style="text-align: right;"><i>(continued)</i></p>

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	<p>informs recipients about the availability of financial assistance under the hospital facility's FAP and includes the telephone number of the hospital facility office or department that can provide information about the FAP and FAP application process and the direct website address (or URL) where copies of the FAP documents may be obtained; and</p> <p>(3) setting up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about the FAP in public locations in the hospital facility, including, at a minimum, the emergency room (if any) and admissions areas.</p>		<p>See 26 C.F.R. § 1.501(r)-4(b)(5)(iii).</p> <p>For specific examples of the notices, see 26 C.F.R. § 1.501(r)-4(b)(5)(v).</p>