

Hospital Signage & Communication Requirements in Washington State

LAST UPDATED: August 2024

NOTE: Although every effort has been made to develop a complete list of hospital signage requirements, WSHA cannot guarantee that this list is exhaustive in all cases. This is intended to be a list of generally applicable state and federal signage and notice requirements related to health care and cannot take into account city, county, and other local requirements. This list is provided as a courtesy to our members and should not be relied upon as legal advice. The **blue boxes** indicate NOTICE requirements while the **red boxes** indicate SIGNAGE requirements. The type of requirement is reiterated in each section.

WSHA welcomes your input - if you believe a requirement is missing or any information in the list is inaccurate, please contact: Zosia Stanley at zosias@wsa.org or (206) 216-2511.

Washington State Signage and Notice Requirements

Admission Policy AUTHORITY: RCW 70.41.520; WAC 246-320-141	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41.
	WHERE	Hospital website where policy is readily accessible to the public, without requiring a login or other restriction.
	WHEN	N/A
	REQUIRED INFORMATION	Hospital policy on admissions.
	ADD'L INFORMATION/RESOURCES	Hospitals must also submit policy to the Department of Health within 30 days after the hospital approves changes/additions. Submit policies to HospitalPolicies@doh.wa.gov . Policies are publicly available on the DOH website.
	MODEL SIGNAGE	N/A
Behavioral Health Consumer Advocacy AUTHORITY: RCW 71.40.080	TYPE	Signage
	APPLICABILITY	Behavioral health provider or facility as defined in RCW 71.24.025.
	WHERE	In a conspicuous location.
	WHEN	N/A
	REQUIRED INFORMATION	Must provide (1) the toll-free phone number and website of the contracting advocacy organization; (2) the name, address, and phone number of the office of the appropriate local behavioral health consumer advocate; and (3) a brief description of the services provided by the contracting advocacy organization.
	ADD'L INFORMATION/RESOURCES	The information shall also be provided to the family members and legal guardians of the patients, residents, or clients of a behavioral health provider or facility. Every behavioral health provider or facility must provide access to a free telephone for the express purpose of contacting the contracting advocacy organization.
	MODEL SIGNAGE	N/A
Billing Notification AUTHORITY: RCW 70.41.400	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41.
	WHERE	Written statement to each patient receiving inpatient services.
	WHEN	Prior to or upon discharge.
	REQUIRED INFORMATION	(1) List of physician groups and other professional partners that commonly provide care for patients at the hospital; and (2) from whom the patient may receive a bill and the contact phone numbers for those groups. The statement must prominently display a phone number that a patient can call for assistance if the patient has any questions about any of the bills they receive after discharge that relate to their hospital stay.
	ADD'L INFORMATION/RESOURCES	Understanding Your Hospital Bill: https://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/understanding-your-hospital-bill
	ADD'L INFORMATION/RESOURCES	Understanding Your Hospital Bill Template: https://washington-state-hospital-association.myshopify.com/products/understanding-your-hospital-bill-template
	MODEL SIGNAGE	N/A
Biohazardous Material Warning AUTHORITY: WAC 296-800-11045	TYPE	Signage
	APPLICABILITY	All employers
	WHERE	The warning must be used on signs, tags, or labels to identify: the actual or potential presence of biohazard; and on equipment, containers, rooms, materials, experimental animals, or any combinations of these that contain viable hazardous agents.
	WHEN	N/A
	REQUIRED INFORMATION	Required biohazard symbol proportioned requirements—see WAC 296-800-14025; WAC 296-823-18040.
	ADD'L INFORMATION/RESOURCES	There must be sufficient contrast for the symbol to be clearly defined, if the sign, tag, or label has a background color. It is recommended that the sign, tag, or label have a key color of fluorescent orange or orange-red and lettering or symbols in a contrasting color. Appropriate wording may be used with the symbol to indicate the hazard's nature or identity; name or individual responsible for its control; precautionary information; or other information. This information should NOT be written on the symbol.
	MODEL SIGNAGE	N/A
	TYPE	Notice

Breast Density Information AUTHORITY: RCW 70.54.460	APPLICABILITY	Health care facilities (including hospital, clinic, nursing home, laboratory, office, or similar places where mammography examinations are performed).
	WHERE	In the summary of mammography report (required by federal law) to be provided to a patient.
	WHEN	After the mammography examination is performed on the patient.
	REQUIRED INFORMATION	<p>A patient's individual breast density classification based on the breast imaging reporting and data system established by the American College of Radiology.</p> <p>If physician determines patient has heterogeneously or extremely dense breasts, the summary of the mammography report must include the following notice:</p> <p><i>"Your mammogram indicates that you may have dense breast tissue. Roughly half of all women have dense breast tissue which is normal. Dense breast tissue may make it more difficult to evaluate your mammogram. We are sharing this information with you and your health care provider to raise your awareness of breast density. We encourage you to talk with your health care provider about this and other breast cancer risk factors. Together, you can decide which screening options are right for you."</i></p>
	ADD'L INFORMATION/RESOURCES	This section expires January 1, 2025 .
	MODEL SIGNAGE	N/A
Child Abuse or Neglect Reporting AUTHORITY: RCW 26.44.030(23)	TYPE	Signage
	APPLICABILITY	All healthcare entities that include registered or licensed practitioners, nurses, psychologists, or pharmacists.
	WHERE	<p>Organizations that include employees or volunteers subject to the reporting requirements in this section must clearly display this poster in a common area.</p> <p>Minimum poster size: " 8.5 x 11" with all the information on one side</p>
	WHEN	N/A
	REQUIRED INFORMATION	Minimum information: (1) who is required to report child abuse and neglect; (2) the standard of knowledge to justify a report; (3) the definition of reportable crimes; (4) where to report suspected child abuse and neglect; and (5) what should be included in a report and the appropriate timing.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	<p>The Department of Children, Youth, and Families has a model, printable poster available</p> <p>https://www.dcyf.wa.gov/sites/default/files/pubs/CWP_0040.pdf</p>
Community Health Needs Assessment (CHNA) & Community Benefit Implementation Strategy AUTHORITY: RCW 70.41.470	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41 and recognized as a 501(c)(3) nonprofit entity by the IRS.
	WHERE	Make community health needs assessment "widely available to the public." The term "widely available to the public" has the same meaning as in the IRS guidelines.
	WHEN	N/A
	REQUIRED INFORMATION	<p>Final Community Health Needs Assessment Report and Community Benefit Implementation Strategy.</p> <p>Unless included in the CHNA, hospitals must make public and submit to the department a description of the community served by the hospital, including both a geographic description and a description of the general population served by the hospital; and demographic information such as leading causes of death, levels of chronic illness, and descriptions of the medically underserved, low-income, and minority, or chronically ill populations in the community.</p> <p>Unless contained in the implementation strategy, the hospital must provide a brief explanation for not accepting recommendations for community benefit proposals identified in the assessment through the stakeholder consultation process, such as excessive expense to implement or infeasibility of implementation of the proposal.</p>
	ADD'L INFORMATION/RESOURCES	<p>Hospitals, other than those designated by Medicare as a critical access hospitals or sole community hospitals, must annually submit an addendum to the community health needs assessment: (1) addendum which details information about activities identified as community health improvement services that cost \$5,000 or more, and (2) addendum which provides information about the ten highest cost activities identified as community health improvement services.</p> <p>Both must include: the type of activity, the method in which the activity was delivered, how the activity relates to an identified community need in the community health needs assessment, the target population for the activity, strategies to reach the target population, identified outcome metrics, the cost to the hospital to provide the activity, the methodology used to calculate the hospital's costs, and the number of people served by the activity. If a community health improvement service is administered by an entity other than the hospital, the other entity must be identified in the addendum.</p>
	MODEL SIGNAGE	N/A
Complaint Toll-Free Number AUTHORITY: RCW 70.41.330	TYPE	Signage
	APPLICABILITY	Hospitals licensed under RCW 70.41.
	WHERE	Conspicuous locations
	WHEN	N/A
	REQUIRED INFORMATION	The WA DOH hospital complaint toll-free telephone number, 1-800-633-6828 .
	ADD'L INFORMATION/RESOURCES	The form of the notice shall be approved by the department.
	MODEL SIGNAGE	N/A
	TYPE	Notice

Contracted Health Plans and Balance Billing Consumer Rights AUTHORITY: RCW 48.49.070; RCW 48.49.080; WAC 284-43B-050	APPLICABILITY	All hospitals, ambulatory surgical facilities, behavioral health emergency services providers, and providers that provide services in a hospital or facility setting, including: hospitals and providers of emergency services; surgery; radiology; pathology; anesthesiology; and hospitalists.
	WHERE	(1) Facility or provider's website, if available, in a prominent and relevant location near the list of the carrier health plan provider networks with which the provider or facility is an in-network provider; (2) in any communication to a patient, in electronic or any other format, confirming the scheduling of nonemergency surgical or ancillary services at a facility that involve enrollees and services subject to the BBPA; and upon written or oral request of a patient.
	WHEN	Within 14 calendar days of receipt of a fully executed contract from a carrier. If the information is posted in advance of the effective date of the contract, the date that the network participation will begin must be indicated.
	REQUIRED INFORMATION	(1) Listing of the carrier health plan provider networks that the facility is an in-network provider (hospital and ambulatory surgical facilities) or that the provider contracts (health care provider) based upon the information provided by the carrier; and (2) a notice of consumer rights.
	ADD'L INFORMATION/RESOURCES	WSHA recommends hospitals and providers ensure they have processes to obtain this information via the X12 271 transaction when scheduling patients for non-emergency services and prior to any balance billing activity.
	MODEL SIGNAGE	Notice of Consumer Rights: https://www.insurance.wa.gov/sites/default/files/documents/final-consumer-notice-of-surprise-billing-rights.pdf
Crime Victim Compensation AUTHORITY: WAC 296-30-081	TYPE	Notice
	APPLICABILITY	All health service providers who provides medical or mental health services to a crime victim.
	WHERE	N/A
	WHEN	Providing medical or mental health services to a crime victim.
	REQUIRED INFORMATION	The crime victim's rights under the "Crime Victims Act and whatever assistance is necessary for the victim to apply for compensation and provide proof of other matters required by the rules." Providers may not charge the victim for these services.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL	N/A
Death with Dignity & End of Life Care Policy AUTHORITY: RCW 70.41.520	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41.
	WHERE	Hospital website where policy is readily accessible to the public, without requiring a login or other restriction.
	WHEN	N/A
	REQUIRED INFORMATION	Hospital policy on end of life care and the death with dignity act .
	ADD'L INFORMATION/RESOURCES	Hospitals must also submit policy to the Department of Health within 30 days after the hospital approves changes/additions. Submit policies to HospitalPolicies@doh.wa.gov. Policies are publicly available on the DOH website.
	MODEL SIGNAGE	N/A
Death with Dignity & End of Life Care DOH Form AUTHORITY: RCW 70.41.520; WAC 246-320-141	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41.
	WHERE	Hospital website where policy is readily accessible to the public, without requiring a login or other restriction.
	WHEN	N/A
	REQUIRED INFORMATION	DOH created Reproductive Health Services form.
	ADD'L INFORMATION/RESOURCES	Submit form to HospitalPolicies@doh.wa.gov. Forms are publicly available on the DOH website.
	MODEL SIGNAGE	DOH Hospital End of Life Services Form https://doh.wa.gov/sites/default/files/2023-11/346-144-HospitalEOLServicesForm.pdf
Employment Security Department AUTHORITY: RCW 50.12.330; RCW 50A.20.020; RCW 50.20.140	TYPE	Signage
	APPLICABILITY	This requirement applies to " employers " as defined by WAC 296-126-002. Under that regulation, "employer" means any person, firm, corporation, partnership, business trust, legal representative, or other business entity which engages in any business, industry, profession, or activity in this state and employs one or more employees, unless exempted by chapter 49.12 RCW or these rules.
	WHERE	Anywhere it can easily be seen and read by employees - e.g. employee break rooms or bulletin boards, or the area where time cards are kept.
	WHEN	N/A
	REQUIRED INFORMATION	The required posters are: the community resources regarding domestic violence, paid family medical leave, and unemployment benefits.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	Domestic Violence and Unemployment: https://esd.wa.gov/about-employees/forms-and-publications Paid Family Leave: https://paidleave.wa.gov/app/uploads/2023/10/2024-Paid-Leave-Required-Poster.pdf
	TYPE	Signage
	APPLICABILITY	Health care providers licensed under Title 18 RCW and health care facilities licensed under Title 70 RCW; hospitals licensed under 70.41 RCW.

Estimate of Charges AUTHORITY: RCW 70.01.030(3); RCW 70.41.450	WHERE	Patient registration areas.
	WHEN	N/A
	REQUIRED INFORMATION	Hospitals: "Information about the estimated charges of your hospital services is available upon request. Please do not hesitate to ask for information." Providers and facilities other than hospitals: "Information about the estimated charges of your health services is available upon request. Please do not hesitate to ask for information."
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	Right to Request Estimated Charges signage https://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/right-to-request-estimated-charges-signage
Financial Assistance/Charity Care-Billing AUTHORITY: RCW 70.170.060	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41 or RCW 71.12.
	WHERE	The required statement must be on the first page of all hospital billing statements and other written billing/collection communications
	WHEN	N/A
	REQUIRED INFORMATION	The following or substantially similar statement in English and the second-most spoken language in the hospital's service area: "You may qualify for free care or a discount on your hospital bill, whether or not you have insurance. Please contact our financial assistance office at [website] and [phone number]."
	ADD'L INFORMATION/RESOURCES	See 501(r) information if you are a 501(c)3 for additional information.
	MODEL NOTICE	N/A
Financial Assistance Policy/Charity Care-Signage AUTHORITY: RCW 70.170.060	TYPE	Signage
	APPLICABILITY	Hospitals licensed under RCW 70.41 or RCW 71.12.
	WHERE	Hospitals must post and prominently display notice of charity care availability in at least the following locations: areas where patients are admitted or registered, emergency departments, and financial services or billing areas accessible to patients
	WHEN	N/A
	REQUIRED INFORMATION	Notice of charity care availability
	ADD'L INFORMATION/RESOURCES	Availability of charity care must be in any language spoken by more than 10% of the population in the hospital's service area and interpreted for other limited English speaking patients. See 501(r) information if you are a 501(c)3 for additional information.
	MODEL NOTICE	https://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/financial-assistance-signs-eight-languages
Financial Assistance/Charity Care-Website AUTHORITY: RCW 70.170.060	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41 or RCW 71.12.
	WHERE	Hospital website where policy is readily accessible to the public, without requiring a login or other restriction.
	WHEN	N/A
	REQUIRED INFORMATION	Current versions of the hospital's charity care policy, a plain language summary of the policy, and the application form must be available on the hospital's website.
	ADD'L INFORMATION/RESOURCES	The summary and application form must be available in all languages spoken by more than 10% of the population of the hospital service area. See 501(r) information if you are a 501(c)3 for additional information.
	MODEL SIGNAGE	N/A
	MODEL NOTICE	N/A
Hospital License AUTHORITY: RCW 70.41.110	TYPE	Signage
	APPLICABILITY	Hospitals licensed under RCW 70.41.
	WHERE	Licenses shall be posted in a conspicuous place on the licensed premises.
	WHEN	N/A
	REQUIRED INFORMATION	The actual license must be displayed publicly.
	ADD'L INFORMATION/RESOURCES	Licenses shall be posted in a conspicuous place on the licensed premises.
	MODEL SIGNAGE	N/A
Infant Safe Haven AUTHORITY: RCW 13.34.360(4)(a)	TYPE	Signage
	APPLICABILITY	Emergency department of a hospital licensed under chapter 70.41 RCW during the hours the hospital is in operation; federally designated rural health clinic during its hours of operation.
	WHERE	Inside the emergency department of a hospital or a federally designated rural health clinic
	WHEN	N/A
	REQUIRED INFORMATION	Statement that location is an appropriate place for the safe and legal transfer of a newborn.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	A model notice is available on the WSHA website: http://washington-state-hospital-association.myshopify.com/products/safety-of-newborns-sign
	TYPE	Signage

Labor & Industries: Citation and Notice Posting AUTHORITY: WAC 296-900-13015	APPLICABILITY	<p>This requirement applies to "employers" as defined by WAC 296-126-002.</p> <p>Under that regulation, "employer" means any person, firm, corporation, partnership, business trust, legal representative, or other business entity which engages in any business, industry, profession, or activity in this state and employs one or more employees, unless exempted by chapter 49.12 RCW or these rules.</p>
	WHERE	<p>Posters must be available in locations where employees can see and read them.</p> <p>As an option, an employer may use electronic means to supplement the bulletin board, such as with telework employees.</p>
	WHEN	N/A
	REQUIRED INFORMATION	<p>Employers must immediately notify employees of a citation and notice by posting it and any correspondence related to an employee complaint on the safety bulletin board for seven working days, excluding weekends and holidays, or until all violations are corrected, whichever time period is longer.</p> <p>Employer may optionally supplement the bulletin board with electronic means.</p>
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL NOTICE	N/A
Labor & Industries: Signage AUTHORITY: RCW 51.14.100; RCW 49.17.220; RCW 49.46.810; WAC 296-126-080	TYPE	Signage
	APPLICABILITY	<p>This requirement applies to "employers" as defined by WAC 296-126-002.</p> <p>Under that regulation, "employer" means any person, firm, corporation, partnership, business trust, legal representative, or other business entity which engages in any business, industry, profession, or activity in this state and employs one or more employees, unless exempted by chapter 49.12 RCW or these rules.</p>
	WHERE	<p>Posters must be available in locations where employees can see and read them.</p> <p>As an option, an employer may use electronic means to supplement the bulletin board, such as with telework employees.</p>
	WHEN	N/A
	REQUIRED INFORMATION	The required workplace posters are linked below and include: if a job injury occurs, paid sick leave, job health and safety, and rights as a worker.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	https://www.lni.wa.gov/forms-publications/F242-191-909.pdf https://www.lni.wa.gov/forms-publications/F207-037-909.pdf https://www.lni.wa.gov/forms-publications/F416-081-909.pdf https://lni.wa.gov/forms-publications/F700-197-000.pdf https://www.lni.wa.gov/forms-publications/F700-074-000.pdf
Nondiscrimination Policy AUTHORITY: RCW 70.41.520; WAC 246-320-141	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41.
	WHERE	Website where policy is readily accessible to the public, without requiring a login or other restriction.
	WHEN	N/A
	REQUIRED INFORMATION	Hospital policy on nondiscrimination.
	ADD'L INFORMATION/RESOURCES	<p>Hospitals must also submit policy to the Department of Health within 30 days after the hospital approves changes/additions.</p> <p>Submit policies to HospitalPolicies@doh.wa.gov.</p> <p>Policies are publicly available on the DOH website.</p>
	EXAMPLE	N/A
Notice of Out of Network Charges AUTHORITY: RCW 48.49.070	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41, rural health care facilities as defined in RCW 70.175.020, psychiatric hospitals licensed under RCW 71.12, nursing homes licensed under RCW 18.51, community mental health centers licensed under RCW 71.05 or 71.24, ambulatory diagnostic, treatment, or surgical facilities licensed under RCW 70.41 or 70.230, drug and alcohol treatment facilities licensed under RCW 70.96A, and home health agencies licensed under RCW 70.127.
	WHERE	<p>On the website of a hospital, ambulatory surgical facility, or behavioral health emergency services provider</p> <p>OR</p> <p>If the hospital or ambulatory surgery center does not have a website, they must provide this information to consumers upon oral or written consent.</p>
	WHEN	N/A
	REQUIRED INFORMATION	The post must include: (1) The listing of the carrier health plan provider networks with which the hospital, ambulatory surgical facility, or behavioral health emergency services provider is an in-network provider, based upon the information provided by the carrier pursuant to RCW 48.43.730(7); and (2) the notice of consumer rights developed under RCW 48.49.060.
	ADD'L INFORMATION/RESOURCES	Posting or otherwise providing the information required in this section does not relieve a hospital, ambulatory surgical facility, or behavioral health emergency center of its obligation to comply with the provisions of this chapter.
	MODEL SIGNAGE	N/A
	TYPE	Signage
	APPLICABILITY	Hospitals licensed under RCW 70.41.
	WHERE	Public areas on each patient care unit.
	WHEN	N/A

Nurse Staffing Plan AUTHORITY: RCW 70.41.420(8)	REQUIRED INFORMATION	The nurse staffing plan and the nurse staffing schedule for that shift on that unit, as well as the relevant clinical staffing for that shift. AND Any corrective action plan relevant to that patient care unit as required under RCW 70.41.425(4).
	ADD'L INFORMATION/RESOURCES	The staffing plan and current staffing levels must also be made available to patients and visitors upon request . Hospitals must also submit nurse staffing plans to DOH.
	MODEL SIGNAGE	N/A
Open Carry of Weapons Prohibited on Municipal Grounds AUTHORITY: RCW 9.41.305	TYPE	Signage
	APPLICABILITY	Open carry of weapons is prohibited in a municipal building where a meeting of the governing body of the municipality is regularly held . The prohibition also applies to non-municipal buildings where a meeting or hearing of the governing body is held but only when that meeting or hearing is in progress. A public hospital district (PHD) is considered a municipal building for purposes of this statute. PHDs must post signs at locations where open carry is prohibited.
	WHERE	PHDs must post notice regarding the prohibition of open carry of weapons at each entrance to the buildings and public areas where weapons are restricted.
	WHEN	N/A
	REQUIRED INFORMATION	The posted information should include the prohibition and a citation to the appropriate chapter of the RCW. Recommended signage: " <i>Per Washington State Law, RCW 9.41.305(1)(b), the open carry of weapons are prohibited on these premises.</i> "
	ADD'L INFORMATION/RESOURCES	This notice requirement does NOT apply to the lawful concealed carry of a firearm.
	MODEL SIGNAGE	https://washington-state-hospital-association.myshopify.com/products/open-carry-prohibition-sign
Pharmacy License Requirements AUTHORITY: RCW 18.64.140	TYPE	Signage
	APPLICABILITY	This requirement applies to " pharmacies " as defined by RCW 18.64.011 (26). A pharmacy is defined as, "every place properly licensed by the commission where the practice of pharmacy is conducted.
	WHERE	The current license shall be conspicuously displayed to the public in the pharmacy to which it applies.
	WHEN	N/A
	REQUIRED INFORMATION	The actual license must be displayed publicly.
	ADD'L INFORMATION/RESOURCES	Every licensed pharmacist who desires to practice pharmacy shall secure from the department a license, the fee for which shall be determined by the secretary under RCW 43.70.250 and RCW 43.70.280.
	MODEL SIGNAGE	N/A
Provider-Based Clinic Facility Fee AUTHORITY: RCW 70.01.040	TYPE	Notice
	APPLICABILITY	Provider-based clinics that charge a facility fee.
	WHERE	Locations that are prominent and easily accessible to and visible by patients, including the facility's website.
	WHEN	Prior to delivery of non-emergency services.
	REQUIRED INFORMATION	A statement that the provider-based clinic is licensed as part of the hospital and the patient may receive a separate charge or billing for the facility, which may result in a higher out-of-pocket expense.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL NOTICE	Model for hospital-based clinic billing alerts: https://washington-state-hospital-association.myshopify.com/products/clinic-sign-for-hospital-based-clinics
Provider Sexual Misconduct AUTHORITY: RCW 18.130.063	TYPE	Notice
	APPLICABILITY	All health care providers (or his or her designee) subject to Uniform Disciplinary Act (RCW 18.205.150) to any patient scheduled for an appointment during the time period when the disciplining authority's order or stipulation is in effect.
	WHERE	N/A
	WHEN	The disclosure must only be provided to a patient at or prior to the patient's first visit with the license holder following entry of the order or stipulation.
	REQUIRED INFORMATION	Disclosure to patients of the provider is sanctioned by the relevant disciplining authority for unprofessional conduct involving sexual misconduct: (1) a copy of the disciplining authority's stipulation to informal disposition or public order, such as an agreed order, default order, final order, or reinstatement order (but not a summary restriction order); (2) a description of the sanction imposed, including their duration; (3) the telephone number of the relevant disciplining authority; and (4) an explanation of how the patient can find more information about the provider on the disciplining authority's license information website.
	ADD'L INFORMATION/RESOURCES	Patient or surrogate decision maker must sign a copy of the disclosure , indicating that the patient received a copy of the order or stipulation and is aware that the provider was sanctioned for unprofessional conduct involving sexual misconduct; a copy of the signed disclosure must be maintained in patient's file.
	MODEL NOTICE	Model Sexual Misconduct Disclosure Notice: http://www.wsha.org/wp-content/uploads/WSHA-Model-Notice_Sexual-Misconduct-Disclosure_September-2019-.docx
Radioactive Material Warning AUTHORITY: WAC 246-221-120; WAC 246-240-207	TYPE	Signage
	TYPE	WA DOH Radioactive Material Licensees.
	WHERE	Variable depending on circumstances: "Radiation area" as defined in: WAC 246-220-010; Patient or human research subject's room door.
	WHEN	N/A
	REQUIRED INFORMATION	Required language varies based on hazard level - see WAC 246-221-120.
	ADD'L INFORMATION/RESOURCES	N/A

	MODEL SIGNAGE	N/A
Reproductive Health Care Policy AUTHORITY: RCW 70.41.520; WAC 246-320-141	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41.
	WHERE	Hospital website where policy is readily accessible to the public, without requiring a login or other restriction.
	WHEN	N/A
	REQUIRED INFORMATION	Hospital policy on reproductive health care - i.e., what reproductive healthcare services are and are not generally available at the hospital
	ADD'L INFORMATION/RESOURCES	N/A
	EXAMPLE	N/A
Reproductive Health Services DOH Form AUTHORITY: RCW 70.41.520(4)	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41.
	WHERE	Hospital website where policy is readily accessible to the public, without requiring a login or other restriction.
	WHEN	N/A
	REQUIRED INFORMATION	DOH created Reproductive Health Services form.
	ADD'L INFORMATION/RESOURCES	Submit form to HospitalPolicies@doh.wa.gov. Forms are publicly available on the DOH website.
	MODEL NOTICE	Model DOH Hospital Reproductive Health Services Form https://www.doh.wa.gov/Portals/1/Documents/Pubs/346107-HospitalReproductiveHealthServices.pdf
Self-Admission of Adolescent for Inpatient Mental Health Treatment AUTHORITY: RCW 71.34.510	TYPE	Notice
	APPLICABILITY	Professional person in charge of an evaluation and treatment facility when an adolescent is voluntarily admitted to inpatient treatment under RCW 71.34.500 solely for mental health treatment and not for substance use disorder treatment.
	WHERE	In the form most likely to reach the parent within twenty-four (24) hours of the adolescent's voluntary admission
	WHEN	Most likely within twenty-four (24) hours of the adolescent's voluntary admission
	REQUIRED INFORMATION	Notice to parent of adolescent that (1) the adolescent has been admitted to inpatient treatment; (2) the location and telephone number of the facility; (3) the name of a professional person on the staff of the facility providing treatment who is designated to discuss adolescent's need for inpatient treatment with the parent; and (4) of the medical necessity for admission.
	ADD'L INFORMATION/RESOURCES	Notice NOT required if professional person has a compelling reason to believe that such disclosure would be detrimental to the adolescent or contact cannot be made. If a professional person DOES NOT make contact with a parent for either exception, a professional person must document the reasons in the adolescent's medical record; and consult Washington State Patrol's publicly available information about parent legal custodian, or guardian-reported run away children at least once every eight (8) hours for the first seventy-two (72) hours of treatment and once every twenty-four (24) hours thereafter while the adolescent receives inpatient services until the time the professional person contacts a parent. If the adolescent is publicly listed as missing, the professional person MUST immediately notify the Department of Children, Youth, and Families of the professional person's contact with the adolescent (including the adolescent's physical and emotional condition).
	MODEL NOTICE	N/A
Self-Admission of Adolescent for Inpatient Substance Use Disorder Treatment AUTHORITY: RCW 71.34.510	TYPE	Notice
	APPLICABILITY	A professional person in charge of an evaluation and treatment facility or an approved substance use disorder treatment program when an adolescent is voluntarily admitted to inpatient treatment under RCW 71.34.500 for substance use disorder and if: (1) the adolescent provides written consent to the disclosure to the adolescent's parents of admission and such other substance use disorder treatment information; or (2) permitted by federal law.
	WHERE	N/A
	WHEN	In the form most likely to reach the parent within twenty-four (24) hours of the adolescent's voluntary admission; efforts shall begin as soon as reasonably practicable.
	REQUIRED INFORMATION	(1) The adolescent has been admitted to inpatient treatment; (2) the location and telephone number of the facility; (3) the name of a professional person on the staff of the facility providing treatment who is designated to discuss adolescent's need for inpatient treatment with the parent; and (4) of the medical necessity for admission.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL NOTICE	N/A
Sexual Assault Evidence Kit Collection AUTHORITY: RCW 70.41.367	TYPE	Notice
	APPLICABILITY	Hospitals licensed under RCW 70.41 that do not perform sexual assault evidence kit collections OR do not have appropriate providers available upon an individual's arrival in the emergency department of the hospital who requests a sexual assault evidence kit collection.
	WHERE	N/A
	WHEN	Within two hours of a request for a sexual assault evidence kit.
	REQUIRED INFORMATION	Notice that the hospital does not perform sexual assault evidence kit collection or does not have appropriate providers available; and that the individual may file a complaint with the Washington Department of Health if the hospital failed to inform the patient within two hours of the request of the above information.
	ADD'L INFORMATION/RESOURCES	Age of consent for sexual assault evidence kit collection is 13 and older. The sexual assault evidence kit collection is a free service.
	MODEL NOTICE	N/A
	TYPE	Notice
	APPLICABILITY	Health care provider locations
	WHERE	Widely available at health care provider locations
	WHEN	N/A

Voluntary Waiver of Firearms AUTHORITY: RCW 9.41.352	REQUIRED INFORMATION	Two required forms: (1) Voluntary Waiver of Firearm Rights Form; and (2) Revocation of Voluntary Waiver of Firearm Rights Form. The voluntary waiver of firearm rights form must include the following language: <i>"Because you have filed this voluntary waiver of firearm rights, effective immediately you may not purchase or receive any firearm. You may revoke this voluntary waiver of firearm rights any time after at least seven calendar days have elapsed since the time of filing."</i>
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL NOTICE	Forms are available on the administrator for the courts website: http://www.courts.wa.gov/forms/?fa=forms.contribute&formID=120
Wage and Salary Information - Applicants for Employment AUTHORITY: RCW 49.58.110	TYPE	Notice
	APPLICABILITY	Applies to employers with 15 or more employees.
	WHERE	Any postings done electronically, or with a printed hard copy, that includes qualifications for desired applicants.
	WHEN	In each posting for each job opening the wage scale or salary range, and a general description of all of the benefits and other compensation to be offered to the hired applicant
	REQUIRED INFORMATION	The employer must provide the wage scale or salary range appropriate for the specific employee's new position.
	ADD'L INFORMATION/RESOURCES	A job applicant or employee is entitled to remedies in RCW 49.58.060 and RCW 49.58.070 for violations. Recovery of any wages and interest must be calculated from the first date wages were owed to the employee.
	MODEL NOTICE	N/A
988 Behavioral Health Crisis Hotline AUTHORITY: RCW 39.04.420	TYPE	Signage
	APPLICABILITY	Locations that provide services to people that have high incidence of suicide or mental health conditions that would benefit from knowing about the hotline.
	WHERE	For any building, bridge, ferry, or park being constructed or replaced after July 1, 2024, as a public works project, there must be installed in appropriate locations signs displaying the 988 national suicide prevention and mental health crisis hotline. The public body as defined in RCW 39.10.210 in control of a public works project in this subsection must decide where signs under this section would be physically feasible and appropriate. The following facilities are recommended to have such signs: (1) Bridges where suicides by jumping have occurred or are likely to occur; and (2) Locations that provide services to people that have high incidence of suicide or mental health conditions that would benefit from knowing about the hotline.
	WHEN	N/A
	REQUIRED INFORMATION	The signs must be designed to communicate that dialing 988 on a telephone will connect callers to behavioral health and suicide prevention services as provided in accordance with state and federal laws governing the 988 number.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	N/A
U.S. Federal Signage and Notice Requirements		
Affordable Care Act Section 1557 - Notice of Availability of Language Assistance Service AUTHORITY: 45 CFR §92.11	TYPE	Signage
	APPLICABILITY	Any health program or activity which receives federal financial assistance provided or made available by HHS; any health program or activity administered by HHS; or a Title I entity.
	WHERE	Conspicuous location on the homepage of the covered entity's health program or activity website; and at conspicuous physical locations where the health program or activity interacts with the public and in no smaller than 20-point sans serif font . In a variety of electronic and written communications when documents are provided by a covered entity. The full list of publications that requires a copy of the notice can be located at 45 CFR §92.11(5)
	WHEN	Notices are required to be reviewed on an annual basis and provided when requested.
	REQUIRED INFORMATION	The entity's language assistance aids and services are available free of charge in a timely manner and how to obtain the aids and services. The notice must be provided in English and at least the top 15 languages spoken by persons with LEP of the relevant State in which a covered entity operates.
	ADD'L INFORMATION/RESOURCES	CMS Top 15 Languages Spoken By State: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Appendix-A-Top-15.pdf
	MODEL SIGNAGE	Model notice from HHS: https://www.hhs.gov/sites/default/files/notice-availability-language-services-auxiliary-aids-english.pdf
Affordable Care Act Section 1557 - Notice of Nondiscrimination AUTHORITY: 45 CFR §92.10	TYPE	Signage
	APPLICABILITY	Any health program or activity which receives federal financial assistance provided or made available by HHS; any health program or activity administered by HHS; or a Title I entity.
	WHERE	Conspicuous location on the homepage of the covered entity's health program or activity website; and at conspicuous physical locations where the health program or activity interacts with the public and in no smaller than 20-point Sans Serif font .
	WHEN	Notices are required to be reviewed on an annual basis and provided when requested.
	REQUIRED INFORMATION	The entity does not discriminate on the basis of race, color, national origin, sex, age, or disability; The availability of the grievance procedure; How to file a grievance, if applicable; and how to file a discrimination complaint with the HHS Office for Civil Rights
	ADD'L INFORMATION/RESOURCES	N/A
		Page 8

	MODEL SIGNAGE	Model notice from HHS: https://www.hhs.gov/sites/default/files/notice-non-discrimination-english.pdf
Affordable Care Act - Participation in Shared Savings Program AUTHORITY: 42 CFR §312(a)(2)	TYPE	Signage
	APPLICABILITY	ACO participants, defined as an entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants that is required under §425.118.
	WHERE	Posts signs in the facility and in settings in which beneficiaries receive primary care. Standardized written notices must be made available upon request.
	WHEN	N/A
	REQUIRED INFORMATION	Must use template language developed by CMS and must meet marketing material requirements per 42 CFR 425.310.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	Model signage: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/for-acos/application-toolkit
Ambulance Replenishing AUTHORITY: 42 CFR §1001.952(v)	TYPE	Signage
	REQUIRED INFORMATION	Receiving hospital's emergency department or other locations where emergency medical services are provided to patients (e.g., ambulance pick up/drop off areas).
	WHERE	Posting requirements for general replenishing arrangements only : Written disclosure of the replenishing program must be posted conspicuously in the hospital's ED or other locations where the ambulance providers deliver patients (unless the agreement operates in accordance with a plan promulgated by an EMS Council or similar agency). Copies of the plan must be made available upon request to ambulance providers, government representatives, and members of the public. Posting requirements do NOT apply to fair market value replenishing or government mandated replenishing agreements.
	WHEN	N/A
	REQUIRED INFORMATION	The receiving hospital or ambulance provider, or both, must: (1) maintain records of replenished drugs and medical supplies and the patient transport to which they related; (2) provide a copy of such records to the other party within a reasonable time (unless the other party is separately maintaining records); and (3) make those records available to the Secretary promptly upon request.
	ADD'L INFORMATION/RESOURCES	Records must be maintained for 5 years, either in hard copy or electronically. A pre-hospital care report (including, but not limited to, a trip sheet, patient care report or patient encounter report) prepared by the ambulance provider and filed with the receiving facility will meet the requirements.
	MODEL SIGNAGE	N/A
Americans with Disabilities Act (ADA) Information and Signage AUTHORITY: ADA, Title 10, §35.163	TYPE	Signage
	REQUIRED INFORMATION	Public entities (owned by state and local governments).
	WHERE	The international symbol for accessibility shall be used at each accessible entrance of a facility.
	WHEN	N/A
	REQUIRED INFORMATION	Signage at all inaccessible entrances at each facility, directing users to an accessible entrance or to a location at which they can obtain information about accessible facilities. The signage must be accessible to persons with impaired vision or hearing.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	International symbol of accessibility: https://www.access-board.gov/ada/guides/guidance-on-the-isa/
Community Health Needs Assessment (CHNA) AUTHORITY: 26 CFR §1.501(r)-3	TYPE	Notice
	APPLICABILITY	Hospital organizations and hospital facilities as defined in 501(r)-1(17) & (18) that are tax exempt under 501(c)(3), including public hospital districts.
	WHERE	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.
	WHEN	N/A
	REQUIRED INFORMATION	Final Community Health Needs Assessment Report as adopted by an authorized body of the hospital facility, as defined by 501(r)-3(b)(6).
	ADD'L INFORMATION/RESOURCES	See 501(r)-3(b)(6) for additional details on CHNA Report: https://www.govinfo.gov/content/pkg/FR-2014-12-31/pdf/2014-30525.pdf
	MODEL NOTICE	N/A
Comprehensive Care for Joint Replacement (CJR) Program Participants AUTHORITY: 42 CFR §510.500(d)(1)	TYPE	Notice
	APPLICABILITY	Participant hospitals in the CJR model, which include: (1) hospitals located in geographic areas selected for participation in the Comprehensive Care for Joint Replacement (CJR) program model; (2) hospitals that are not rural or low-volume in a mandatory MSA (metropolitan statistical area); (3) rural or low-volume hospitals in a mandatory MSA that elect to participate in the CJR model; and (4) any hospital in a voluntary MSA that elects to participate in the CJR model.
	WHERE	Post on participant hospital's website.
	WHEN	Update quarterly, at a minimum.
	REQUIRED INFORMATION	Website must include: List of all current and past CJR collaborators, including names and addresses, and written policies for selecting collaborators required by §510.500(a)(3).
	ADD'L INFORMATION/RESOURCES	Participant hospitals must document and maintain records related to its processes and payments, as described in 42 CFR 510.500(d)(1) and (2).
	MODEL NOTICE	N/A
	TYPE	Notice

Condition of Participation: Discharge Planning AUTHORITY: 42 CFR §482.43(c)(1)	APPLICABILITY	Hospitals, including critical access hospitals.
	WHERE	List of home health agencies (HHAs), skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), or a long term care hospital (LTCHs) must be included in the discharge plan.
	WHEN	N/A
	REQUIRED INFORMATION	Discharge plan must include a list HHAs or SNFs that are available, participate in the Medicare program, and that serve the geographic area (as defined by the HHA) in which the patient resides, or in the case of a SNF, in the geographic area requested by the patient. HHAs must request to be listed by the hospital as available. For patients enrolled in managed care organizations , the hospital must indicate the availability of home health and posthospital extended care services through individuals and entities that have a contract with the managed care organizations.
	ADD'L INFORMATION/RESOURCES	Must document in the patient's medical record that the list was presented to the patient or to the individual acting on the patient's behalf.
	MODEL NOTICE	N/A
Emergency Care (EMTALA) AUTHORITY: 42 USC §1395cc(a)(1)(N)(iii)-(iv); 42 CFR §489.20(q)(1)	TYPE	Signage
	APPLICABILITY	Hospitals with Emergency Departments (ED) and Critical Access Hospitals. (Medicare) (Includes outpatient departments where patients may seek care for an emergency medical condition.)
	WHERE	Post conspicuously in any ED or in place(s) likely to be noticed by all individuals entering the ED, as well as those individuals waiting for examination and treatment in areas other than traditional EDs (that is, entrance, admitting area, waiting room, treatment area).
	WHEN	N/A
	REQUIRED INFORMATION	Language specifying the rights of individuals with emergency conditions AND women in labor who come to the emergency department for health care services; and whether the facility participates in the Medicaid program. Wording must be clear and in simple terms and in language(s) that are understandable by the population served by the hospital.
	ADD'L INFORMATION/RESOURCES	An EMTALA fact sheet is available on the WSHA website: http://www.wsha.org/wp-content/uploads/emergencies_EMTALA-fact-sheet.pdf
Employee Polygraph Protection Act (EPPA) AUTHORITY: 29 USC §2003; 29 CFR §801.6	MODEL SIGNAGE	N/A
	APPLICABILITY	Signage
	TYPE	Most private employers.
	WHERE	Post in a prominent and conspicuous place in every establishment where it can be readily observed by employees and job applicants.
	WHEN	N/A
	REQUIRED INFORMATION	Must explain the Employee Polygraph Protection Act.
End-Stage Renal Disease Quality Incentive Program: Performance Score Certificate AUTHORITY: 42 USC §1395rr(h)(6)(C)(ii)	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	The EPPA poster notice created by the U.S. Department of Labor, Wage and Hour Division is available at: https://www.dol.gov/whd/regs/compliance/posters/eppac.pdf
	TYPE	Signage
	APPLICABILITY	Renal dialysis services providers and facilities.
	WHERE	Each facility or provider receiving a certificate must prominently display it in in patient areas of the facility.
	WHEN	N/A
Fair Labor Standards Act (FLSA) AUTHORITY: 29 CFR §516.4	REQUIRED INFORMATION	Certificates to providers and facilities of renal dialysis services that indicate the total performance score.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	N/A
	TYPE	Signage
	APPLICABILITY	All employers with employees subject to minimum wage provisions.
	WHERE	Post notice in a conspicuous places in every establishment where employees work and can readily observe.
Family & Medical Leave Act (FMLA) AUTHORITY: 29 CFR §825.300	WHEN	N/A
	REQUIRED INFORMATION	Notice explaining the Fair Labor Standards Act.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	A prototype FLSA poster is available at: https://www.dol.gov/whd/regs/compliance/posters/wh1385State.pdf
	TYPE	Signage
	APPLICABILITY	All public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees.
	WHERE	Prominently post notice of the FMLA on its premises, in conspicuous places where it can be seen by employees and job applicants. The poster and the text must be large enough to be easily read and contain fully legible text. Electronic posting is sufficient if it otherwise meets the requirements.
	WHEN	N/A
	REQUIRED INFORMATION	Must explain the FMLA's provisions and procedures for filing complaints.
	ADD'L INFORMATION/RESOURCES	If an FMLA-covered employer has any eligible employees, it shall also provide this general notice to each employee by including the notice in employee handbooks or other written guidance to employees concerning employee benefits or leave rights, if such written materials exist, or by distributing a copy of the general notice to each new employee upon hiring. In either case, distribution may be accomplished electronically.
	MODEL SIGNAGE	A prototype FMLA poster is available at: https://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf
	TYPE	Signage

Free and Reduced-Cost Health Care AUTHORITY: 42 CFR §124.604	APPLICABILITY	Medical facilities that received assistance under title VI or title XVI of the Public Health Service Act and provided a community service assurance.
	WHERE	In appropriate areas of the facility, including but not limited to: admissions area, business office, and emergency room.
	WHEN	N/A
	REQUIRED INFORMATION	English and Spanish language notices required, as well as any language spoken by 10% of households in service area.
	ADD'L INFORMATION/RESOURCES	Non-English or Spanish translated notices should be substantially similar in size and legibility to , and posted with, the English and Spanish language ones
	MODEL SIGNAGE	N/A
Financial Assistance AUTHORITY: 26 CFR §1.501(r)-4(b)(5)	TYPE	Notice
	APPLICABILITY	Hospitals licensed under Title 70 RCW that are 501(c)(3) tax exempt under federal law.
	WHERE	Conspicuous public displays or other measures reasonably calculated to attract patients' attention in public areas of a hospital, including emergency departments and admission areas. Widely available on a website - applies to the hospital's financial assistance policy (and billing and collection policy if separate policy), FAP application, and a plain language summary. The FAP documents must be easily accessible free of charge (paper and electronic formats). Public areas of a hospital, including the emergency department and admissions areas must have paper copies of the FAP documents must be available upon request and without charge.
	WHEN	Offer a plain language summary as part of the intake or discharge process.
	REQUIRED INFORMATION	Billing statements must include a "conspicuous written notice" regarding availability of financial assistance, including a phone number for information, application process, and website to access financial assistance documents.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL NOTICE	WSHA model signs: http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/financial-assistance-sign-english-spanish See 501(r) regulations for further details: https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf
HIPAA Privacy Notice AUTHORITY: 45 CFR §164.520	TYPE	Notice
	APPLICABILITY	HIPAA "covered entities."
	WHERE	A clear and prominent location where it is reasonable to expect individuals seeking service from the covered health care provider to be able to read the notice. Written notice on a website AND in a form that patients may take with them is also required.
	WHEN	N/A
	REQUIRED INFORMATION	Notice must have an effective date and the header: <i>"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."</i> Notice must also list: (1) how the covered entity may use and disclose protected health information about an individual; (2) the individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity; (3) the covered entity's legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of protected health information; and (4) contact information for further information about the covered entity's privacy policies.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL NOTICE	Model notice: http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/
Mammography Accreditation Certificate AUTHORITY: 42 USC §263b(1)(A)(iii),(B)(iii)	TYPE	Signage
	APPLICABILITY	Facilities that conducts breast cancer screening or diagnosis through mammography activities, including a hospital, outpatient department, clinic, radiology practice, mobile unit, and physician's office.
	WHERE	Prominently displayed certificate in the facility conducting the mammography.
	WHEN	N/A
	REQUIRED INFORMATION	The facility's accreditation certificate, temporary renewal certificate, provisional certificate, or limited provisional certificate.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	N/A
Medicaid Participation AUTHORITY: 42 CFR §489.20(q)(2)	TYPE	Signage
	APPLICABILITY	Hospitals and Critical Access Hospitals (Medicare).
	WHERE	Post conspicuously.
	WHEN	N/A
	REQUIRED INFORMATION	Information indicating whether or not the hospital or rural primary care hospital participates in the Medicaid program under a State plan approved under Title XIX.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL SIGNAGE	N/A
	TYPE	Signage
	APPLICABILITY	Hospitals, hospital outpatient departments, critical access hospitals, ambulatory surgical centers, rural health centers, federally qualified health centers, laboratories or imaging centers, and air ambulances.

No Surprises Act AUTHORITY: 45 C.F.R. §149.610(b); 45 C.F.R. §149.430(b)	WHERE	The information must be posted on the provider's website, in the provider's office, and on-site where scheduling or questions about the cost of items or services occur. Posting requires a single page in at least two prominent locations.
	WHEN	N/A
	REQUIRED INFORMATION	OIC's revised statement of consumer rights that meets both NSA and BBPA requirements. Balance Billing Protection Act/Federal No Surprises Act Consumer Notice (wa.gov)
	ADD'L INFORMATION/RESOURCES	The information must be written in a clear and understandable manner and made available in accessible formats. The notice must be in the language(s) spoken by the individual(s) considering or scheduling items or services with such convening provider or convening facility.
	MODEL SIGNAGE	Model: https://www.insurance.wa.gov/sites/default/files/documents/bbpa-nsa-consumer-notice.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=
Notice of Beneficiary Hospital Discharge Appeal Rights AUTHORITY: 42 CFR §405.1205	TYPE	Notice
	APPLICABILITY	All hospitals providing inpatient care, including critical access hospitals.
	WHERE	N/A
	WHEN	Notice to Medicare beneficiaries at or near admission, but no later than 2 days after being admitted. If notice was not delivered within 2 days of discharge, the hospital must provide the beneficiary a copy of the signed notice prior to discharge (but no earlier than 2 days before discharge).
	REQUIRED INFORMATION	The notice must be signed and dated by the beneficiary. If a beneficiary refuses to sign, the notice should indicate the refusal and the date. Written notice must include a Medicare beneficiary's: (1) rights as a hospital inpatient; (2) discharge appeal rights - including a description of the process under §405.1206 and detailed information in accordance with §405.1206(e); (3) liability for charges for continued inpatient stay; and (4) the beneficiary's right to receive additional detailed information in accordance with section 405.1206(e)
	ADD'L INFORMATION/RESOURCES	N/A
Notice of Patient Rights AUTHORITY: 42 CFR §482.13(a)	TYPE	Notice
	APPLICABILITY	Hospitals, including critical access hospitals.
	WHERE	N/A
	WHEN	Provide notice in advance of providing or discontinuing patient care, whenever possible.
	REQUIRED INFORMATION	A hospital must inform each patient, or the patient's representative as allowed under State law when appropriate, of the patient's rights. The hospital must also inform each patient of whom to contact to file a grievance.
	ADD'L INFORMATION/RESOURCES	N/A
Physician Availability AUTHORITY: 42 CFR §489.20(w)	TYPE	Notice
	APPLICABILITY	Hospitals, including critical access hospitals.
	WHERE	Written notice to patient at the beginning of an inpatient stay or outpatient visit for observation, surgery or any other procedure requiring anesthesia, if a doctor of medicine or a doctor of osteopathy is not present 24/7.
	WHEN	N/A
	REQUIRED INFORMATION	Notice must state that the 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 indicate how the hospital will meet the medical needs of any patient who develops an emergency medical condition, as defined in §489.24(b), at a time when there is no doctor of medicine or doctor of osteopathy present in the hospital.
	ADD'L INFORMATION/RESOURCES	N/A
	MODEL NOTICE	N/A