



# Patient and Family Information Guide



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# We Care

About Your Health and Healing



## W

### Welcome, Why, What Matters?

We will be coming in frequently so that you are familiar with your care team and your specific care needs are addressed. Your providers will review your plan of care daily. Ask questions and let us know what is important for your wellness.

## E

### Environment

We want your room to be a place of healing. Please let us know if you have any needs and we will make every effort to address them.

## C

### Comfort

It is important to report any discomfort so that we can work to minimize it. Are you in pain? Is your bed adjusted as you would like it? Staying active is a goal of your healing. Please ask for assistance getting out of bed to the chair.

## A

### Alarms and Equipment

We strive to have a safe environment free of unnecessary clutter and equipment for your safety. The staff may utilize monitors, bed, or chair alarms to create security. In addition, multiple safety measures may be implemented during your care to prevent falls or hazards. Please use your call light when you need assistance or to discuss your fall risk with your team.

## R

### Refreshment

You may be ordered a special diet or restricted fluids during your stay. Your team will work to assure you have your nutritional needs met in accordance with your medical team and plan of care. Please ask if you have questions or concerns. Your hygiene and personal care are of utmost importance. Let us know how we can help keep you feeling refreshed.

## E

### Expectations or Events

Please feel free to add any information to your patient "white boards" including preferred contact person, what matters to you and questions for your provider. Your care team will keep you informed about tests, procedures and your plan of care. Our staff can help you if you need to!

# Care Partner, Support Person, and Visitor Guidelines

Luminis Health Anne Arundel Medical Center (LHAAMC) is committed to patient (and family) centered care and strives to provide a safe and healing environment. LHAAMC welcomes care partners and support persons in all areas 24/7, with the exception in Behavioral Health and Clatanoff.

All care partners and support persons will be required to wash or sanitize their hands throughout their visit. Patients and visitors who prefer to wear a mask while in our facility may do so. Patients may also request that their care team wear masks.

We will review and update our visitation guidelines and practices per needs and changes that occur throughout our patient's stay. At Luminis Health, our Patient and Family Advisors program allows patients, family members, and community members to give input. This input includes: our policies, programs, and practices. These advisors work with our health care providers to support our patient and family centered care.

More detailed information on visitation guidelines for specific centers can be found at **[luminis.health/Visitation-LHAAMC](https://luminis.health/Visitation-LHAAMC)**.



# Helpful Numbers

**Main hospital: 443-481-1000**

DEPARTMENT	PHONE
Patient Relations	443-481-6890
Chaplains	443-481-5120
Safety and Security	
▪ Non-Emergencies	443-481-6999
▪ Emergencies	443-481-6911
Environmental Services	
▪ Hospital Pavilion North & South	443-481-5150
▪ Clatanoff Pavilion	443-481-5109
Patient Dining	443-481-6835
Financial Counselors	443-481-1401
Lost and Found	443-481-6999
Medical Records	443-481-4110

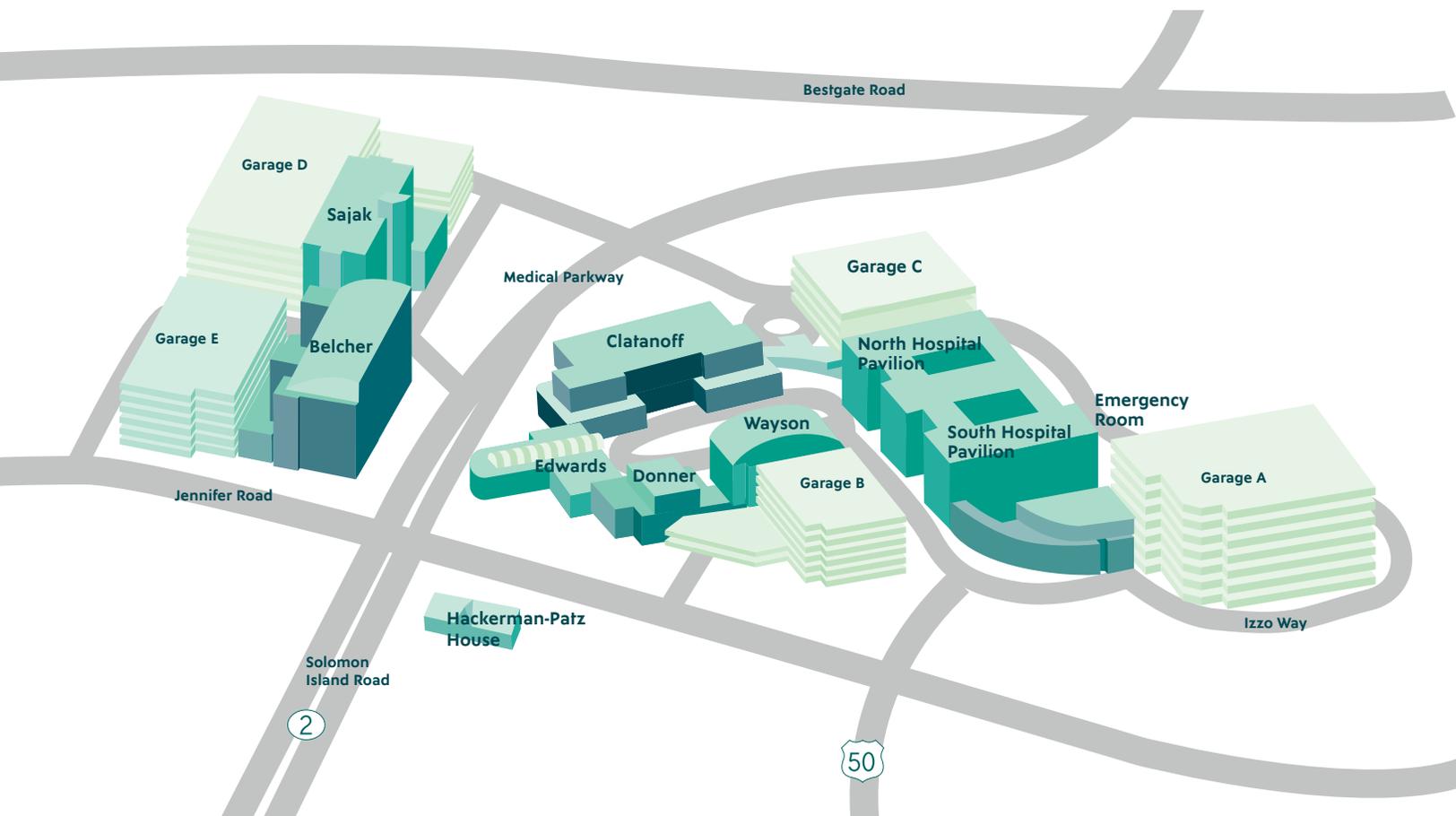
**Ethics & Compliance Line: 1(833) LH-ETHIC (543-8442)**

**Compliance@LuminisHealth.org**

**Privacy@LuminisHealth.org**

Location: 2001 Medical Parkway, Belcher Pavilion, Suite 203

# Getting Around Luminis Health Anne Arundel Medical Center



## **Belcher Pavilion** Park in Garage E

- LHAAMC Breast Center
- Doctors Offices
- Imaging

## **Clatanoff Pavilion** Park in Garage C

- Frank Family Birth Center
- Women's Services
- Wound Care/Diabetes

## **Donner Pavilion** Park in Garage B

- Cancer Services

## **Edwards Pavilion** Park in Garage C

- Outpatient Surgery
- Surgical Services

## **North Hospital Pavilion** Park in Garage C

- Lab and Imaging
- Patient Rooms

## **South Hospital Pavilion** Park in Garage A

- Emergency
- Patient Rooms
- Surgical Services

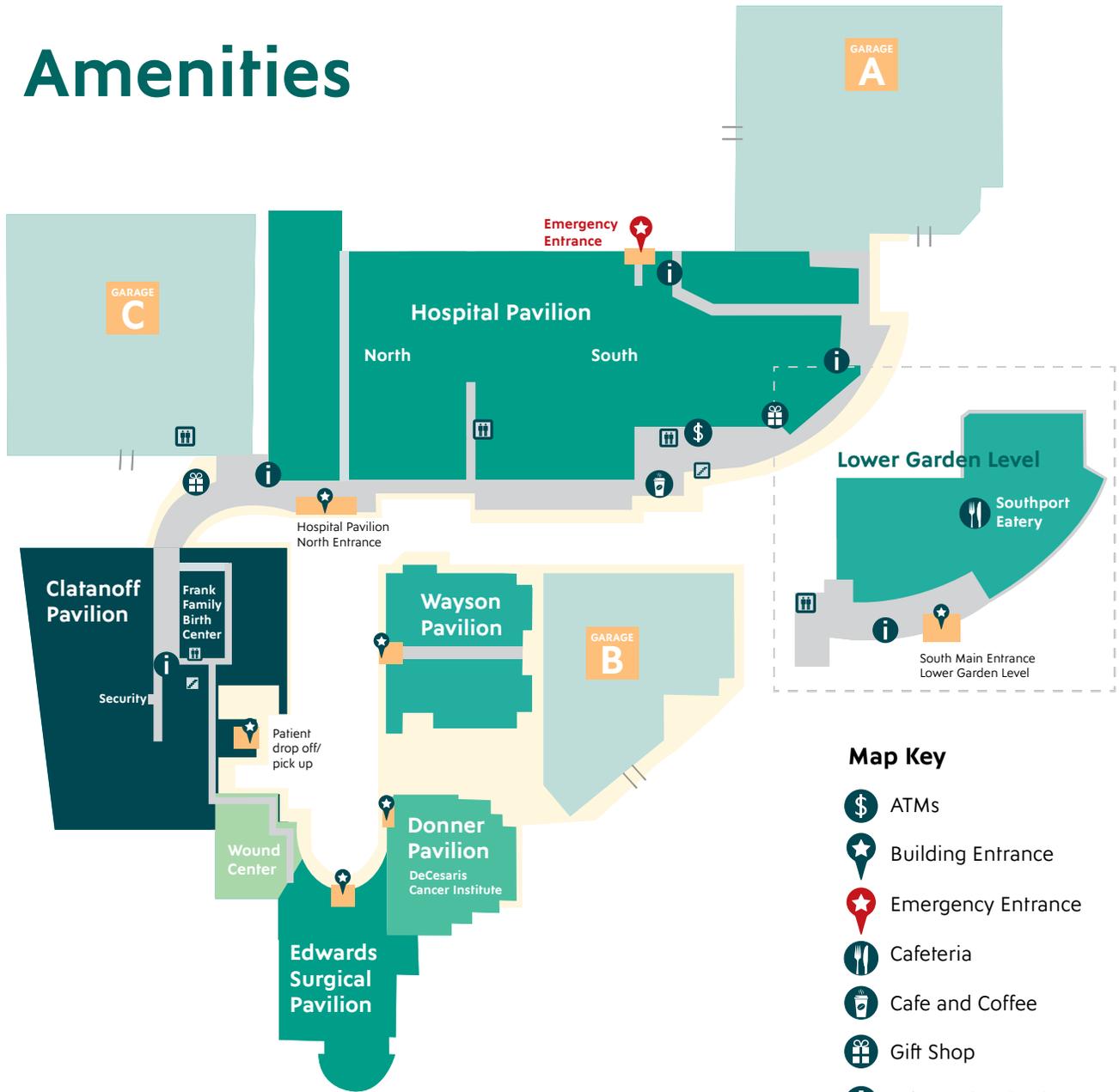
## **Sajak Pavilion** Park in Garage D

- Doctors Offices
- Imaging
- Lab

## **Wayson Pavilion** Park in Garage B

- Doctors Offices

# Amenities



## Cafeterias

Bayside Café: Belcher Pavilion, Level 2  
 Southport Eatery: Hospital Pavilion South, Lower Level



## Coffee shops

Southside Café: Hospital Pavilion South, Level 1



## Gift Shops

Bayside Gift Shop: Belcher Pavilion, Level 2.....443-481-6666  
 Beacon Gift Shop: Hospital Pavilion North, Level 1 .....443-481-5060



## ATM

For your convenience, ATMs are located in the North Hospital Pavilion, South Hospital Pavilion, Clatanoff Pavilion and Sajak Pavilion.

### Map Key

- ATMs
- Building Entrance
- Emergency Entrance
- Cafeteria
- Cafe and Coffee
- Gift Shop
- Information Desk
- Visitor Elevator



# Family Accommodations

## Hackerman-Patz House

### A Guest House for Patients and Families

Traveling for care is stressful. At Luminis Health, we want to do everything we can to brighten the way. We're very fortunate to have a Hackerman-Patz House on the campus of Anne Arundel Medical Center.

The Hackerman-Patz House acts as a home away from home. It is a comfortable, convenient, and affordable option for patients, their families and caregivers. Here, you can rest and regain strength while staying close to the hospital.

### Our Hackerman-Patz House features:

- 20 private guestrooms.
- Spacious common areas, including kitchen, playroom and living areas.
- Private bathrooms in all guestrooms.

Learn more at [Luminis.Health/Hackerman-Patz](https://www.luminishealth.com/Hackerman-Patz). For reservations or more information, call **410-571-3100**. Located in Annapolis, Maryland.

# TV Channel Guide

11 – NBC (WBAL 11 Baltimore)	37 – ESPN2	65 – Lifetime
12 – ABC (WMAR 2 Baltimore)	39 – Golf (NBC)	66 – Food Network
13 – CBS (WJZ 13 Baltimore)	40 – Sports Network (NBC)	67 – HGTV
14 – CW (WNUV 54 Baltimore)	43 – MSN HD	68 – Comedy Central
15 – FOX (WBFF 45 Baltimore)	44 – FX	69 – Spike
16 – QVC	45 – USA	70 – VH-1
17 – WGN	46 – TBS	71 – MTV
18 – Univision (Spanish)	47 – TNT	72 – BET
19 – WHUT (PBS 32 Baltimore)	48 – History	73 – CMT
22 – MPT (PBS 22 Annapolis)	49 – A&E	74 – SyFy
23 – HSN	50 – Bravo	75 – TruTV
24 – My24 (WUTB)	54 – AMC	76 – Hallmark
27 – Sprout	55 – ABC Family	77 – TCM
28 – WETA	56 – GSN	78 – LMN
29 – Weather Channel	57 – TV Land	79 – Speed (FOX)
30 – Travel	58 – Nickelodeon	86 – C.A.R.E (Soothing music)
31 – HLN	59 – Disney	89-94 – Patient Education (TIGR)
32 – CNN	60 – Cartoon Network	95-98 – Local College Channels
33 – MSNBC	61 – Animal Planet	99 – Anne Arundel Community TV
34 – CNBC	62 – TLC	
35 – Fox News	63 – Discovery Channel	
36 – ESPN	64 – E!	



## WiFi Access

- To access our free wireless Internet, simply ensure your wireless is enabled on your device, then select **"publicaccess"** from the list of available wireless networks.
- Read through our welcome/security statement and click "Accept".
- Your device is now on our public wireless network and is redirected to the hospital's mobile webpage. From there you may continue onto your specific websites.

If you have any issues getting your device logged on, please don't hesitate to contact the IS Helpdesk from any hospital phone at 44-481-5202.

# Food and Nutrition

Luminis Health is dedicated to enhancing the health of the people and communities we serve. We strive to meet your nutritional needs based on the diet ordered by your provider. Once the order is placed, the nutrition attendant assigned to your unit can access this information.

Please communicate food allergies to your nurse as soon as possible.

Please communicate food sensitivities and preferences, including cultural or religious, to your nutrition attendant.

The nutrition attendant will visit your room in the morning to take your meal orders for the day.

If, for any reason, they are unable to take your order, please call your designated attendant.

- **6th floor Med Surge, Neuro and ACE Units:** 443-481-6821 or 443-481-6187
- **5th floor Joint & Spine and General Surgery Unit:** 443-481-6822 or 443-481-4743
- **4th floor Medical and Oncology Unit:** 443-481-6823 or 443-481-4744
- **3rd floor ICU/IMU and Heart & Vascular Unit:** 443-481-6824 or 443-481-6181
- **2nd floor Observation:** 443-481-6824
- **Emergency, Observation and Pediatric Unit:** 443-481-5677 or 443-481-4099

If you need to place a meal order, please call at least an hour before the delivery time to ensure timely service. Our meal delivery times are as follows:

- Breakfast: 8–8:30 am
- Lunch: 12–12:30 pm
- Dinner: 5–5:30 pm

If you are unable to place an order, you will receive a pre-selected meal based on your diet order and your reported food preferences.

**For further assistance or to leave a voicemail, please call the Supervisor: 443-481-6835.**

If you need clarification on your diet order during your hospital stay, please ask your medical provider or your nurse. The nutrition attendant is unable to change the order.

## **Nutrition attendants are available from 7 am–6:30 pm**

What about after hours?

Contact your nurse about available food and snack options from the unit's pantry or nourishment room.

## **Cafeteria Hours**

- **Southport Eatery:**
  - Monday – Friday 6:30 am–7 pm and 11:30 pm–3 am
  - Weekends and Holidays 6 am–6 pm and 11:30 pm–3 am
- **Coffee Shop**
  - Monday – Friday 6:30 am–8 pm
  - Closed on weekends and holidays

## **Cafeteria Location**

Southport eatery is located in the SouthHospital pavilion, on the lower level near the emergency department.



# Own your health with MyChart.

It shouldn't be hard to make your family's health care a priority. That's why we've put around-the-clock access to your medical information — and to your providers — in your hands. Literally. Available to all Luminis Health patients on any smart device or computer, Luminis Health MyChart makes it easy to manage your health care needs anytime, anywhere.



## Safely manage your records.

**Access Immunization Records:** View and print your vaccination history and get recommendations for future shots based on your age, gender, and condition.

**Pay Your Bill:** Review your bills and make online payments.

**Take Care of Family:** Get proxy access if you're a parent or caregiver.



## Quickly access your care team.

**Make Appointments:** Browse available times and reserve one that works for you.

**Message Your Care Team:** Send a private message to your provider and get a response time within a few business days.

**Schedule Video Visits:** Get help with minor medical concerns via video chat at designated appointment times.



## Easily track your health.

**Review Recent Test Results:** See recent imaging, lab, and pathology results.

**Refill Prescriptions:** Request a prescription at the pharmacy of your choice.

**Track Your Health:** See important health indicators like your blood pressure, weight, and pulse over time, so you can monitor changes and set goals.

## Enroll in MyChart

For more details and information on MyChart visit, [Luminis.Health/MyChartConnect](https://luminis.health/mychartconnect).

Request a MyChart activation code online or during an office visit with any participating medical practice. Your activation code enables you to log in and create your own user ID and password. You can also request an account by calling MyChart Support at **833-254-3600** or sending an email to [mychartsupport@luminishealth.org](mailto:mychartsupport@luminishealth.org).



# Patient Safety



Safety is our priority and we've embedded it in our culture. Everyone has a role in making health care safe. We encourage you, the patient, to be an active, involved and informed member of your health care team.

## Here are some ways to do that:

- Speak up if you have questions or concerns and, if you don't understand, ask again. It's your body and you have a right to know.
- Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications from the right health care professionals.
- Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.
- Ask a trusted family member or friend to be your advocate.
- Know what medications you take and why you take them. Medication errors are the most common health care mistakes.
- Use a hospital, clinic, surgery center or another type of health care organization that has undergone on-site evaluation against established quality and safety standards, such as that provided by The Joint Commission.
- Participate in all decisions about your treatment. You are the center of the health care team.

If you have concerns about patient care or safety in one of our hospitals, contact our patient relations office at **443-481-6890 for LHAAMC** and **301-552-0899 for LHDCMC**.



# Oral Care

Good oral care will help you prevent infection while in the hospital, no matter how old you are or whether you have teeth or dentures.

## Heart Disease Prevention

Oral care can reduce your risk of gum disease, which is associated with an increased risk of developing heart disease.

## Diabetes Management

If you are diabetic, oral care can also help you manage your diabetes. Diabetics are three to four times more likely to get a gum infection, which makes it harder to control your blood sugars. Uncontrolled blood sugar can further affect gums and teeth by causing an increase in plaque.

## Remove Bacteria

Proper oral care can also reduce your risk of pneumonia. If you accidentally inhale food or saliva, you can pull bacteria into your lungs. This is called aspiration, and can cause pneumonia. More than 45% of healthy adults aspirate in their sleep, and good oral care can help remove the bacteria.

## Good Oral Care

- Brush teeth, gums, and tongue with fluoride toothpaste two times per day.
- Rinse with antiseptic mouthwash two times per day.

## Denture Care

- Brush dentures, rinse and soak in denture cleaner at least two times per day.
- Brush teeth, gums, and tongue with fluoride toothpaste two times per day.
- Rinse with antiseptic mouthwash two times per day.
- Rinse dentures before placing them in your mouth.



# Bedside Prescription Delivery

*Let us fill and deliver your take-home prescriptions right to your room before you leave so you don't have to stop at a pharmacy on the way home.*

- **It's easy:** Ask to speak with your pharmacy technician to see if we accept your insurance. If we do, you can easily take advantage of this program.
- **Talk to a pharmacist:** Your hospital pharmacist is available to discuss your new medications and answer any questions you may have.
- **Easy credit card payment:** You'll simply pay your regular copay when your medications are delivered. We prefer Visa, Mastercard or Discover credit/debit/HSA cards only. Cash will be accepted in certain situations; ask your pharmacy technician.

# Mobility Matters



## Did you know

- After 4 days in the hospital, it can take up to 14.2 days for strength recovery.
- You begin to lose muscle mass within 24 hours of not moving.
- Increasing your steps by 600 per day can help you get home 2 days faster.
- The average person spends 83% of their time lying in bed while in the hospital.
- Early mobility is one of the most important things you can do to help prevent problems associated with hospitalization.

## Benefits of Mobility

- Helps preserve strength and decrease the risk of falls.
- Maintains normal breathing function.
- Decreases the chances of delirium or confusion.
- Improves bowel and bladder function, speeds wound and incision healing.
- Reduce the risk of blood clots.
- Helps get you home quicker and stronger!

## Mobility at Luminis Health

Your mobility team is specially trained to help you get up and move safely. It is led by nursing staff and may include physical and occupational therapy. In collaboration with your doctor, the mobility team develops an activity program in line with your goals.

## What does mobility look like?

- Sitting on the edge of the bed or in the chair for meals.
- Walking in the hallways.
- Walking to the bathroom.
- Sitting up to brush your teeth, comb your hair, or shave.



# Fall Prevention

## Preventing Falls and Risk for Injury

All patients are at risk of falls when in the hospital. Your illness, treatments or procedures may leave you weak or unsteady. Some medications can also cause disorientation and weakness. These medications include:

- Blood pressure medication.
- Diuretics (water pills).
- Sleeping pills.
- Pain medication.
- Tranquilizers.
- Laxatives and enemas.
- Muscle relaxants.
- Seizure medications.
- Psycho-active medications.

Falling also increases your risk of injury and may prolong your hospital stay and recovery period. High-risk factors for fall-related injuries may include:

- Being age 85 or older.
- Having conditions such as osteoporosis or a previous fracture.
- Taking some medications such as blood thinners.
- Undergoing a surgical procedure

## Reduce Your Risk

Extra effort may be required to avoid potential falls and related injuries. By following our guidelines, you and your family can help reduce your risk of falling. Always follow your physician's and nurse's instructions as to whether you must stay in bed, call for required assistance, etc.

Our staff is always available and happy to assist you.

## Safety Tips and Guidelines

- Use your call bell.
- Ask for help if you need to use the bathroom or if you feel dizzy or weak when getting out of bed. Remember, you are more likely to faint or feel dizzy after sitting or lying down for a long time.
- Remain lying down or seated while waiting for assistance. Someone will answer your call as soon as possible.
- Keep your bed in its lowest position.
- Keep the bed alarm on. You may have a bed or chair alarm on for safety. Do not turn it off. If you need help getting out of your bed or chair, please call for assistance.
- When getting out of bed or a chair, sit up for at least two minutes. Then rise carefully and slowly to avoid unsteadiness.
- Keep your telephone, personal items and assistive devices near you and within reach.
- Wear your glasses and hearing aids.
- Wear non-skid slippers/socks whenever you walk in your room or the hospital.
- If there is a spill or wet spot on the floor, notify us so we can clean it before a mishap occurs.
- Let our staff know if furniture or other objects should be moved or removed to clear your path.
- Be careful getting on and off the toilet. Use the handrails. Our staff can assist you when you need to use the bathroom.

# HIPAA and Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## Affiliated Covered Entity

Luminis Health, Inc. and its affiliated entities and subsidiaries are under common ownership and control and are organized as a single Affiliated Covered Entity (ACE) for the purposes of the HIPAA Privacy Rule. We will share Protected Health Information (PHI) with each other as necessary to carry out treatment, payment, or health care operations as otherwise permitted by applicable law, or as stated in this Notice. We will do so through access to a shared electronic medical record.

## Who Will Follow This Notice

This Notice applies to Luminis Health, Inc. and all of its subsidiaries, all healthcare professionals authorized to enter information into your chart, all volunteers authorized to help you while you are here, all of our employees and on-site contractors, all departments and units within the hospital, all healthcare students, all healthcare delivery facilities and providers within Luminis Health, and your personal doctor and others while they are providing care at this site. Your doctor may have different policies or Notices regarding your medical information created in their private office or clinic.

## Our Pledge Regarding Medical Information

Luminis Health is committed to protecting your medical information. We understand that medical information about you and your health is personal. We create a record of the care and services you receive at Luminis Health. This Notice tells you about the ways in which we may use and disclose your medical information and applies to all of the records of your care generated and maintained by Luminis Health. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure your protected health information is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to your medical information;
- Notify you if there is a breach of your unsecured protected health information that compromises the privacy or security of your protected health information;
- Follow the terms of the Notice that is currently in effect.

## How We May Use And Disclose Medical Information About You

The following categories describe different ways that we may use and disclose your medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

Information disclosed by us may be redisclosed by the recipient and may no longer be protected by federal privacy laws.

**Treatment.** We may use medical information about you to provide you with medical treatment or services. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. We may also share medical information about you with other Luminis Health personnel or non-Luminis Health individuals who may be involved in your ongoing care, such as family members, clergy, or others who provide services that are part of your care, such as therapists or physicians. As part of our Collaborative Care Network, your medical information may be used to facilitate ongoing care management activities.

**Payment.** We may use and disclose medical information about you to bill and collect payment from you, your insurance company, or a third-party payor for the services you received. For example, we may need to give your health plan information about treatment you received at Luminis Health so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Healthcare Operations.** We may use and disclose medical information about you for day-to-day operations. These uses and disclosures are made to enhance quality of care and for certain medical staff activities. For example, we may use medical information to evaluate our services and the performance of our staff in caring for you. Medical information about many Luminis Health patients may be combined to decide what additional services Luminis Health should offer, what services are not needed, and whether certain new treatments are effective. Information may also be disclosed to doctors, nurses, technicians, medical students, and other Luminis Health personnel for review and learning purposes. We may disclose information about you for another hospital's health care operations if you also have received care at that hospital. We may also include your health information in registry databases to evaluate treatment and outcomes at a state and national level. We may contact you to determine how satisfied you are with our services. We may also disclose information to accrediting agencies which review hospital operations to ensure quality of care. We may also share your information with certain vendors, called business associates, who help us run our organization. We will have a written contract with these business associates that make sure that they also protect the privacy of your information. We take reasonable steps to keep your information private, but it is possible your information may be disclosed during allowed uses and disclosures, or as an unavoidable result of them, for example, others in a waiting room may overhear your name when you are called in for your appointment.

**Health Information Exchange.** We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-Luminis Health primary care physician or hospital, if they participate in the HIE as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

The Chesapeake Regional Information System for our Patients, Inc. (CRISP) is a regional internet based HIE in which we participate. We may share information about you through CRISP for treatment, payment, health care operations, or research purposes. You may "opt-out" and prevent searching of your information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org).

Luminis Health may also participate in other HIEs, including HIEs that allow your provider to share your information directly through our electronic medical record system. For example, if you were seen by a different provider, they may electronically view your information to see the care you were provided at Luminis Health. You may choose to opt-out of these other HIEs by contacting the Luminis Health Health Information Management department. Your choice to opt out will not affect your right to receive treatment by Luminis Health.

**Photographs, Video and Audio Recordings.** We may obtain photographs, video and audio recording of your healthcare treatment at Luminis Health for the purpose of healthcare treatment, payment, and operations, or as otherwise permitted by law. Such photographs, video or audio recordings will not be used for marketing purposes unless you specifically authorize such use. If you do not want photographs, video or audio records made of your healthcare treatment, you may specifically request that such photographs, video or audio records not be made by notifying your physician.

**Communications.** We may use your contact information, such as your email address, to send you general newsletters or announcements about health topics, wellness resources, or events offered by Luminis Health. These communications will not contain details about your care or treatment. You may choose to stop receiving these types of communications at any time by selecting the unsubscribe option that is included in the message. If you opt out of newsletters or similar communications, you may still receive important messages related to your treatment, payment, or healthcare operations, such as appointment reminders or billing information.

**Fundraising Activities.** We may contact you in an effort to raise money for Luminis Health and its non-profit patient care programs and visit you during your in-patient stay. For these purposes, we may use your name, address, phone number, dates of service, the department from which you received treatment or services at Luminis Health, your treating physician's name, your treatment outcome, and your health insurance status. You may restrict use of your information for these purposes by contacting 888-890-6919 or by email at [OptOut@luminishealth.org](mailto:OptOut@luminishealth.org). Your choice to opt out of fundraising communications in no way will affect your right to receive treatment by Luminis Health.

**Facility Directory.** We may include certain limited information about you in the Luminis Health facility directory while you are an inpatient at Luminis Health. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to anyone who asks for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends, and clergy can visit you and generally know how you are doing. If you do not want anyone to know directory information about you, if you want to limit the amount of directory information that is disclosed, or if you want to limit who gets directory information, this type of information

may be restricted from being released. Please alert the registration staff or your caregiver to request to opt out of the facility directory.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. This includes persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort. You may request us to restrict sharing of your health status with someone who is involved in your care or for disaster relief efforts.

**Marketing.** We may use your medical information to forward promotional gifts of nominal value, to communicate with you about a service, products and educational programs offered by Luminis Health. We do not share your medical information to any third party for their marketing activities unless you sign an authorization allowing us to do this.

**Research.** We may use and disclose medical information about you for research purposes. All research projects must be approved by a research review board which evaluates the research proposal and establishes standards to protect the privacy of your health information. We may use or disclose your medical information to a researcher preparing to conduct a research project.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Workers' Compensation.** We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health activities.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report reactions to medications or problems with products;
- To notify individuals of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**As Required by Law, Legal Proceedings, Health Oversight Activities and Law Enforcement.** We may disclose your health information when we are required to do so by federal, state and other law. For example, we may be required to report victims of abuse, neglect or domestic violence, as well as patients with gunshot and other wounds. We will disclose your health information when ordered in a legal or administrative proceeding, such as a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose health information to a law enforcement official to identify or locate suspects, fugitives, witnesses, victims of crime, or missing persons. We may disclose health information to a law enforcement official about a death we believe may be the result of criminal conduct or about criminal conduct that may have occurred at our facility. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. We may disclose your health

information to the Secretary of Health and Human Services for the purpose of determining compliance with and enforcement of these rules.

**To Avert a Serious Threat to Health or Safety.**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. However, any disclosure would only be to someone able to help prevent the threat.

**Coroners, Medical Examiners, and Funeral Directors.**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of Luminis Health to funeral directors as necessary to carry out their duties.

**Specialized Government Functions.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may disclose health information to make medical suitability determinations for Foreign Service. We may disclose health information to authorized federal officials for national security purposes, such as protecting the President of the United States or the conduct of authorized intelligence operations.

**Correctional facilities.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official if permitted by law. We may release your health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.

**Authorization.** Other uses and disclosures of health information not covered by this Notice or the laws that apply will be made only with your written permission. If you provide our facilities with an authorization to use and disclose health information about you, you may revoke that permission at any time by sending a request

in writing to the facility's Health Information Management Department. These may include the sale of your health information, use of your health information for marketing purposes and certain disclosures of psychotherapy notes. You may revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care that we provided to you.

**Additional Privacy Protections for Substance Use Disorder Records.** Some of your health information may be related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment. This information is protected by a federal law called 42 CFR Part 2, which provides additional privacy protections beyond HIPAA.

In general, we may use and disclose substance use disorder records only as permitted by federal law or with your written consent. When permitted by law and applicable consent, we may use or disclose this information for treatment, payment, and health care operations. However, substance use disorder records are subject to more restrictions than other health information.

In most cases, your written consent is required before we may disclose substance use disorder records. Your consent must meet federal requirements and may be revoked by you at any time, except to the extent we have already relied on it.

Substance use disorder records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court issues an order that meets the requirements of federal law.

Federal law prohibits recipients of substance use disorder records from redisclosing this information unless permitted by federal law. This information does not lose its protection if it is shared with another party.

## Your Rights Regarding Your Medical Information

Although your medical record is the physical property of our facilities, you have the following rights regarding medical information we maintain about you. Some of these rights may apply differently to substance use disorder records that are protected by federal law.

**Right to a Copy of this Notice.** You have the right to receive a paper copy of this Notice. We will post a copy of our current Notice in our facilities and on our website. A copy of our current Notice will be available at our registration areas or upon request. To request a copy of our current Notice, please contact the Privacy Office listed below.

**Right to See and Copy your Health Record.** You have the right to see and receive a copy of your medical information. Usually, this includes medical and billing records, but does not include psychotherapy notes or information collected because someone expects a court case or plans to use it in a legal, criminal, or government hearing.

To see and copy your medical information, you must submit your request in writing to the Health Information Management (Medical Record) Department of the facility where you were seen. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. You may request an electronic or paper copy of this information.

We may deny your request to see and copy your medical information in certain limited circumstances, such as when your physician determines that for medical reasons this is not advisable. If you are denied access to medical information, we will tell you the reasons for the denial and explain your right to have the denial reviewed.

**Right to Amend your Medical Record.** If you feel that your medical or billing information is incorrect or incomplete, you have the right to request that we amend your record. Your request must be in writing, and it must contain the reason for your request. To request a correction to your medical record, you must complete a "Request for Amendment of the Medical Record" form available in the Health Information Management

(Medical Records) department of the facility where you received treatment. We will make every effort to fulfill your request usually within 60 days. We may deny your request to amend your record if the information being amended was not created by us, if we believe that the information is already accurate and complete, or if the information is not contained in records that you would be permitted by law to see and copy. If we deny your request, you will be notified in writing usually within 60 days.

If your request is denied, you have the right to submit a written Statement of Disagreement which may be included in your medical record.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of your medical information. This list is not required to include disclosures made for treatment, payment, and health care operations, and certain other disclosure exceptions.

You must submit your request in writing to the Luminis Health Health Information Management department. Your request must state a time period that may not be longer than six years prior to the date of the request. Your request should indicate in what form you want the list, for example: on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge a fee as permitted by law.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request and will notify you if we are unable to agree. Your request must be made in writing to the Luminis Health Health Information Management department.

You may request that we not submit your medical information to a health plan or your insurance company, if you, or someone on your behalf,

pays for the treatment or service out-of-pocket in full. To request this restriction, you must make your request in writing prior to the treatment or service. In your request you must tell us the information you want to restrict and to what health plan the restriction applies. If we agree with your request, we will comply with your request.

**Right to Confidential Communications.**

You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you can ask that we only contact you at work or by mail, or at another mailing address, besides your home address. We must accommodate your request if it is reasonable. You are not required to provide us with an explanation as to the reason for your request. If you would like to receive copies of medical information after your treatment, you will specify the method and location that information should be sent to you.

**Complaints and Contact Information.** If you believe your privacy rights have been violated, you may file a complaint with the Luminis Health Privacy Office using the contact information below. You may also file a complaint with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

If you have questions about this Notice, please contact the Luminis Health Privacy Office.

Privacy Officer Luminis Health, Inc.  
Belcher Pavilion, Suite 203  
2001 Medical Parkway, Annapolis, MD 21401  
Phone: (833) 543-8442 (toll free)  
privacy@luminishealth.org

**CHANGES TO THIS NOTICE**

We reserve the right to change Luminis Health’s privacy practices and this Notice, and the changes will apply to all information we have about you as well as any information we receive in the future. We will post a copy of the current Notice throughout Luminis Health and on our website.

Effective date: April 14, 2003 Revised: February 16, 2026

# Patient Rights and Responsibilities

We want to encourage you, as a patient at Luminis Health, to speak openly with your health care team, take part in your treatment choices, and promote your own safety by being well informed and involved in your care. Because we want you to be a partner in your care, we want you to know your rights as well as your responsibilities during your stay at our hospital. We invite you and your family to be active members of your care team.

## You have the right to:

1. Receive considerate, respectful, and compassionate care.
2. Receive safe care without neglect and abuse. Abuse includes verbal, mental, physical or sexual abuse.
3. An exam and treatment for emergency medical conditions and labor.
4. Be free from restraints and seclusion unless needed for safety.
5. Know the names and jobs of the people taking care of you if staff safety is not a concern.
6. Have respect shown for your personal values, beliefs, and wishes.
7. Be called by your proper name and pronoun of choice in an environment that maintains your dignity.
8. Be treated without discrimination based on race, color, national origin, ethnicity, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, language, or your ability to pay.
9. Have a family member or person of your choice and your personal doctor notified of your admission to the hospital.
10. Receive a list of protective and advocacy services when applicable.
11. Ask for a cost estimate of your care if it does not slow down your care.
12. Receive information in a way that you understand for **free**. This may include:
  - Sign language and a interpreter
  - Other formats like large print, braille, audio recordings, and computer files
  - Vision, speech, hearing, and other temporary aids as needed
13. Receive information from your doctor about your diagnosis, prognosis, test results, and outcomes of care.
14. Access your medical records according to the Health Insurance Portability and Accountability Act (HIPAA).
15. Be involved in decisions about your care, including your discharge plan. You will be told of your discharge in a timely manner. Before your discharge you will receive information about follow-up care.
16. Be screened, assessed, and treated for pain.
17. Refuse care. We are not responsible for any medical issues that occur if you refuse care.

18. Let someone stay with you (see our visitation policy). You may choose who may visit you. You may also change your mind about who may visit.
19. Choose someone to make health care decisions for you, if you cannot.
20. Make or change an advance directive. We can give you information on advance directives. We can also help you complete an advance directive if you do not have one.
21. Give written permission before receiving non-emergency care. We will tell you the benefits and risks of the care. We will advise you of options, along with benefits and risks if any.
22. Agree or refuse to take part in medical research. Agreeing or refusing will not affect your care.
23. Allow or refuse any images of you for reasons other than your care.
24. Expect privacy and confidentiality in care discussions and treatments. You have the right to a copy of your medical records and to request changes to those records. You have the right to request who has seen your personal health information. Contact Medical Records for more information.
25. Receive a copy of the HIPAA Notice of Privacy Practices.
26. Discuss ethical issues with the Ethics Service. The operator or staff can call the Ethics Service for you.
27. Receive spiritual care services or access to your own clergy by calling the operator or asking staff to assist you.
28. File a complaint and have the complaint reviewed.  
Filing a complaint will not affect your care. Talk to your doctor, nurse, or department manager if you have a concern. You may also contact the Luminis Health Patient Relations team at **443-481-6890** or **patientrelations@luminishealth.org**.

If your concern is not resolved to your liking, you may also contact:

**Maryland Department of Health**

Office of Health Care Quality  
7120 Samuel Morse Drive, Second Floor  
Columbia, MD 21046

**410-402-8015** or **877-402-8218**

Website: <https://health.maryland.gov/Pages/Home.aspx>

**The Joint Commission**

The preferred method for submitting a complaint to the Joint Commission is online: <https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-event/>

**Mail:** Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181

The care you receive depends partially on you. Therefore, in addition to the Patient's Rights, you have certain responsibilities. These responsibilities are presented to you in the spirit of mutual trust and respect. **Luminis.Health/mutual-caring**

# Nondiscrimination Notice

Luminis Health complies with applicable Federal civil rights laws and does not discriminate on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression (LGBTQ), physical or mental disability, veteran or military status, ability to pay or any other basis prohibited by federal, state, or local law.

Luminis Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Luminis Health Patient Relations team at 443-481-6890.

Any member of your care team may also assist with obtaining appropriate services.

If you believe that Luminis Health has failed to provide these services or discriminated in another way on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression (LGBTQ), disability, veteran or military status, or any other basis prohibited by federal, state, or local law, you can file a grievance with:

- **Luminis Health Patient Relations**

LHAAMC: 2001 Medical Parkway, Annapolis, MD 21401

LHDCMC: 8118 Good Luck Road, Lanham MD 20706

Phone: 443-481-6890

Email: [PatientRelations@luminishealth.org](mailto:PatientRelations@luminishealth.org)

You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Patient Relations team staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

- U.S. Department of Health and Human Services  
200 Independence Ave., SW Room 509F,  
HHH Building Washington, DC 20201  
Phone: 800-368-1019 TDD: 800-537-7697

Complaint forms are available at [HHS.gov/OCR/Office/File/Index.html](http://HHS.gov/OCR/Office/File/Index.html)



## No Smoking Policy

Maryland state law prohibits smoking within a healthcare facility. Luminis Health Anne Arundel Medical Center has a smoke-free campus policy for all buildings, grounds and parking lots. Thank you for refraining from smoking indoors and outdoors.

Our hospital has a no-smoking policy to support your health. If you smoke and are interested in quitting, please talk with your healthcare provider or nurse about available options and support.



## Personal Items/Valuables Statement

The hospital will not assume liability for any personal items retained in your possession, including: glasses, dental plates, hearing aids or other prosthetic devices, laptops, tablets, jewelry, cellphones, currency or clothing. Please keep only essential items (e.g., sleeping apparel, toiletries, etc.) in your room. Personal grooming supplies are available upon request. Have a family member, friend or caregiver take your personal property and valuables home when you are admitted. If necessary, security can store valuables in the hospital's safe. Our valuables pick-up service is available 24 hours a day. To retrieve your items from security, contact the operator by dialing "0" on your room telephone or ask your nurse to call security for you.

You may not bring personal electrical appliances (e.g., fans, televisions, hair dryers, radios, etc.) to the hospital. Although these appliances are safe for use at home, many are not compatible with the hospital's environment and could create a fire hazard. Battery-operated appliances are permitted. Fans are not permitted in any circumstances for infection-control reasons.



# Healthcare Decisions

Luminis Health's policy is to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes. On admission to the hospital, you'll be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your medical record. Advance Directives are not a requirement for hospital admission.

## What are Advance Medical Directives?

Advance Directives communicate a patient's wishes regarding health care to all caregivers. If a patient has a living will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family or hospital staff, Luminis Health is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

### There are different types of Advance Directives:

**Living Wills** are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

**Appointment of a Health Care Agent** (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

**Health Care Instructions** are your specific choices regarding use of life-sustaining equipment, hydration and nutrition, and use of pain medications.

For Advance Directive forms and more information, visit [Luminis Health website:](https://www.luminishealth.com/advance-directive-info)

**[Luminis.Health/Advance-Directive-Info](https://www.luminishealth.com/advance-directive-info)**

Luminis Health recommends that everyone over the age of 18 have an Advance Directive. We recommend using the attached form to think about what you want and document your wishes. Working with a lawyer is not required to complete this form.

## What should I do with this form once it is complete?

- Remember to have two witnesses sign your form. This makes it a legal document.
- Share this form with your health care agent, family, close friends, and medical providers.
- Submit a copy to Luminis Health to be entered into your medical record.

### Ways to give us a copy of your Advance Directive:

- Bring it into your doctor's office. Give it to your doctor or a staff member.
- If you are going into the hospital, bring a copy with you.
- Mail it to:  
Luminis Health Anne Arundel Medical Center  
Health Information Management  
2001 Medical Parkway  
Annapolis, MD 21401

Types of Advance Care Plans		
	Advance Directives	Medical Orders
What are they?	Durable power of attorney for healthcare.	Orders in your medical record, including: <ul style="list-style-type: none"> <li>▪ DNR (Do Not Resuscitate).</li> <li>▪ POLST (Physician Orders for Life-Sustaining Treatment - some states use other names for these, such as MOLST or POST).</li> </ul>
What do they do?	Living Wills. Power of Attorney (Health Care Agent).	States what specific care you want or do not want in a medical emergency. Like CPR, a ventilator, a feeding tube, or antibiotics. (Note: Living wills are not legally binding in Massachusetts or Michigan.)
Who should have these care plans?	All adults.	Those who are very sick or nearing the end of life.
Can they be used when 911 or an ambulance is called?	No. Emergency responders must attempt to save your life unless a medical order states otherwise. Advance directives apply only in the hospital.	Yes. Be sure these documents are complete and easy to see.
Can I create them while I'm in the hospital?	Varies by state. Ask your nurse or attorney for more information.	Yes. Your doctor can complete these documents for you.

### Organ Donation

You can register to donate your organs or tissues at [organdonor.gov/sign-up](http://organdonor.gov/sign-up). You can also register in person at your local motor vehicle department. Be sure your family knows you've registered.

### Unsure about being an organ donor?

- Donors still receive lifesaving treatment
- Most major religions support organ donation. It's free to donors and their families.
- There is no upper age limit.

# Caregivers and Care Partners make a difference every day in the lives of our patients at Luminis Health!

We appreciate you, and encourage you to optimize the care for your loved ones **TOGETHER** in the following ways:

- T** **Talk about your role with your loved one.** Introduce yourself to staff and describe your relationship to the patient and how you'd like to participate in care.
- O** **Observe changes** (physical, behavioral, emotional) in the patient and report them to health care providers. Ask staff what observations they would like you to routinely share.
- G** **Gather helpful information** (current medications, medical history, other health care providers, and insurance) and bring it all to the hospital.
- E** **Ensure that you're present,** if possible, at times when information will be shared and decisions need to be made. Keep your schedule for coming to the hospital manageable. Let staff members know how to reach you and be sure you know whom to contact for information when you're away from the bedside.
- T** **Tell staff if you have any concerns** about the patient's condition or safety or if you are uncomfortable because "something just doesn't feel right."
- H** **Help with decision-making** about care and treatment. Be a second set of eyes and ears for the patient. Ask questions and take notes. Encourage your loved one to participate in decision-making to the extent he or she chooses.
- E** **Enlist help from staff members** with whom you are comfortable so that they can support you and your loved one as you participate in care and decision-making.
- R** **Ready yourself for transitions** to home or community care. Before you leave the hospital, make sure your questions and those of the patient have been answered. Know what will be needed afterwards (medications, treatment, equipment, follow-up appointments) and what changes in the patient's condition should be reported to health care providers.

Additional Caregiver support resources are available at [Luminis.Health/Caregivers](https://www.luminishealth.com/caregivers).





# Discharge Checklist

## Discharge Summary

This includes:

- Why you were in the hospital.
- Who cared for you.
- Your treatments, including any procedures and medications.

## Medication List

This may be part of your discharge summary. It should include new and existing prescriptions, over-the-counter medications, vitamins, and supplements. Ask if there are any medications you can stop taking or that are not safe to take together. Also make sure you know why, how, and when to take each one. Check that your pharmacy has your new prescriptions, and make sure you have a plan to get them filled and picked up. *See page 31 for a medication tracker.*

## Follow-Up Care Instructions

Beyond medication, these can include information about additional tests you may need, recovery activities, and diet changes.

## Records & Results

Your medical records and test results may be available through the hospital's patient portal. Ask staff how to sign up for access. You can also request copies from the medical records department.

## After-Hospital Services

Know if you'll need support in these areas and make a plan for getting it:

- **Personal care:** bathing, eating, dressing, toileting.
- **Healthcare:** follow-up doctor's appointments, physical therapy, wound care, medications, injections, medical equipment.
- **Home care:** cooking, cleaning, laundry, shopping.
- **Transportation:** home from hospital; doctors visits, to pharmacy to pick up medications.

## Local Resources

Ask your discharge planner for help finding local organizations or programs that provide any medical or non-medical services you may need.





# Giving Back

## Help Us Help Others

### Volunteer

Every year, hundreds of volunteers help Luminis Health brighten people's days and build up the health of their communities. They guide anxious patients and visitors within the hospital, help clinical staff meet patients' needs, put the fun in fundraising and much more.

Our volunteers find joy and purpose in giving back to their communities, meeting friends and being there for patients in challenging times. As a way to say thank you, we offer career experience, training, free parking and more. Offerings vary by location and unit.

We do our best to match volunteers' interests and goals with our volunteer opportunities. Love animals? You'd enjoy bringing our therapy dogs to visit worried kids in our hospital. Looking for experience for a health care training program or job? Your experience stocking medical supplies and organizing patients' medical charts will look great on your resumé.

You can volunteer when you want, where you want and as often as you want. Whether you're with us a few times a week or a couple of times a month, we'll be glad to have you on our team! We welcome volunteers at either of our two main hospital campuses. We also welcome volunteers at our community events throughout Anne Arundel and Prince George's counties.

### LHAAMC Auxiliary

Founded in 1944 as a way for community members to give back to the hospital, LHAAMC's adult volunteering service — LHAAMC Auxiliary — has gone from being the "Pink Ladies" to the "Blue Crew" and is an integral part of the organization's mission to provide patient-centered high-quality health care services to the community.

Auxiliary members serve in more than 30 different services on the main campus and in the many satellite centers spread around the community. Volunteers at LHAAMC are asked to give one shift per week on a regular day and time. Accommodation is made for vacation or other leave. Shifts are typically 9 am–12:30 pm or 12:30–4 pm. There are opportunities for evening and weekend volunteer work. Volunteer assignments are based on the volunteer's interest and schedule as well as the hospital's needs.

### Student Volunteers

Luminis Health proudly offers a student volunteer program in various departments throughout our hospitals. Students with an interest in medicine, physical therapy, business, finance, retail, marketing, fashion, merchandising, event planning, philanthropy, technology, customer service and more should submit an application. Applications are accepted for the fall, spring and summer semesters.

### Patient & Family Advisors

Patient and Family Advisors program allows patients, family members and community members to give input on our policies, programs and practices. These advisors work with our health care providers to support our patient (and family) centered care approach. Whether you've been our patient or want to help for other reasons, we invite you to be part of our team.

For more information, visit: [luminis.health/volunteer](https://luminis.health/volunteer)





The **DAISY Nurse Award** recognizes the incredible work that nurse leaders do daily in exemplifying our **RISE** values.

At Luminis Health, Nurse Leaders include Nurse Senior Directors, Nurse Directors, Nursing Supervisors, Nurse Educators, and Program Managers in the Department of Nursing.

To fill out the form online, visit: **[luminis.health/DAISY](https://luminis.health/DAISY)**

**Criteria for DAISY Nurse Award:**

**Respect:** Establishes a setting where values such as trust, compassion, mutual respect, ongoing professional growth, and ethical conduct are not only demonstrated but also encouraged.

**Inclusion:** Cultivates an environment conducive to caring and compassion.

**Service:** Role model for compassion and exemplary practice. Inspires the staff by sharing a vision and fostering enthusiasm for achieving improved outcomes, both for themselves and their patients. Maintains accessibility, availability, and responsiveness to the needs of others, promoting critical thinking and problem-solving for individuals and within team contexts.

**Excellence:** Demonstrates behavior that is perceived as exceptional. Serves as a mentor for the staff. Advocates for and elevates the reputation of the nursing profession within the organization, the community, and the field.



**Thank you for taking the time to nominate a nurse!**

I am:  Patient  Family/Visitor

**Your Name:** \_\_\_\_\_ **Date of Nomination:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please contact me if my nurse leader is chosen so that I may attend the celebration if available.

Please nominate a deserving nurse by filling out this form. Tell us how the nurse exemplifies our **RISE** values and submit it to any of our DAISY nomination boxes.

**Name of the nurse you are nominating:** \_\_\_\_\_ **Unit where this nurse works:** \_\_\_\_\_

Please share your story of why this nurse is so special, providing as much detail as possible based on the criteria for the Luminis Health DAISY Nurse Award:

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LuminisHealth.org

